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The Wisconsin Medical Journal

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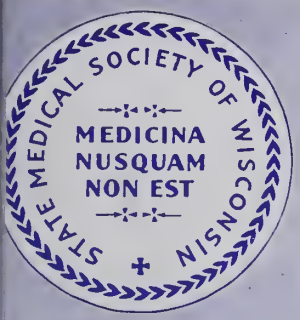

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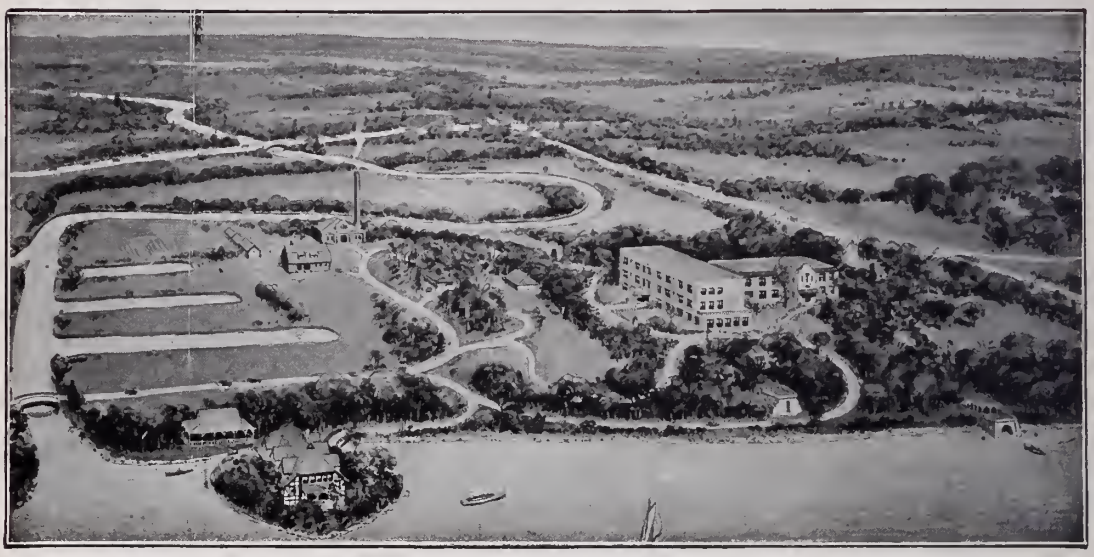

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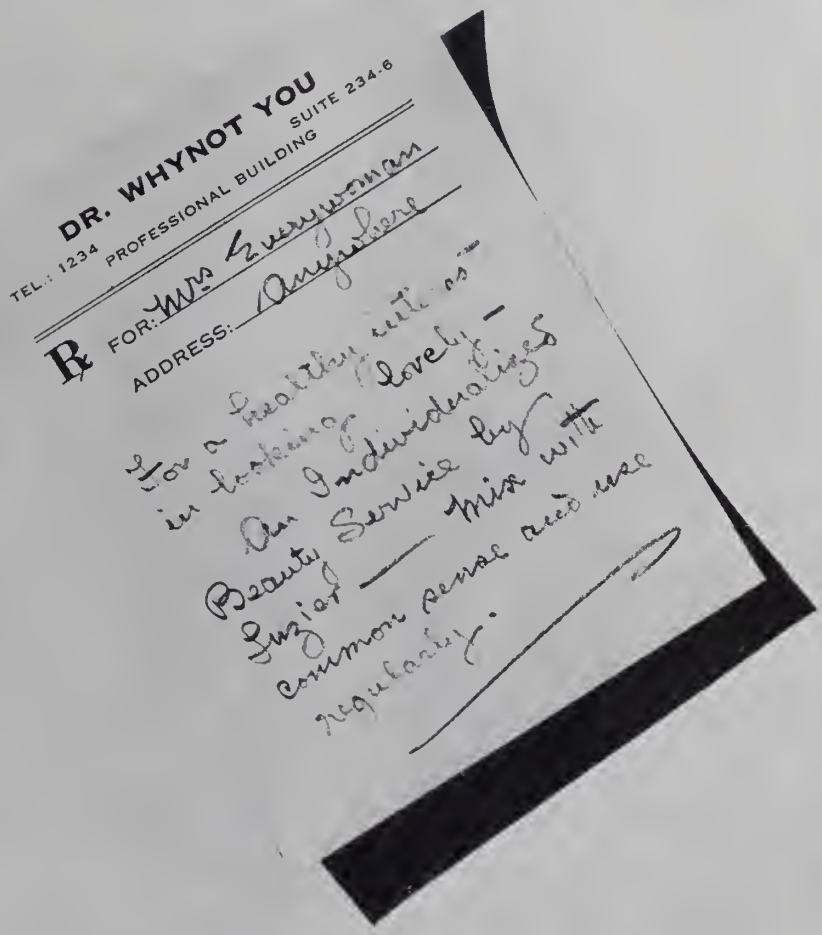

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School Health Program and the Physician*

By BORDEN S. VEEDER, M. D.
St. Louis, Mo.

THE subject of the school health program and the physician is not only one of inherent interest but is opportune in these days when we are facing inevitable changes in the distribution and use of medical resources, for, although we rarely think of it as such, medical service in the school is an accepted form of socialized medicine. Starting in the United States in Boston in 1894—nearly forty-four years ago—when doctors were put into the schools for the purpose of controlling the spread of contagious diseases, the school medical service has gradually but steadily grown in extent and scope. A consideration and study of the school health program may serve as an example of the difficulties we may be prepared to expect, if and when the socialization of medicine is extended throughout the United States.

I am quite sure that fundamentally we all agree there is need for school health service. Healthy physical growth and development during the period of childhood and adolescence is as essential as education in the preparation for maturity. I am sure further that there can be no quarrel with the premise that if taxpayers furnish large sums of money for public schools (1) the schools have the right to insist that the child be as physically fit as is inherently possible, so that he can take full advantage of the education offered and will not be a drag on the group, and (2) the parents have the right to know that the school life and activities shall not react disadvantageously upon the health of the individual. Leaving aside all else this is a simple matter of sound economics—granted of course any such thing exists today. All this is quite different, however, from a premise that it is the function of the school to provide medical care. To allow of such a premise we must logically add food, shelter, clothing, recreation and all else that makes up the well-being of the individual as a function of the school. As a matter of necessity certain quasi-medical functions or duties must be taken over by the school, as sanitation and the prevention of the spread of infectious diseases. Certain other functions, as audiometer tests for deafness are best undertaken by the school. Lastly there is the matter of health education, a pedagogical function rather than one of health service.

Time does not permit of a detailed history of school medical services. An excellent analytical account was published about two years ago by Dr. Harold Mitchell.[1] Suffice it to say that in the story we find theoretical ideals clashing with practical limitations, failures of technics and methods to bring about desired results, obfuscated objectives, clashes between administrative authorities, wasteful political domination and interference, religious complications, enthusiasm acting as a guide rather than the scientific approach. But out of all of this has arisen a picture of what school medical services should and can be, and some basic principles of a sound health program.

The Early Program

In the years directly following the World War, as a result of the program for conserving national resources, all public health activities received a great impetus. In the school health program this took the form of health education, and the ideal of an annual health examination for every child. It may be well to quote from the report of the Cambridge Health Conference in 1924,[2] as it clearly states the basis for the trend which

* Read before the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938.

the annual physical examination followed during the next decade.

I. The aim of such an examination is to provide for every child a chance to achieve the limit of his endowed capacity for well being.

II. The functions of the school physician should be:

1. To provide guidance toward better health through education of the children.
2. To provide an examination service which (1) discovers all physical defects, diseases, incipient conditions and tendencies toward ill health among school children, (2) find sources for remedy.

In simple language the schools, through the school physician, were to accept and take over in large part the medical care and responsibility for millions of children. This was idealism rampant; the proposal of a program impossible of fulfillment. It took but a few years to show the fallacy of such a program. By 1930 we find the committee report of the White House Conference on Child Health and Protection[3] pointing out the limitations of the school medical examination. School physicians egged on by administrators were examining children by the thousand with a necessary sketchiness and rapidity that made the examination a farce. Perhaps the most serious result was that parents were led to believe that the child who had been examined by the school doctor had been given complete medical service. Volume after volume of records as to weight, tonsils, etc., were assembled, and physical defects recorded about whose correction nothing was nor could be done. From my own limited personal experience I could recite stories of the incompetency of politically appointed school physicians which are almost impossible to believe. By 1932 the New York State Health Commission[4] reported that the annual physical examinations of every child "represent useless expenditures unless steps are taken to correct the defects found." It stated that in New York hundreds of thousands of dollars were spent annually for the discovery and rediscovery of defects about which nothing was done by the parent or school.

A research study by the American Child Health Association in 1934[5] of the causes of failure of the school health examinations, showed among other things that the character of the examinations could not be relied on for recommendations to parents. It recommended quite drastic changes in the scope and methods of the school examination. It is necessary to mention but one factor, the failure to correlate constitutional factors, the past medical history, and home environmental conditions with the physical status of the child at the time of examination, to show the unsoundness of the school examination from a medical viewpoint. Quite naturally the result is that this function or duty of the school physician as outlined in 1924 is rapidly falling into disrepute.

Out of this record of misguided idealism and unsound methods, however, a newer technic has developed. It is based on cooperation between the school and the physicians in the community. It is now recognized, as it always should have been, that the physician who is familiar with the physical status and health of the child for a period of years is in a far better position to know what is needed for the child than any annual school examination can ever point out. That we ever could expect the school physician to go into the examination of the individual for such diseases as tuberculosis, anemia, etc., was of course an absurdity.

Change in Methods

The method has been steadily changing in the last few years to one which utilizes the private practicing physician for the purpose of the physical examination. The extent to which this has taken place has depended chiefly on the attitude of the school boards and administrators, and the attitude and interest of the physicians in the community. It is well perhaps that the plan be thoroughly tried out in a few places, but already evidence is at hand of its value. In Detroit[6] last year over 20,000 children were examined by their own physician and this year it is expected the number will reach 35,000. In St. Louis County a recent report[7] states that un-

der the new plan 40 per cent of the physical defects found were corrected rather than the previous 2 to 3 per cent. That this change is taking place very slowly is shown by a report of a study by the Committee on School Health and School Health Education of the American Academy of Pediatrics.[8] In 1936 between 60 and 80 per cent of the 1,138 members of the Academy reported that some children had come to them from the schools in the past year. Ninety-five per cent were of the opinion that an active educational campaign on the part of the school would persuade an appreciable number of parents to bring their children for examination.

The Academy committee holds the view that the private physician who cares for the child in sickness and health from infancy through school life is far better able to appreciate the needs of the child than the school physician. It finds, however, a definite lack of working relationship between the schools and private physician. In reply to the question as to whether the school nurse or physician has contacted them in regard to a child, 85 per cent replied "never." In reply to the question whether the private physician had ever been approached for specific recommendations as to modification of the school program which would be of benefit to the child from the standpoint of physical or mental hygiene, 75 per cent replied "never" and only 18 per cent "more than once."

Economic and Other Considerations

The present situation resolves itself into this: The old method as outlined twenty years ago has proven itself to be a snare and delusion. It is being replaced by a physical or health examination of the school child by the private physician. This implies cooperation between the schools and the physicians of the community. Where cooperation or understanding is lacking on either side nothing is or can be accomplished. The limitation and extent therefore depends on local conditions and leadership. As physicians we cannot sit back and criticize unless we are willing to offer something definite, concrete and practical in the way of help.

I wish, however, to raise one important question in regard to the utilization of the private physician rather than the school physician in the program for health and physical examinations of school children. In all the discussions it seems to have been glossed over. Today 40,000,000 of our population, nearly one-third, are either on some form of public assistance or are living on a family income which does not permit of payment for even necessary or emergency medical services. I am safe in saying this represents one-third of our public school children. The proportion varies widely, of course, according to the character and economic resources of the given community. It is this group which was so much the concern of the recent government conference in Washington.

I have no answer to this many-sided problem except to point out that any attempt to solve the problem by leaving this group to the school physician, from a technical medical standpoint, puts us right back in the place we were twenty years ago. Unfortunately this seems to be the point to which socialized medical thought, guided as it is largely by individuals without technical medical training, tends to veer. Provide the money and hire a doctor is all that some seem to think is necessary. Standards and methods of examination must be based on professional knowledge if the program is to be worth while. In some communities the entire medical fraternity has volunteered through the medical society to conduct the examination for all children free of charge. This, it is my personal feeling, is more than a community has a right to expect or demand. I think it is clear from what I have said that this subject of the school medical examination is an important one from the standpoint of our interest in present medical trends. That any one plan of cooperation between the schools and the physicians can be outlined is questionable, owing to the extreme variations which exist in living and economic conditions. Perhaps after all the best plan is for the physicians in any given locality or community to get together with the school authorities and administrators and thresh out the problem as it exists in their community.

Immunization

Space permits of but one more topic,—that of immunization procedures. At present these generally involve smallpox and diphtheria. Perhaps tetanus immunization is close at hand. Opinion is so divided as to the value of whooping cough and scarlet fever immunization, that we may omit them from consideration. Neither smallpox vaccination nor diphtheria immunization should be a matter of a school program, when we consider them strictly from a health or medical standpoint. To wait until school age for diphtheria immunization is to leave the child susceptible during the period when diphtheria has the greatest mortality. This is anything but sound medical practice. Their inclusion in the school program results from two simple reasons: It has been found necessary to use the school as a club for compulsory vaccination and immunization in our enlightened United States of America. The second reason lies in the convenience which the school offers for public health measures en masse.

My own feeling is that where health departments have to take over simple, proved preventive health measures, such as vaccination against smallpox and immunization against diphtheria, and wait until a school health service supplies them, the fault lies with the physicians, and we have little justice to complain of the "encroachment of state medicine." Certainly if physicians are derelict in their duty they must soft pedal their grievances. Enough has been said, written in medical texts and journals, and is found in the free advice with which the physician is flooded by pharmaceutical manufacturers to prevent ignorance being used as a legitimate excuse for the failure to use immunization procedures in the early life of the child. Enlightened non-political health officers have a full recognition of the weakness of the school program for immunization. Dr. D. W. Gudakunst,[6] State Commissioner of Health of Michigan, recently spoke of the changed policy in Michigan where removing the immunization program from the school, and placing it back on the doctor, has markedly lowered the diphtheria morbidity. As he states it, the emphasis on school immunization carried with it to the people the idea that school age was the proper time for immunization. But unless we as physicians assume the responsibility for immunization procedures, we cannot blame the schools for developing a program. The fault I feel in this instance is our own and not that of the school or health authorities. A survey of the White House Conference in 1930[3] showed that for the country as a whole a large part of our child population under school age was not being immunized against diphtheria and smallpox by their physicians.

Conclusions

As stated above there are a few medical services which as a matter of expediency may perhaps best be conducted in the school. These are "screening" checks of visual acuity with test charts, and the use of the audiometer for the detection of deafness. A note from the school that a superficial examination at the school indicates the child needs an eye examination by a competent ophthalmologist or an examination of the ears by a competent otologist is sufficient in most instances to bring about the desired result. The school points out the need for an examination; it does not make the examination.

There is no question but that educators and school administrators have had many headaches over the problems of the school medical services, and today are more than willing to cooperate with the physicians in the community in working out a sound practical method of school health service. The more I have talked with teachers in regard to the problems of the individual child, the more cooperation I have found. The attitude should be what can *we* do to solve the problem of this child. As a practicing physician I want to testify to the help I have had from the teachers and schools. We are working on the same material, the growing, developing organism, and, in a broad way, our aim is the same,—the preparation for a sound, healthy, well-adjusted maturity. Common sense alone tells us that we must work together. For a sound worth while health service there must be cooperation between

the schools and the physicians, and when this exists the friction between the two, which has been so marked in many places in the past, no longer exists.

BIBLIOGRAPHY

1. Mitchell, Harold: Forty years of school medical inspection. J. Pediat. 7: 714–721 (Nov.) 1935.
2. Report of Cambridge Health Education Conference, June 23–28, 1924. Called by the American Child Health Association, and held in Cambridge at the invitation of the Massachusetts Institute of Technology. New York: American Child Health Association, 1924.
3. Report of White House Conference on Child Health and Protection. New York: D. Appleton–Century Company, 1930.
4. Public Health in New York State, 1932. Albany: New York Department of Public Health, 1932.
5. Physical defects — the pathway to correction: A study of physical defects among school children in New York City. New York: American Child Health Association, 1934.
6. Gudakunst, D. W.: A school health program. J. A. M. A. 111: 881–886 (Aug. 27) 1938.
7. Meyer, T. R.: Medical participation in a public health program. J. Missouri M. A. 35: 343–347 (Sept.) 1938.
8. Report of committee on school health and school health education of the American Academy of Pediatrics. J. Pediat. 11: 140–151 (July) 1937.

Brachial Plexus Block

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BRACHIAL plexus block anesthesia has never become a popular procedure in this country. The method received little attention in the literature up to 1927. Since then several noteworthy articles have appeared concerning it, but the procedure is not yet well established.

There are certain technical difficulties which must be mastered before such a procedure can be attempted. A successful block depends upon an accurate knowledge of the plexus as it emerges from the cervical cord and the relationship of the plexus to the surrounding structures.

The plexus is composed of the anterior rami of the fifth, sixth, seventh, and eighth cervical nerves and the first and second thoracic nerves. The various nerves converge after leaving the intervertebral foramina, pass between the scalenus anticus and scalenus medius muscles and lie close to the surface of the first rib. The various divisions then pass under the clavicle at its median point and pass into the axilla. The supraclavicular branches supply the supraspinatus, infraspinatus, longus colli, levator scapulae, rhomboideus major and rhomboideus minor, serratus magnus, scaleni, and the shoulder joint. The infraclavicular branches supply the teres major and minor, latissimus dorsi and the greater and lesser pectoral muscles.

The topographic relationship of the structures at the base of the neck is of importance. The main trunks of the plexus are bounded internally by the subclavian artery, externally by the clavicle, and below by the first rib. The subclavian artery lies alongside the plexus in the angle formed by the first rib and the clavicle, and is easily palpated with the finger since it is quite superficial.

Technic

The following technic has been carried out with but one failure in a series of cases. It is the supraclavicular approach of Kulenkampff and Persky,[1] described by Rhone[2] and Tuohy[3]. The patient is placed on his back with the head turned away from the side on which the block is to be made. Kulenkampff and Persky prefer to use the sitting position. In very heavy individuals it is sometimes of advantage to have a sandbag in the interscapular area to elevate the shoulders. The patient is then instructed as to what the procedure will be like. He is told that when the needle hits the nerve plexus he will feel the sensation of an "electric shock" or "pins and needles" going down into the forearm and finger tips.

The whole side of the neck is sponged with a skin sterilizing preparation. The head is turned toward the side not being injected and the patient is then asked to blow up his cheeks. This brings into prominence the external jugular vein. The mid-point of the clavicle is marked and 2 cm. above this point, just lateral to the external jugular vein, a small wheal is raised, using 1 per cent novocaine. (See figs. 1 and 2.) The needle

with the attached syringe containing 2 per cent novocaine is then inserted inward about 2–2.5 cm. At this point one should obtain paresthesia. If none is obtained, the needle is inserted a little deeper until it rests upon the surface of the first rib. At no time should the needle be inserted farther than the distance from the skin surface to the first rib. Inserting it deeper than this may result in a puncture of the pleura and a pneumothorax.

In the event that no paresthesia is obtained when the needle is in this far, it should be withdrawn slightly and reinserted in another direction. The usual error is placing the needle too far laterally from the subclavian artery and clavicle in an effort to avoid the vessel. By compressing the artery with the index finger and directing the needle closer to the clavicle, paresthesia will be obtained before contacting the rib again. It is unwise to attempt multiple blind punctures because of the danger of trauma to blood vessels. Trauma occurred three times in this series with no ill effects. When it happens, the needle is withdrawn and pressure placed over the puncture for several minutes.

Fig. 1. Patient on back with head turned away from side to be injected. Cheeks are blown up, bringing into prominence the external jugular vein.

Fig. 2. Needle is being inserted a finger's breadth above the mid-clavicular point and just lateral to the external jugular vein.

The amount of novocaine injected is usually from 25–30 cc. Rhone[2] uses 4–5 drops of adrenalin (1:1000) to the ounce of novocaine. We observed a greater incidence of reactions using adrenalin and have discontinued its routine use. Adrenalin does fix the solution in the nerves and prevents a too-rapid absorption, but we have found that without its use anesthesia will last up to an hour. This, in most instances, is sufficient.

A precautionary measure to be taken in injecting is always to withdraw the needle before injecting to avoid putting solution into the circulation.

Reactions and Complications

This procedure is rather commonly accompanied by certain types of reactions. Irritation of the cervical sympathetic produces a dilatation of the pupil on the affected side. Occasionally a sympathetic paralysis takes place. This is manifested by contraction of the pupil, flushing of one-half of the face, and hyperemia of the conjunctiva on the side of injection. This reaction generally subsides in an hour or two.

Occasionally a toxic manifestation presents itself. The patient becomes nauseated, breaks out with a perspiration and has a feeling of weakness. This lasts but a few minutes and, if the patient is kept in the recumbent position, need cause no concern.

Partial and temporary paralysis of the phrenic nerve will manifest itself by weakened movements of the diaphragm on the affected side. Injury to the lung and pleura may take place and produce an emphysema of the lung. The symptoms of this are dyspnea, chest pain, sense of chest oppression and sometimes slight cyanosis. Care in keeping above the rib will avoid this difficulty. Boit (quoted by Tuohy)[3] has reported the complete paralysis of an arm for five weeks in one of his cases.

Advantages and Use of the Method

The method limits the anesthesia to that restricted portion of the body on which it is proposed to operate. Shock is minimized or prevented, since it is possible to inhibit the pain impulses almost immediately. Consciousness is preserved. This is particularly valuable when the operation is done for repair of lacerated tendons of the wrist. The cooperative movement of each individual muscle renders identification of the structural units certain.

In the reduction of fractures, it is possible to have an immediate x-ray check-up and a secondary reduction is both possible and painless if further correction is necessary. In 1,000 cases reveiwed by Livingston and Wertheim[4] there were no deaths. Complications occurred in less than 3 per cent of the cases. Capelle (quoted by Rhone[2]) has reported one death in all the literature. Strode[5] has used this form of anesthesia in a bilateral amputation of the upper extremities without any ill effects.

Tarsey and Steinbrocker[6] have used this procedure in treating arthritis of the shoulder. They administered one injection a week, an average of four being given. They also noted good results in treating subacromial bursitis and brachial neuralgia. In these cases they believe a great deal of disability is due to prolonged reflex muscular spasm with ensuing atrophy of disuse and deformity. Relief of pain, even for a short time, in many of these cases not only restores function, but also gives the patient a freedom from the fear of pain which is undoubtedly a great factor in chronic joint disability.

The question arises as to how a temporary anesthetic of this kind can bring about recovery in long-standing disease. A psychic element is certainly suspected and cannot be ignored. In nerve block, the interruption of prolonged pain appears to have a lasting effect in the suppression of the sensory cycle, more than the mere duration of the anesthesia itself. The threshold of pain is thought to be elevated by such interruption of the persistent pain cycle and its reflex disturbances. With temporary abolition or diminution of the sensory reflex mechanism, the tense muscles are relaxed.

In reference to the above I am citing a case (see case 3 in table 1), that of a fifty-four year old white female, who had an excruciatingly painful right brachial neuritis. The pain was so intense that it had kept her awake for eight nights in spite of the plentiful use of opiates. About an ounce of 2 per cent novocaine was injected, giving relief of pain for three hours and enabling the patient to sleep for the first night in over a week. Two nights later a second injection was given. Following this the patient had complete relief from pain. A personal communication to the doctor who attends her revealed that she had not had pain for six weeks.

The cases described in table 1, part of a series ranging in age from five to seventy-four years, show the field of usefulness of this procedure.

Summary and Conclusions

A review of the anatomy of the brachial plexus is given. The technic of brachial plexus block and the usefulness of the procedure are discussed. Brachial block is an ideal procedure for use in an outpatient department or an office. It can be used for fractures of the upper extremity or any operative work upon this member. It is valuable in select cases of arthritis of the shoulder joint and in some cases of brachial neuritis where other treatment has failed.

TABLE 1.—*Results of Brachial Plexus Block in Twenty-Eight Cases*

No.	Age	Diagnosis	2% novocaine	Duration Anesthesia Min.	Complications	Results
1	11	Supracondylar fracture left humerus	25 cc.	60	None	Excellent
2	13	Post luxation of radius and ulna from bumerus	25 cc.	45	None	Excellent
3	54	Brachial neuritis	28 cc.	50	None	Relief from pain for 3 hours
4	6	Fracture both bones forearm	18 cc.	60	None	Good
5	74	Fracture neck left humerus	20 cc.	60	None	Good
6	9	Supracondylar fracture left humerus	23 cc.	50	Contraction left pupil	Good
7	64	Comminuted fracture both bones left forearm	30 cc.	50	Slight nausea	Fair
8	60	Fracture left radius	30 cc.	45	Faintness	Excellent
9	12	Fracture botb bones left forearm	20 cc.	50	None	Good
10	12	Fracture both bones right forearm	25 cc.	65	None	Good
11	74	Rupture long head of biceps	35 cc.	70	None	Good. Supplemented with ½% novocaine in skin
12	38	Fracture upper third ulna and dislocation head of radius	30 cc.	60	None	Unable to reduce dislocation. Patient placed in traction
13	5	Supracondylar fracture right humerus	20 cc.	40	None	Fair
14	10	Fracture botb bones left forearm	24 cc.	50	None	Good
15	17	Spiral fracture both bones left forearm	25 cc.	60	None	Good
16	6	Supracondylar fracture left humerus	20 cc.	50	Vomited	Good
17	54	Fracture both bones right forearm	24 cc.	50	Nausea, weakness	Good
18	52	Greater tuberosity left bumerus	25 cc.	40	None	Good
19	34	Dislocation right shoulder	25 cc.	45	None	Good
20	9	Fracture botb bones left forearm	25 cc.	50	Contraction left pupil, drooping lid	Good
21	12	Fracture both bones left forearm	20 cc.	40	None	Good
22	55	Fracture left radius	30 cc.	50	None	Good
23	28	Cut flexor pollicis longus tendon and fracture proximal phalanx of thumb	25 cc.	40	None	Good
24	11	Fracture both bones left forearm	20 cc.	50	None	Good
25	39	Fracture right humerus mid-shaft	25 cc.	55	None	Fair
26	51	Fracture surgical neck of left humerus and dislocation of head	25 cc.	50	Nausea	Good
27	35	Fracture botb bones left forearm	25 cc.	50	None	Good
28	53	Dislocation right sboulder	25 cc.	45	None	Good

Its field of usefulness in old debilitated individuals is noted. It can also be used in young children providing one takes the time to win their confidence and to explain the procedure to them. I have not experienced any ill effects from its use and have found it a valuable procedure.

BIBLIOGRAPHY

1. Kulenkampff, D., and Persky, M. A.. Brachial plexus anaesthesia: Its indications, technique and dangers. 87:883–891 (June) 1928.
2. Rhone, T. B.: Brachial plexus block anaesthesia. Ann. Surg. 101: 1153–1170 (May) 1935.
3. Tuohy, E. B.: Brachial plexus block. Am. J. Surg. 34: 544–546 (Dec.) 1936.
4. Livingston, E. M., and Wertheim, H.: Brachial plexus block. J.A.M.A. 88: 1465–1468 (May 7) 1927.
5. Strode, J. E.: Brachial plexus block anaesthesia. California & West. Med. 31: 17–20 (July) 1929.
6. Tarsy, J. M., and Steinbrocker, Otto: Supraclavicular brachial plexus block. New York State J. Med. 37: 1275–1278 (July 15) 1937.

Relationship of the General Practitioner to the Specialist and Group*

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AS THE practice of medicine is constituted at this time, both in our own State and generally, there is a triad composed of (1) the general practitioner or family physician, (2) the specialist, and (3) the group. The proper relationship of the various members of this triad, one with the other, is of great importance. It is necessary that the general practitioner shall refer such cases as require specialized study and care either to a specialist or a group for further study. It is just as essential that the specialist or group should refer and return such patients to the general practitioner with full information as to studies made, treatment given, prognosis and such general suggestions as may be helpful to him in the continued care of such patients.

It is estimated that in our own State no more than 2 per cent of the practicing physicians limit their work strictly to a specialty, and that probably not more than 10 per cent

* Read before the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938.

practice in groups. It is manifest, therefore, that the real burden of rendering medical service to the citizens of this State is dependent upon the general practitioner.

Yesterday and Today

A century ago the vast majority of physicians were general practitioners. As medical knowledge advanced, it became apparent that one individual simply could not keep abreast of progress in every branch of medicine. Specialization then appeared in medicine. Not long after, much began to be heard about the basic sciences and a minimum standard of education for all who proposed to heal the sick. In spite of the fact that various means have been developed by the medical profession, and various specialty societies formed for limiting entrance of unworthy or incompetent men to the specialties, there is as yet no legal method for determining who shall be considered competent to practice a specialty.

Little has been heard of special preparation to earn the title "family physician" or "general practitioner." Even greater preparation in education and higher standards of character are required to fit a medical man for this field of labor than in any special field of practice. He must know general medicine well indeed; in addition he must know what every specialty has to offer for the welfare of his patient. It follows therefore that he must of necessity know all progress in his own and every special field. He must be prepared to do much general surgery. If the present trend of limiting all surgery to so-called surgical specialists alone continues to its ultimate conclusion, many a patient now saved by the prompt interference of the general practitioner will be sacrificed because of delay in reaching one of the few so-called qualified surgical specialists.

Under the system of private practice as it exists in this country there is a feature which, in the opinion of most doctors and most patients, adds greatly to the service rendered,—the personal relationship which exists between the doctor and the patient. It has become fixed in the customs of our people. One well trained doctor may be as able as another to apply the truth of science in the treatment of disease, but the time comes in the life of each one of us when the cold facts of science do not avail. The personal side of the practice of medicine, which has always played an important and comforting part, steps in at such times and renders a service which the people not only desire but demand. Sympathy, kindness, pity and cheerful hope—no amount of scientific efficiency can take the place of these in the dark hours of sorrow and trouble so common in the experience of all. President Elliott of Harvard, said: "In these intangible things are found the durable satisfactions of life; fame dies and honors perish, but loving kindness is immortal."

Intraprofessional Relationships

The preservation and improvement of this system of practice can be advanced by thoughtful attention to intraprofessional relations, at least this is the opinion of many of the leading general practitioners of the State. The specialist ought always to remember that a patient regards him as a superior being and expects him to possess superior knowledge to that of his family doctor. He should accordingly be very studious to avoid destruction of the patient's trust and confidence in his family doctor. The specialist little realizes at times how easily this may be done. The flick of an eyelid, a carelessly disparaging remark, or just quietly ignoring the family doctor may do irreparable damage.

The specialist should faithfully report to the family doctor upon every patient which he sees for that doctor. Only by having such material can the general practitioner best serve his patient. This courtesy should not be dependent upon whether or not the family doctor referred the patient directly.

Patients occasionally collect an assortment of opinions from a number of specialists, as, after all, specialists have as much right to disagree as general practitioners. In such cases it falls to the lot of the general practitioner to advise with such individuals as to what course to pursue. If he has a written report from each one consulted, he is not dependent upon the patient's personal

account of advice received. Patients whose condition could be treated at home as competently and at less expense ought to be so advised. It would seem superfluous to suggest that it is manifestly unethical for a specialist to carry on an active correspondence soliciting the return of a patient while at home and under the care of his family doctor.

These suggested courtesies seem sound ethically in that they are fundamentally in the best interest of the afflicted. No sounder test can be made of a professional policy, yet, they seem to be frequently ignored, neglected or forgotten in our State. That this also occurs elsewhere is evidenced by the following statement of Dr. Andrew Macfarlane in the New York State Medical Journal:[1]

> "It would seem best for all concerned that the clinics insist that patients be referred to them from their family physicians or at least ascertain from the patients the name of a physician to whom their findings and records must go. The clinics should at all times impress upon their patients the value of their family or neighborhood physician."

Even from distant South Africa (Glen Lynden, Mooi River, Natal), Dr. W. T. F. Davies[2] suggests:

> ". . . a specialist shall be in the position of a consultant, in that he may only see cases sent to him by a colleague."

It may be that the general practitioner does become careless in his work. It also may happen that the specialist or member of a group occasionally becomes over-conscious of his superior knowledge and skill; however, it is well to remember that no good is ever accomplished by destroying the patient's trust in his family doctor.

Correlation and Cooperation Necessary

The importance of science in medicine must not be minimized; neither should the personal element be magnified. Yet all know from personal experience what comfort, hope and assurance the personality of a trusted physician may bring to the bedside of his patient. Specialization tends to destroy personal service and personal interest; it places all of the emphasis on the scientific side, and while the scientific side is the greater, yet, when divorced from the personal element, it is immeasurably weakened.

The doctor must promptly correlate his talents with those of his brothers, must help maintain and develop the art and science of medicine. He must build and grow within the circle of medicine. Alone he can accomplish a negligible bit; associated with his brothers, he can advance the standards and upbuild and sanctify all that medicine represents. Such contacts and associations protect him and furnish the stimuli he needs. The general practitioner will more readily seek the advice and counsel of specialist or group if he is assured that he in turn will receive the courtesy and consideration which is his due. He possesses knowledge of the living conditions, family life, peculiarities, drug idiosyncracies and many other facts of importance regarding his patient. Such knowledge makes his opinions of real value to his learned, specialized brother.

The greatest hope for the medical fraternity today lies in the closest possible cooperation, the most implicit confidence, and the highest degree of solidarity in aims and principles among its members. These are possible only if each and every one conducts himself, at all times, with the most meticulous professional courtesy, based upon an altruistic desire that the greatest good may accrue to the patient.

In closing, I take the liberty of quoting from Arthur L. Lipmann, who in writing about the family physician, says:

> "He's much too mellow, much too wise
> In any branch to specialize.
> An ever-ready, kindly blend
> Of guide, philosopher, and friend,
> He has no nurse to take your fee
> Or card-index your pedigree.
> He has not learned the stylish ills
> For which the wealthy foot the bills.
> He does not fall for current isms,
> Fancy fads or nouveau schisms,
> But when we're not entirely whole
> Or something's gnawing at our soul,
> He pours, to guide us in our blindness,
> The healing milk of human kindness."

DISCUSSION

J. H. J. Upham, Columbus, Ohio: Doctor Dawson's paper, I think, was very timely, and his remarks were axiomatic. There must be cooperation

between the specialist and the general practitioner, both for the good of the specialist and the good of the practitioner but, above all, for the best service to the public.

That has not always been the case. We have all known of instances and, in the earlier days, it was especially true, I think, that specialists rather exploited themselves at the expense of the general practitioners. I remember when I was first starting out in medicine, the science of dermatology had gone way beyond treatment. Great books were written on the subjects of diagnosis and nomenclature. But when it came to treatment they were very incomplete; there wasn't much but arsenic, mercury, sulphur and resorcinol.

About that time a country practitioner sent a patient to a dermatologist in the city, and when the patient returned with a long letter containing a marvelous diagnosis and description of the condition — a polysyllabic diagnosis — the doctor was very much impressed. But when he turned to the last sheet and read the brief paragraph on the matter of treatment, he said: "Well, sending a patient to a dermatologist is a good deal like the widow who marries again. She gets a new name, but the same old treatment."

I think now we are all beginning to realize that it takes a mighty good man to be a general practitioner. Sometimes he is a better man than some specialists. But there must be cooperation between the two. The specialist must realize his dependence on the general practitioner. The public must be made to realize the advisability of making the first contact with the family physician and of relying on him before making a visit to the specialist. The specialist must realize the importance of referring back and advising with the general practitioner. When all this is accomplished, we will have a cooperative plan that will be tremendously beneficial to both the specialist and the practitioner and one that will result in better service to our clientele.

BIBLIOGRAPHY

1. Macfarlane, Andrew: The family physician—past, present, future. New York State J. Med. 34: 579–586 (July 1) 1934.
2. Davies, W. T. F.: The general practitioner, the specialist and the public. South African M. J. 11: 109–112 (Feb. 27) 1937.

The Power of Suggestion*

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THE influence of suggestion may aid the physician or it may hamper and actually defeat his efforts to help a patient. In attempting to discuss it I believe one must first of all define what one means by suggestion. For our purpose and as applied to what I am talking about *suggestion means a persuasive impulse that influences more or less powerfully the action, the thinking or feelings of a person.*

The suggestion may come from the environment; that is, from another person by word of mouth or action, or from a mere situation. On the other hand, a suggestion may come from within the person. In the latter case it is usually associated with powerful emotions and substantially amounts to a wish or longing.

When the suggestion comes from the outside such as in the case of a direct expression from another individual, the person tends to resist such a suggestion. This is almost instinctive and can be seen in pure form in young children. What parent has not observed this tendency? But when the suggestion comes from within the person there is no resistance; in fact, the tendency is to welcome the suggestion because it frequently arises on the basis of self-service. A person must put up a powerful resistance in order to prevent himself from automatically acting on a suggestion that arises from within.

Effects of Suggestion

The effect of the suggestion varies according to the suggestibility of the subject. In certain constitutional types the suggestion may produce rather profound disturbance of physiological functions. Occasionally a persistence of such disturbances (which, incidentally, are usually in the vasomotor and endocrine systems) may result in ultimate organic disease. In short, although we seem to start the train of events with a mere thought or feeling, we may wind up with definite organic disease.

Every experienced physician knows of the numerous symptoms that any patient may

* From the Wisconsin Psychiatric Institute. Read before the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938.

create by self-suggestion and how they complicate the problem. He knows that the pathologic manifestations or lesions account for only a part of sickness; that the mental attitudes, the fears and apprehensions, are all the result of suggestion. The experienced physician also knows that these distressing symptoms arising from suggestion can be cured only by counter-suggestion. And counter-suggestion is precisely what the good physician employs when he explains all that he thinks can be understood by the patient, when he assures the patient that he will recover, when he directs him concerning the part he must take in the plan of treatment, etc. In fact, suggestion is so important a part of what the physician does for his patient that he must use the utmost care in his general attitude, his words, his emotional reactions and his facial expressions. No detail in his conduct in the presence of the patient should be ignored by the physician, because some thoughtless act may belie his word and the average intelligent patient overlooks nothing when he believes himself to be seriously ill. Such care of conduct in dealing with patients constitutes the so-called "bedside manner." It has real therapeutic value and is genuinely scientific if its significance and psychological mechanism is appreciated.

As already stated, the influence of suggestion may be either beneficial or harmful. Harmful suggestion results from the use of careless technic and thoughtless procedures. Among the latter I would include the practice of many repeated examinations by different physicians in a case involving claims of compensation. I have known of many cases in which patients have developed symptoms as the result of such procedures. Too frequently the patient is not permitted or invited to recite his own conscious experiences. He is asked directly: Have you felt (this or that)? Have you a headache or a backache (or some other ache)? When this is carried on through several examinations it often serves to actually create a variety of aches, and this does not imply necessarily that the patient is malingering. Very often he feels that in having overlooked or failed to recall some symptom that the doctor frequently refers to he is failing to present all the manifestations of his illness or complaint. The physician, by his method of examination, invites attention to some distress and quite unconsciously the patient becomes much more aware of the existence of such a pain or ache. In other words, by emphasis, it is brought out into the foreground and the patient not uncommonly is unconsciously coached to recite a series of complaints. Such faulty technic carried out by several different examiners may ultimately result in a symptom-complex that is largely self-created and exists only in the mind, but persists unless treated by appropriate measures of counter-suggestion or some other form of psychotherapy.

I wish to emphasize the point that self-suggestion accounts for many symptoms. Furthermore, that such symptoms are often the most persistent and painful and, finally, that these suggestions that arise from within a person are powerful and controlling. The person is more or less helpless and unable to resist the influence of such self-created suggestions. Apparently a mind busy with evolving suggestions cannot be equally busy with counter-suggestions or resistance.

The physician must use positive and direct suggestions in treating every form of illness. No matter whether it is an ingrown toenail or an inoperable cancer, an element of suggestion becomes a more or less important part of the treatment. Because a normal person instinctively resists the influence of suggestion that comes from the outside, especially when it is direct and positive, the physician must support his suggestions by something factual, something that is tangible and has the weight of a proof. If this cannot be done the therapeutic suggestion must be supported by an appeal to the patient's intelligence or, finally, his faith.

I, personally, believe that the intelligent use of suggestion by a physician is as scientific a procedure as the synthesis of an arsenical compound for the treatment of syphilis and decidedly more scientific than the empirical use of chemicals whose curative action is not understood.

Every physician recognizes the role of the personality in the realm of medicine both in

the patient and the doctor. The doctor should be well enough trained so that he can take this into account from the very beginning of his career and not merely get it by long observation and experience. When this knowledge comes as the result of experience it is usually referred to as the art of medicine. When it is taught as a scientific subject the same thing becomes the psychology of medicine. Some day, somewhere, this truly important aspect of a physician's armamentarium will be properly evaluated.

Suggestions arising from within the person have one fundamental and common characteristic. The influence of such self-suggestions is registered upon the whole person rather than any single organ or system. The symptoms that arise from self-suggestion are not limited, as a rule, to any single function. They are not anatomical or physiological in their pattern. They are characteristically indefinite and vague but hold a very important place in the field of consciousness. In other words, the patient is more aware, apparently, of the distress he experiences from these self-created symptoms, and in the recital of symptoms by a sick person those that are the by-product of self-suggestion will be most stressed. They frequently dominate the whole manifestation of the illness. Not infrequently the physician must carefully dissect away the symptoms that arise from suggestion in order to discover the symptoms that are a direct result of the lesion or disease.

I wish to express my personal conviction that every normal person is the victim of some self-suggestion during illness. It is not evidence of any psychopathic constitution. It appears to be merely a part of our normal mental life that we cannot control. However, we can control more or less our reaction or behavior toward such suggestions. As physicians, we must recognize this fact, realize that a super-structure of symptoms is usually added to the signs and symptoms of actual disease and that such super-structure varies among individuals so that in the end many common forms of sickness may have uncommon manifestations because of the personality of the patient. This merely brings us to the dictum that cannot be over-emphasized in medicine: Every case of sickness is an individual problem not only in its manifestations but in its treatment. A physician who focuses his attention merely upon a circumscribed lesion and ignores the whole person is not making a complete diagnosis and is not able to carry out a complete plan of treatment.

Suggestion in Cult Practice

Suggestion is responsible for the thriving of the various cults. Modern cultists are imitators of the witch doctors and voodoo doctors of primitive cultures, who were probably more familiar with the use of suggestion than many physicians of modern times. The cultists use practically the same technic and certainly the same mechanisms, but geared up to the civilization in which we live.

In some forms of illness the symptoms, aided by self-suggestion, exceed in severity those solely dependent on the organic abnormality. In some instances the ratio is probably 75 per cent symptoms created by suggestion and 25 per cent created by a definite lesion. The cultist directs all of his therapy at the symptoms which are self-created. His technic is counter-suggestion. He relieves the patient in many instances of over 75 per cent of his distress. The remaining 25 per cent, due to actual lesion, is left to nature which, ordinarily, does a very good job. In contrast to this, the physician too frequently directs all his attention to the organic lesion. He may succeed in curing the patient of the organic factor and thus possibly relieve him of 25 per cent of his symptoms, but leave untouched the 75 per cent caused by self-suggestion. In short, the cultist treats and cures the 75 per cent due to imagination while the physician attempts earnestly, conscientiously and scientifically to cure the true organic illness but leaves the patient still the victim of imagination.

All of this is well known but, unfortunately, is not met in a realistic manner. There appears to be a reluctance on the part of the scientific physician to employ suggestion in his therapy. He tends to regard such an effort as something akin to quackery, and this attitude would be proper if all of illness

was a manifestation of organic lesions alone. When, however, a substantial part of the manifested illness arises on the basis of suggestion, then such part must be handled by a similar mechanism. In short, one must use the proper tools.

The only manner in which the medical profession can meet the spread of cultism is to become better equipped in the psychological aspects of illness. In handling a case the physician must discover what part of the symptom complex is created by self-suggestion and treat this part of the picture by appropriate measures while at the same time he treats the underlying physical or organic causes. When the physician is thoroughly equipped in this respect the modern cultist will be relegated to his proper place, that is, with the witch doctor of our uncivilized cultures.

DISCUSSION

J. H. J. Upham, M. D., Columbus, Ohio: Doctor Lorenz has mentioned a matter that, to my mind, is a serious challenge to the medical profession, and also somewhat of a reflection upon us as a whole.

We have all recognized the tremendous influence suggestion has in treatment. We have all employed it more or less. We have given placebos, conveying the idea that here was something that was going to do a great deal of good. We have used suggestion of one sort or another time and time again, but we have not scientifically taken up this matter or investigated it. For that reason we have many cults, Christian Science, health cures and mental cures of one sort or another.

Every one of us has had neurasthenic patients. When we have failed to find any organic basis for their complaints we have said to ourselves, "Here is another neurasthenic." We have told them there is nothing the matter with them and thus offended them tremendously. Often after trying three or four other doctors they fell into the hands of cultists,—sometimes to their great improvement.

We will never meet this challenge satisfactorily until we take it up seriously and perhaps develop a new specialty.

When a patient comes to us and careful examination and study demonstrates no organic abnormality, we should say something like this: "There is no question about it, you are sick. But your trouble is not an ordinary illness that can be reached by pills or ordinary medicaments. You have a functional disturbance. There is a means of reaching that disturbance through suggestion to the subconscious mind. I am going to refer you to a specialist who will be able to treat you along these lines."

I believe, should we recognize such a condition, should we develop a specialty if we feel we are not capable of carrying out this sort of treatment ourselves, we will go a long way toward solving the problem of the cults.

A Layman's View of the Medical Profession*

By EDGAR G. DOUDNA
Madison
Secretary, Board of Regents of Normal Schools of Wisconsin

THE layman has suddenly become aware of a situation which threatens to precipitate a conflict between the members of the medical profession and the public. Naturally he wonders what all the shooting is about and why all at once there has been so much emotional discussion about "socialized medicine." The man in the street has always been interested in doctors and their work. If he can remember the days of non-scientific and unorganized medicine he certainly is astonished at the present confusion, bad temper, and uneasiness about the practice of medicine.

Lay interest in the doctor and his work was greatly increased by the publication and large circulation of such books as *An American Doctor's Odyssey, The Horse and Buggy Doctor, The Citadel,* and *The Doctor's Pills are Stardust.* The doctor had been idealized in fiction and biography before but these books seemed to take one behind the scenes and give a personal view of professional life.

The public press gave wide circulation to the findings of the President's Technical Committee on Medical Care and the recommendations of its proposed National Health Program. This at least indicated the direction which social reform was taking and gave the layman a clue to the meaning of the rather vague term *socialized medicine.* He was open-minded but somewhat skeptical, for he had been the victim of too many well-intended reforms which proved unworkable.

* Read before the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938.

The rather passive attitude of the layman got a jolt when an assistant attorney-general announced that the Federal Government might invoke the anti-trust laws against the American Medical Association as being a monopoly in the restraint of trade. This did seem serious. Here was a leader in a great profession, the law, organized about as is the "A.M.A.," attacking another profession on economic and political grounds. At last the fight was out in the open and understandable since it brought out clearly and sharply the necessity for defining the relations which the organized professions have to society as a whole.

If this was confined only to medicine I suppose many of us would be just observers on the side-lines, although certain to be drawn into any conflict that might arise. In fact, however, it is but one of the points at which there is sharp disagreement. After a general consideration we can make a specific application to the topic uppermost in our minds, namely, the responsibility and authority of the medical profession in determining a health program.

Machine Age Specialization

A familiar criticism of modern society is that it is over-organized into highly specialized and protectively insulated groups indifferent to the common welfare. The simpler society of the past did not develop the minute subdivisions which the machine age has created. There has always been some degree of differentiation although not comparable to the division of labor in modern economic life. Professional, business, industrial, labor, and agricultural organizations with specialized aims, ideals, idealogies, and economic solidarity are so common that almost every one belongs to, pays dues in, and works with one or more of them. At their best they have high ethical standards, promote knowledge and skill, influence public opinion, and are socially effective. At their worst they degenerate into pressure groups working to win selfish advantages for their membership. Individual action is frowned upon. Generally, as in all human relations, there is both altruistic and selfish motivation. We like to think that our own group is purely unselfish.

At various times a profession or group has been the dominant power in the social order. Thus the army, the guilds, the clergy, industry, and business have exercised control for longer or shorter periods, as the professional politician, labor leader, and racketeer are said to do today. The exercise of power develops a lust for more power with resulting resistance and reaction. Neither a man nor a group can long have power without abusing it, for "power always corrupts, and absolute power corrupts absolutely." The dictatorship of a man is always a menace; that of a pressure group is intolerable. In 1753, Benjamin Franklin, observing the decline of the power of the Puritan ministry from its long period of authority, wrote an essay entitled, "The Tradition of the Clergy Destructive to Religion." It could be adapted to almost any intensively developed group.

Specialization in Science

Within each business or profession a high degree of specialization is inevitable, especially when it rests upon scientific bases. The more involved its problems become the greater is the degree of differentiation, sometimes separating it into microscopically and seemingly ludicrous segments. Any list of doctoral dissertations and theses will serve to illustrate the intellectual divisibility of academic research.

Technically this is mostly to the good. Scientific progress has come through the heart-breaking and self-sacrificing labor of men and women, which to the layman may seem wasteful, futile or ridiculous. When a Pasteur or a Curie makes a spectacular discovery the layman is impressed by its magic. This he can appreciate. But since most scientific work is not productive of showy results he never knows about it, nor cares. The sum of such investigations and experiments in any profession, especially the scientific, is enormous. This makes inevitable the specialist who devotes his life to mastering the accumulated knowledge in his field, acquiring and developing skills in its application, and pushing its frontiers still further back.

Dr. Charles Mayo is credited with describing the specialist as one "who knows more

and more about less and less." This exact definition, I fear, has been accepted as a good-natured wise-crack. It is a homely but perfect analysis of both the strength and weakness of the specialist. He concentrates and by concentration both wins and loses. At the other extreme we have the person who spreads out so thin that "he knows less and less about more and more." At his worst he is the quack, the shyster, the charlatan. The ordinary practitioner utilizes the work of many specialists, but he makes intelligent adaptations. That is his province.

The ideal professional man has to have certain aptitudes; he must study to master the acquired resources of the profession; he must develop skill in the application of his native abilities and acquired resources to the work he has to do; he must advance with his profession; he must add his contributions to the common fund; and he must conform to the highest standards of his profession. It is a compliment to the medical profession that it is constantly pointed to by other professions as having gone farther than the rest in protecting society from the incompetent, the dishonest, the self-promoter, and the social exploiter.

The Human Element

If professional problems were all technical they could be solved by objective methods and progress would be assured. However, the place of the specialist within the profession and the relations of the professions to each other develop situations which expert knowledge and skill cannot adjust alone. There is social maladjustment showing itself in professional jealousy and economic competition. The specialist does not work in a vacuum, and in the human sciences he must work with the most unpredictable material. His equation contains so many variables that formulas are not reliable. Statistical averages cannot be applied individually.

Now it happens that while technical expertness has made unbelievable advances, adjustment to the total social patterns has not kept pace with it. Coordination is faulty. Social processes are not well understood, even with the development of social sciences. The economist is a better historian than prophet; psychologists are miles away from the control of human behavior; the educator and sociologist fumble their material and have none of the certainty of those who work with inert matter. Always there is *man,*—weak and strong, selfish and kind, a bundle of contradictions and uncertainties. Every generalization made of him will have enough deviations from the normal to throw one off balance. No one has all of the answers. The factor of chance is always there.

The Present Problem

This is the heart of the problem of medicine's relation to society: One group of experts, the medical profession has come into conflict with another group of experts, the social workers. It seems to be the battle of the century with the health of the nation as the stake. Do not think that I am rash enough to attempt a decision, for I know the scrambled proverb, "when the doctors disagree then the fools rush in." I am merely pointing out what seems to be the real situation. It is so in every area—business, industry, commerce. What is the boundary line between individual rights and social needs? Where does medicine end and economics begin? The problems of readjustment in the medical profession are only part of the shifting scene which is so baffling to all of us. Changes there will be whether we will them or not.

Perhaps I have been too general and abstract in analyzing the present conflict. I am sure, however, that laymen generally recognize the technical competence of the medical profession; mostly they are overawed by it. They see the almost unbelievable development of medicine and surgery in comparison with the pedestrian progress of social adaptation and utilization. The wiping out of such scourges as smallpox and yellow fever, to name but two, fills us with admiration. We warm to attacks by the medical profession upon tuberculosis, cancer and venereal diseases. The profession's management of hospitals, its public health services, its aggressive and unselfish efforts to build up decent and correct modes of living have given it an altruistic standing paralleled only by the ministry. That and more we can say.

On the other hand we have only to look around to see that this picture is incomplete. Your social reformer notes and the layman agrees that there are serious defects in the relationships of the medical profession to society. He points out—and often gets jittery as he talks—that medical service, including hospitalization, is still inadequate geographically and socially. Here is the highest professional competence unused while great numbers of suffering persons are in need of medical and surgical care and treatment.

Economic Aspects

Another and more common criticism relates to the fee system and the disproportionately high cost of decent care to the patient, especially those in the lower income brackets. There is the ever-present fear of illness with the need for medical care, plus inability to pay for it that hangs like the sword of Damocles over the heads of millions of high-minded people who still maintain their love of independence and who want to pay as they go. These people see some doctors and surgeons living on a scale which to them is nothing short of regal and exacting for a relatively simple and sometimes needless operation a sum equal to or greater than their accumulated savings of years. They doubt its justice. The avarice and social stupidity of a few, and the subconscious influence of money on many more, generate psychologic attitudes which lie at the bottom of much of the unrest which the social worker and the layman sense. Hence the conflict, with the ordinary man the innocent and ignorant bystander.

Total medical costs, I am told, run to about three and a half billions of dollars a year, of which doctors receive slightly less than one-third. The per capita cost for doctors is about $9 a year. This does not seem a very large sum when compared with the enormous wastes of luxury and dissipation. We could spend much more on health than we are now doing if we really cared. The fact is we prefer to invest in pleasure. The problem is one of distribution of service and cost and is thus a part of the larger and more complicated problem of social readjustment.

Social Aspects

In my judgment the majority of Americans, while recognizing the rights and the needs of the minority and the under-privileged, want to preserve those individual and personal relationships of patient and doctor which have been so generally satisfactory. They want to be persons—not "cases." They probably think that there has been too much emphasis upon narrow and highly specialized practice. It seems to an observer that four specialists out of fifteen practitioners is a pretty bad ratio. He feels that the physicians doing general practice—like any of the doctors of fiction whom we love and honor—are the basis of medical service, although recognizing the specialist as necessary.

There appears to be no reason why cooperative or group medicine, voluntary health insurance, or any other workable plan should be opposed by medical societies. But by and large the present setup seems to meet with the approval of the majority, although most of us would welcome some reform to lessen commercialization in medicine. We prefer to regard it as a profession, not a business. We wish that all doctors would subordinate commercial to professional success.

The large problem becomes: What is the relation of the State to health? This is not for the profession to decide alone for it involves sociology, politics and economics. If you accept one philosophy of government the answer is state medicine. If you believe in another the answer is the fee system with complete freedom of selection. If you are a realist with no theory to defend or apply you will probably agree that some socialization is inevitable, but to preserve our freedom and our sense of individual responsibility it must be limited to the absolutely essential. We shall increase the area of health education, public health, preventive medicine and immunization. Health insurance is bound to grow. It may be compulsory, who knows? At present, however, most of the reasons advanced for complete government control of medical practice seem to be based upon fallacious assumptions and misleading analogies. We are still a long way from proving that there is adequate social machinery for

controlling this area of life, or a sufficient demand to compel its acceptance. What we do not understand is why there is such a stand-pat or reactionary attitude on the part of some of your leaders to moderate change and experimentation.

Conclusions

I think then it is fair to say that the layman believes in the competence of the medical profession. He regards it as working in a scientific field which excludes the amateur and so he trusts it in the technical aspects of its work. He believes in its integrity of purpose and its fundamental honesty. He is almost worshipful when he contemplates the conquest of many of the plagues that have swept away millions of people, and he is hopeful of still greater controls over disease and disaster. On the other hand he regrets the over-emphasis upon specialization and the declining influence of the family doctor who recognized the psychological and spiritual elements which play such important parts in human welfare. He doubts whether any profession possesses enough social insight and is sufficiently disinterested to exercise total control even in the field where it is monopolistic in knowledge and skill. He regrets that commercialization shows its ugly head so frequently, and that the social climate of America develops it. He does not believe that it is necessary to measure success by the financial yardstick.

The layman looks forward to an extension of public health service with prevention, sanitation and immunization markedly improved; to more adequate care for the "submerged one-third" and a fairer chance for the lower middle class. He expects a growth in cooperative medical services and an increase in voluntary health insurance. He hopes that the profession will find ways and means in these difficult days of distress, tension, fear and hatred to make such modifications in its attitudes and practices as to prevent the mechanization, standardization and mass control implicit in complete socialization i. e. state medicine. We want to save the best in the present system, for we are fearful that sudden and fundamental changes will create as many problems as they solve. But the layman is equally certain that no matter how high its professional competence a professional group cannot alone determine its relationships to the whole social pattern. This applies to all groups,—not to medicine alone. And above all else he fears any form of compulsion whether professional or bureaucratic. The way out is along the road of mutual understanding leading to a better integrated social order whose ideal is cooperation for the common good. He expects that men will act from selfish motives, but he hopes that it will be intelligent selfishness. And that means regard for the opinions and rights of the other fellow without neglecting his own.

DISCUSSION

J. H. J. Upham, M.D., Columbus, Ohio: Mr. Doudna in his very interesting discussion of the layman's view of the medical profession, has voiced some of the criticisms we are hearing of the profession at the present time. His discussion, it seemed to me, well illustrates the condition of mind of a layman above the average intelligence in viewing the medical profession of today. He did not, however, in my opinion, place sufficient emphasis on two things: first, that medical practice is worth more today than ever in the history of the world; second, that the public is largely responsible for some of these difficulties that have arisen.

There isn't any question in my mind that the costs of medical service have risen, but I think the public has a large responsibility in this in demanding the services of specialists. I don't mean to say a word against specialists. We need specialists because the field of medicine is so great that no man can cover more than a small portion of it.

When the specialist first began to develop, there was so much exploitation of the modern discoveries that often the worth of the general practitioner was minimized. We heard of the disappearance of the general practitioner and people got the idea of the necessity of going directly to the specialist. As a matter of fact, the general practitioner today is better prepared for general practice than ever before in history and there must be a trend back to allow the practitioner to make the first contact with the patient and to use his judgment as to when the specialist should be called in. I believe that, in itself, will be one way of meeting this economic difficulty we are having at the present time.

I agree with Mr. Doudna that a good deal of our economic problems in medical practice today are the result of the present economic unrest that is manifest on all sides. Perhaps the medical profession has been singled out as being possibly a little more vulnerable in not controlling as many votes as

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Comments on Treatment

EDITORS
A. J. Quick, M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

Antacids

The modern slogan of many makers of proprietary medicines seems to be: "Get on the alkaline side." Unfortunately not all human woes respond by changing from the red of litmus to the blue, and more often than is generally recognized actual harm may be caused by excessive alkalinization such as is brought about by the continual use of sodium bicarbonate. Nevertheless every physician knows the value of antacids, but often forgets that the insoluble alkalis are in some instances superior to sodium bicarbonate. A very satisfactory antacid prescription is:

℞
Calcium carbonate ----------100 grams
Magnesium oxide ---------- 25 grams
Bismuth subcarbonate --------- 10 grams
Sig.: One level teaspoonful mixed with a wine-glassful of water, two or three hours after meals.

This mixture is neither laxative nor constipating. The cathartic action of the magnesium oxide is counteracted by the calcium carbonate. Two drops of peppermint oil may be added to the above if desired. A. J. Q.

Mycotic Infections of the Skin

A large percentage of the general population has ringworm of the feet or mycotic infections involving other parts of the glabrous skin. These infections are often of a chronic nature because treatment is unsatisfactory and reinfection is very common.

The large number of preparations which are in use at the present time, tinctures, lotions, paints, ointments, etc., have several points in common. They are "messy" to apply, soil the clothing, and render an undesirable cosmetic appearance. The patient is tempted to abandon persistent treatment because of these features. Desiccation of the skin or blocking of the follicular orifices may be a sequel to application of preparations of these types. Either state establishes a favorable set of conditions for secondary infection.

In an effort to overcome these objectionable features, Prehn (J.A.M.A. 111: 685–688 (Aug. 20) 1938), at the United States Naval Dispensary in New York, proposes a method of treatment in which the drugs are applied in powder form. After a seven year study of a majority of drugs and methods heretofore proposed, he arrived at the following combination of drugs by the process of elimination. The powder is composed of salicylic acid 5 gm., menthol 2 gm., camphor 8 gm., boric acid 50 gm., and starch 35 gm. Each ingredient has been selected to accomplish a specific effect. The keratolytic and exfoliant action of salicylic acid allows the camphor and menthol to exert a fungicidal and the boric acid a bactericidal effect on the organisms in the deeper layers of the skin. The antipruritic action of menthol acts to prevent trauma from scratching. Starch serves as a demulcent and soothing vehicle. If a milder keratolytic action is desired for sensitive areas the proportion of starch may be increased.

The patient is instructed to rub the powder into the skin at least daily, but more frequently if the infection is severe. Pustules or vesicles should be destroyed and the powder rubbed into the raw surface. Loose skin is to be removed in order to get better contact with the affected parts. The powder should be applied to the intact skin for several inches around the lesion. Treatment should be continued for several weeks after the lesions are apparently healed. Thereafter, weekly prophylactic use seems sufficient to prevent reinfection. When the powder is used in a prophylactic manner

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« « « EDITORIALS » » »

The Problem of Refraction

IN UTOPIA a patient presenting himself for an eye examination would probably be examined by an expert ophthalmologist. His eyes would receive a complete medical examination and refraction would involve all the sixteen steps enumerated by O'Rourke in Beren's "The Eye and Its Diseases." Any deductions as to the state of the patient's general health gathered from the examination would be carefully recorded. Finally as the examiner would have no pecuniary interest in the patient outside of a worthwhile fee for the examination, glasses would not be prescribed unless they were really needed.

It would seem that such a method of examination might very well be considered ideal. It certainly best serves the needs of the patient and it would seem that it might well be applied to the public in general. Such, however, is not the case nor is there any reason to believe that such a method will prevail until possibly some time in the distant future.

The greater part of the refraction in this country is done by about 30,000 men of whom only a third are ophthalmologists. The other two-thirds are optometrists and general practitioners. In order to secure enough ophthalmologists to go around, 20,000 more would have to be trained.

Facilities for postgraduate instruction in ophthalmology are so limited that even the men now in training find it difficult to secure adequate courses.

To train any such additional number as 20,000 is manifestly impossible. Even if it could be done it would not be desirable. Were there to be any such tremendous increase in the number of ophthalmologists there would be nowhere near enough eye diseases to go round. Only a few men would see enough to acquire or keep any proficiency in anything but refraction. Nor is anything to be gained by the entrance of the general practitioner into the field. His duties are now so manifold that he has no time to develop or keep skill in refraction. It should also be well understood that to refract adequately is not easy. Refraction with its kindred subjects constitutes a whole science and one could easily spend years of his life in its study without thoroughly mastering it.

It would seem then that there is a place for the well trained lay refractionist. At present there are many optometrists who do good refractions as well as many who do poor

ones. There are likewise many ophthalmologists who do good refractions as well as a goodly number who do not. Optometrists often lack medical knowledge enough to recognize cases of eye disease when they see them. Ophthalmologists in general have sufficient medical background but many lack knowledge of physiologic optics and refraction. Optometrists are handicapped by their inability to use cycloplegics and as in the present state of our knowledge it seems impossible to adequately refract the eyes of the young without cycloplegics, this is a real handicap. The optometrist is also prone to call himself "doctor." This is unfortunate as it places him in the pose of one qualified to treat eye disease, which he is not. It would seem to be entirely to his advantage to present himself to the public as an expert refractionist, not as a doctor of anything.

The whole problem is perplexing. However, it is not insoluble and does not need immediate solution. The solution will come in the future through rising standards in qualifications and training. Already there are many signs pointing to this. Postgraduate education in ophthalmology is constantly advancing. The majority of the new men entering the field of ophthalmology can now obtain suitable internships and residencies. Eight-month courses and other short courses are constantly being developed for older men who wish to improve their knowledge of ophthalmology. The American Board of Ophthalmology has done a great deal to fix standards and a constantly increasing number of men seek certification by it. It is probable that in the future no one will call himself an ophthalmologist who has not been so certified. It is equally true that among optometrists standards are rising and courses of training made longer and better. So the problem will eventually solve itself.

In the meantime what is of importance is that the terms ophthalmologist and optometrist be adequately defined for the general public. Many do not know there is any difference. When this is made clear, people may go where they choose knowing what type of examination they are to receive and what they can expect from it. G. L. M.

A Distinguished Service

FOR ten years the facile pen, the earnest voice and the unwavering energy of Dr. W. D. Stovall have furthered the objectives of the State Medical Society's Committee on Cancer. Under his leadership the committee has exerted a powerful influence in cancer control and it was with keen regret that the Society recently received word that the pressure of official duties made necessary his resignation from the chairmanship of that committee.

The public and the medical profession of Wisconsin alike owe Doctor Stovall a debt of gratitude for his untiring efforts to make available to all information concerning cancer, the disease which ranks second as the cause of death in our State.

His papers on cancer control have entered the homes of tens of thousands in Wisconsin. His pen has conveyed the knowledge that control of cancer lies in recognition of its early signs and symptoms by the individual citizen and the individual family physician.

His voice has been heard in every section of the State, carrying to the laity the message that early cancer is curable, advising his colleagues of advances in the prevention and treatment of the disease,—telling and retelling the story of cancer growth and prophylaxis.

His energy has been given steadily and without stint to the task of forwarding the purpose of our Committee on Cancer. He has traveled tirelessly over the State, attending committee meetings, directing activities, appearing before public and professional gatherings. His sincere, sustained and understanding effort has given new life to the battle against cancer and done much to replace the fear of cancer with a knowledge of cancer.

It is such men who make possible the advances in public health and the control of disease for which the medical profession in Wisconsin and elsewhere is recognized.

. . . . THE PRESIDENT'S PAGES . . . .

Passing in Review

THE 98th birthday of your Society is close at hand, and it becomes my pleasant duty to review past achievements and to forecast its future.

The State Medical Society of Wisconsin was granted a charter by the Territorial Legislature on February 19, 1841, and it is now the oldest chartered professional or vocational organization in the State to have functioned continuously in the service of our people since that date.

Its first legally authorized meeting was in January, 1842. It immediately became active in a public health program for the State.

Before the Society's charter was granted, the medical profession requested the Legislature to provide an institution for the care of the mentally deranged. This was followed by requests for facilities for the care of the feeble-minded, the blind and the deaf.

In 1848 it petitioned the Congress of the United States to protect the public health through the enactment of legislation to insure pure drugs and food for the people. This is a cause we have continuously supported.

In the year of 1850 your Society requested a law and facilities for the registration of births, deaths and marriages, and continued its efforts until our State Board of Health was organized in 1876. We are proud of the work of this Board and we hope it has the unqualified support of every member.

Medical pioneers in the early years of your Society also requested the regents of our State University to establish a school for medical education in Wisconsin. In passing, may we point with pride to our two universities, cooperating both with the public and the medical profession for the advancement of medical education and public health under the leadership of two of our own members, Dean Carey and Dean Middleton, whose vision and leadership mean much to the public and the profession.

This same Society requested a law for the licensing of qualified physicians to treat the sick that the public might be protected from quacks and charlatans and the unscrupulous.

The Society early sought legislation for quarantine of contagious diseases as a matter of public health protection.

The Society practiced and taught immunization for diphtheria and other contagious diseases.

It has been the leader in presenting laws for the regulation of the use and misuse of narcotics as a matter of public protection.

The members of your Society have led and are leading today in the fight for the eradication of tuberculosis. They induced the Legislature to establish the first sanatorium in the State at Wales for the treatment of this disease and the separation of the ill from the family as a preventive measure. Throughout all the years they have fought and built for the advancement of scientific knowledge and medical education.

The State Society has assisted in postgraduate education by its scientific program at your annual meeting, and by assistance at your district and county meetings, that all who practice medicine in Wisconsin may have, close at hand and with a minimum of expense and loss of time, the opportunity throughout the year of learning the most recent thoughts in scientific medical advancement. Added to this has been your own Wisconsin Medical Journal, presenting scientific subjects and keeping you posted on health and pertinent matters of your own profession in the State. You now have a Council on Scientific Work advancing new fields and developing new opportunities for your help.

The Past Year

IN THE past year your Society has gone forward in advanced research as to the public health needs of our people, sickness care, and economic problems. Your Special Committee to Study the Distribution of Health Service and Sickness Care has traveled the State, consulting with lay people as to their needs and problems.

Your Special Committee to Study Hospital Insurance has studied plans with the best of insurance, actuarial and legal experts in the hope of devising the best and safest method for the care of those who wish voluntary hospital insurance as a protection against too severe an economic loss. Cooperating in this movement has been the Wisconsin Hospital Association and the Catholic Hospital Association.

As another research problem your Advisory Committee on Voluntary Sickness Insurance, cooperating with the Douglas County Medical Society, has completed plans for the establishment of voluntary sickness care for a group of people in Douglas County. Records will be carefully maintained and with the cooperation of the Society, we are assured that both the public and the profession will have an opportunity to study the results of a movement of this type. In addition to the above, we expect soon to have various types of experiments working in other points in this State.

Likewise, your Committee on Health and Public Instruction has produced a new program for carrying the message of health to the public at large. It now has organized speakers from your Society in every section of the State who are available to any organization desiring information on subjects pertaining to medical care.

Your committees on cancer, syphilis and care of crippled children are all actively engaged in the problem of rehabilitating useless bodies in a manner that will save suffering and help to create happy, useful lives. During the past week it has been called to our attention that while our Society has been active in the tuberculosis movement, we do not have a committee functioning in this particular field.

How does it all add up? Wisconsin stands today with an enviable health record, ranking as one of the three healthiest states in the Union, which means better than the rest of the world. Our average mortality rate from the leading causes of illness is 42.7 per cent less than the average for the nation. During the past ten years we have had an increase of 20 per cent in hospital facilities, an increase of 20 per cent in physicians. Ninety-nine per cent of all births in Wisconsin were attended by physicians. All this has been accomplished by a personalized sickness service that has reached the public everywhere.

The membership of your Society is at a high point in its history. Medical practitioners of the State at large are aware of the educational privileges presented by this great organization. They have a great desire to be affiliated in this work of progress. However, we have a limited number of qualified men within the State who are not members. You have a further work to do to show them the story of the past achievements, the advantages to be gained by assisting in the effort of the profession in advancement of scientific knowledge and health protection for all.

A closing thought,—we are aware that as a whole we speak well of our profession but cannot we exercise a bit more care and judgment in our public contacts in making remarks regarding our individual fellow practitioners and their ability? Praise is helpful in our cause and cannot be harmful to the giver. May you carry with you throughout the year the "sense of belongingness" and make your fellow practitioner feel that "he also belongs."

A E Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Robert E. Fitzgerald, Wauwatosa, President
Mrs. Frank W. Pope, Racine, President Elect
Mrs. George H. Ewell, Madison, Vice President
Mrs. Walter A. Ford, Sheboygan, Recording Secretary
Mrs. Irwin Schulz, Wauwatosa, Corresponding Secretary
Mrs. Arthur J. McCarey, Green Bay, Treasurer
Mrs. Fred J. Pfeifer, New London, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. Edward C. Pfeifer, Racine

Convention—
Mrs. William C. Liefert, Milwaukee

Finance—
Mrs. Frank W. Pope, Racine

Hygeia—
Mrs. Harry J. Heeb, Milwaukee

Organization—
Mrs. Ernst S. Schmidt, Green Bay

Press and Publicity—
Mrs. George H. Ewell, Madison

Program—
Mrs. J. Gurney Taylor, Milwaukee

Public Relations—
Mrs. Raymond B. Dryer, Poynette

Philanthropic—
Mrs. Oliver M. Layton, Fond du Lac

Health Education Program

By MRS. J. GURNEY TAYLOR
Milwaukee

IN BUILDING programs for county auxiliaries, the purpose for which such programs are planned should be kept in mind. Frequently we read of the reasons why every physician's wife should become an auxiliary member, the aims and purposes of the medical auxiliary, and how well-informed members can carry out these objectives, but do we carefully consider the methods through which our members may become well informed? The education of members with regard to the fundamentals of individual and public health might be one of the first considerations of a program chairman. Many women might be interested but would not undertake such a study unless the material was selected, prepared, and presented to them. The county chairmen could work out such a program both through the aid of available material from the State Medical Society or the American Medical Association and through the cooperation of the State Board of Health.

Following this program of self education would come the desire to disseminate knowledge gained, and the informed auxiliary member, through her position as a member of other organizations, should be able to suggest material which could be used for programs before lay groups for the promotion of health education.

The American Medical Association through its radio programs and magazine, "Hygeia," presents constantly the new trends in medicine. These presentations can be emphasized through publicity of the county auxiliaries. The following suggestions for county program building are incorporated in the handbook of the health education program of the National Auxiliary.

1. Program and public relations chairmen work out the year's health program together.
2. Make your program interesting by using different methods of presenting subject matter: dramatics, panel discussion, and open discussion, lectures now and then, book reviews, condensations of magazine articles from Hygeia, your State Medical Journal or the American Medical Association Journal.
3. Make your members feel that it is a privilege to attend.
4. See that each member has an opportunity to take part in the program in some way during the year.
5. Be enthusiastic and ready to give out information concerning the auxiliary health program.
6. Each committee chairman must have a chance to present her phase of auxiliary work to the members, plan for this, cooperate in the whole auxiliary program.

7. Stress the point that we have our meetings for the purpose of knowing one another better and to learn the best way to carry out our auxiliary objectives. The program chairman and her committee should be the logical persons to bring this about and encourage this spirit of cooperation.
8. Make each person feel that her part on the program is of vital interest and necessary for the production of the whole picture of auxiliary endeavor and activity.
9. Correspond with your state and regional chairman and read your correspondence at county auxiliary meetings.

Dane

The December meeting of the Woman's Auxiliary to the Dane County Medical Society was held at the home of Mrs. J. G. Crownhart of Madison on December 14. In spite of the fact that Mrs. Crownhart entered the hospital the morning of the meeting, the plans were not changed and young Elizabeth Crownhart was a most gracious hostess in her mother's place. The assisting hostesses were Mrs. R. W. Wheeler, Mrs. M. Trautmann, Mrs. C. Bardeen, and Mrs. A. W. Bryan.

Following luncheon a short business meeting was held. The retiring president, Mrs. Bryan, gave a review of the year's work. There were three things accomplished under her leadership of which the members are proud: the Hygeia benefit bridge party at the home of Mrs. R. H. Jackson, at which the sum of $70 was raised; an increase in membership to a total of seventy-four; and the beginning and success of the loan closet for needy sick.

New officers were elected as follows: Mrs. Homer Krehl, president-elect; Mrs. Robert Wheeler, secretary, and Mrs. N. Hill, treasurer.

Mrs. A. W. Bryan then announced that it was with a feeling of great confidence that she turned the gavel over to Mrs. Stanley Briggs, the new president.

Douglas

At a luncheon meeting Monday, December 5, the Woman's Auxiliary to the Douglas County Medical Society held election of officers. The meeting was held at the new St. Joseph Hospital, Billings Park. Activities for the ensuing year were also discussed.

Fond du Lac

Devoting its program to the study of socialized medicine and the sickness insurance plan, the Woman's Auxiliary to the Fond du Lac County Medical Society met on Monday afternoon, November 28, at the home of Mrs. F. S. Wiley, 100 East Division Street, Fond du Lac.

Mrs. O. M. Layton, president, introduced the subject for discussion and gave a history of socialized medicine and its workings and what its establishment in this country would mean. Mrs. Layton then introduced Mrs. V. A. Toland who discussed socialized medicine in Norway; Mrs. H. E. Twohig in Scotland; Mrs. J. W. Helz, France; Mrs. Wiley, Sweden; Mrs. F. M. McGauley, Denmark; Mrs. L. C. Gardner, Germany; and Mrs. E. H. Pawsat, England.

The auxiliary also planned to observe "Hygeia" month in December.

Kenosha

New officers were elected and installed at the December meeting of the Woman's Auxiliary to the Kenosha County Medical Society held the sixth of the month at the home of Mrs. Edgar Andre of Kenosha. The new officers are: President, Mrs. George Schulte; vice-president, Mrs. Theodore Sokow; president-elect, Mrs. Paul Pifer; secretary, Mrs. Leif Lokvam, and treasurer, Mrs. Joseph Graves.

The tea table, at which Mrs. Schulte and Mrs. Pifer presided, was decorated with Christmas greens. Gifts were exchanged by the members. There were approximately thirty-five in attendance.

Milwaukee

The seventh annual meeting of the Woman's Auxiliary to the Medical Society of Milwaukee County was held Thursday, December 8, at the Milwaukee Athletic Club. Mrs. R. G. Washburn, president, called the meeting to order, and asked Mrs. R. D. Champney, the recording secretary, to read the minutes of the sixth annual meeting.

Annual reports of officers and committee chairmen were given by the following:

Corresponding Secretary—Mrs. William O'Malley
Treasurer—Mrs. Fred Kretlow
Auditor—Mrs. R. P. Gingrass
President—Mrs. R. G. Washburn
Public Relations—Mrs. Robert E. McDonald
Hygeia—Mrs. R. H. Feldt
Social—Mrs. Arno Langjahr
Visiting Nurse—Mrs. William Liefert
Telephone—Mrs. E. F. Peterson
Archives—Mrs. Paul Currer
Education—Mrs. M. Q. Howard
Budget—Mrs. William Jermain
Lobby Hostess—Mrs. Charles H. Stoddard
Membership—Mrs. John McCabe
Press and Publicity—Mrs. Jerome Jekel
Program—Mrs. Robert E. Fitzgerald
Music—Mrs. Benjamin Lieberman
Convention—Mrs. William Liefert.

Reports of the following officers were not read: historian, Mrs. J. H. Sure; immunization, Mrs. E. F. Barta; hobby exhibits, Mrs. H. J. Gramling.

All committee reports read were accepted collectively.

The nominating committee, appointed at the November meeting of the auxiliary's board of directors, then presented candidates for election as officers during the coming year. The personnel of the nominating committee is made up of the following members: Mesdames R. D. Champney (chairman), Robert E. McDonald, Harry J. Heeb, W. B. Walton, W. A. Joseph, Edwin P. Bickler and Joseph J. Adamkiewicz. The candidates selected by the committee were:

President-Elect—Mrs. Carroll D. Partridge
Vice-President—Mrs. J. J. McGovern
Recording Secretary—Mrs. George Pugh
Corresponding Secretary—Mrs. R. P. Gingrass
Treasurer—Mrs. Edwin P. Bickler
Directors (to serve two-year terms) — Mrs. Harold Cannon, Mrs. Gerald H. Friedman, Mrs. William Grotjan.

There being no other nominations, the secretary cast a ballot to elect the nominees. The nominees were then presented to the auxiliary. Mrs. John McCabe presented a bouquet of red roses to the outgoing president, Mrs. R. G. Washburn, who expressed her appreciation. The new president, Mrs. Robert E. McDonald, after being presented with the presidential gavel, explained the aims and problems of the new regime.

Portage

Mrs. W. A. Gramowski, publicity chairman for the Woman's Auxiliary to the Portage County Medical Society, has reported that on Monday, December 5, that organization met at the home of Mrs. Austin G. Dunn of Stevens Point. The new president, Mrs. Dunn, was installed. Mrs. T. L. Harrington was chosen president-elect, and Mrs. Harold Baebenroth was elected secretary-treasurer. Committee chairmen appointed are: Hygeia, Mrs. M. G. Rice; program, Mrs. E. Wisiol; history, Mrs. H. P. Benn; and publicity, Mrs. W. A. Gramowski. A report on the state convention held in Milwaukee in September was given by the retiring president, Mrs. E. E. Kidder. During the business meeting plans were discussed relative to the selection of a speaker for the open meeting which is to be held in the spring.

After the business session a short program was given. Mrs. Wayne F. Cowan read from "The Cricket on the Hearth" by Charles Dickens, and Mrs. Herbert P. Benn read an article on "Laughter" by F. A. Shoemaker, which appeared in the December Hygeia. Lunch was served by the hostess.

Rock

The Woman's Auxiliary to the Rock County Medical Society met on November 22 at the Woman's Club, Janesville. Dr. H. E. Kasten of Beloit showed motion pictures taken during his trip through Yellowstone Park, the Garden of the Gods, the Canadian Rockies, and cities of the Pacific Coast on his return from the annual meeting of the American Medical Association in San Francisco last summer.

Sheboygan

The Woman's Auxiliary to the Sheboygan County Medical Society held its December meeting at the Guest House in Sheboygan. Dr. Fred Nause, Jr., gave an address on "Socialized Medicine."

Washington—Ozaukee

The November meeting of the Woman's Auxiliary to the Washington–Ozaukee County Medical Society was held in Hartford at the home of Mrs. M. E. Monroe. There were sixteen members present, and the business meeting was preceded by a luncheon.

The December meeting was held at the home of Mrs. A. H. Heidner of West Bend on the eighth of the month.

Winnebago

The Woman's Auxiliary to the Winnebago County Medical Society held a luncheon meeting on November 28 at Stein's in Oshkosh, the last meeting the organization will hold until March of next year. After the business session Mrs. L. P. Allen discussed current national and state legislation pertaining to medical matters.

Following the luncheon members went to the home of Mrs. Burton Clark, where they completed work on dressing dolls for distribution to children confined in hospitals.

Society Proceedings

Barron—Washburn—Sawyer—Burnett

Dr. R. W. Adams, Chetek, secretary of the Barron–Washburn–Sawyer–Burnett County Medical Society reports that the December meeting of the society was held at the Land O' Lakes Hotel at Rice Lake on Tuesday evening, December 6. Surgical films were shown on the following subjects: "Interposition of the Uterus" and "Plastic Operation on Hypertrophied Breasts."

Officers were elected for the ensuing year as follows:

President—Dr. H. H. Ainsworth, Birchwood
Vice-President—Dr. S. O. Lund, Cumberland
Secretary–Treasurer—Dr. R. W. Adams, Chetek
Censor (for three-year term)—Dr. A. T. Hume, Chetek.

Chippewa

Physicians from Eau Claire, Rice Lake, Colfax, Barron and Chippewa Falls were among those at-

tending the meeting of the Chippewa County Medical Society on November 29.

Dinner was served at the Hotel Northern at 6:30 p.m. and thereafter the following scientific program was presented: "Medical Economics," by Dr. A. J. Somers, Chippewa Falls; "Orthopedic Diseases of the Lower Extremities," by Dr. E. T. Evans, Minneapolis, Minnesota; and "Some Phases of Surgery of the Bowel and Breast," by Dr. O. J. Campbell, Minneapolis, Minnesota.

Columbia—Marquette—Adams

Dr. C. J. Radl, secretary of the Columbia–Marquette–Adams County Medical Society reports that members of the society and its woman's auxiliary met on November 29. Dinner was served at 6:30 p.m. at the Raulf Hotel in Portage. The guest speaker was Dr. W. C. Reineking of Lake View Sanatorium, Madison.

The following physicians were elected to serve as officers during 1939:

President—H. E. Gillette, Pardeeville
President-elect—H. Caldwell, Columbus
Secretary–Treasurer — C. J. Radl, Wisconsin Dells
Delegate—H. E. Gillette, Pardeeville
Alternate—H. Caldwell, Columbus

Board of Censors:
L. V. McNamara, Montello, chairman
A. J. Harris, Friendship
J. H. Houghton, Wisconsin Dells

The president selected the following committees:

Medical Economics:
J. W. MacGregor, Portage, chairman
H. Shapiro, Adams
H. F. Fredrick, Westfield

Auditing Committee:
E. Tierney, Portage, chairman
R. B. Dryer, Poynette
J. H. Houghton, Wisconsin Dells

Public Relations Committee:
H. Caldwell, Columbus, chairman
R. B. Dryer, Poynette
C. J. Radl, Wisconsin Dells

Dane

The regular monthly meeting of the Dane County Medical Society, with thirty-three members present, was called to order by the President, Dr. A. G. Sullivan on December 13, 8 p.m. at St. Mary's Hospital, Madison. President Sullivan read a communication from the Madison China Aid Council, which was signed by Mrs. Walter R. Agard, regarding a China Aid request calling for instruments, gauze, etc. This matter was referred by the president to the individual members for their personal response.

The financial report of the Dane County Medical Society General Fund showed a cash balance of $924.45. The financial report of the Medical Relief Account showed a cash balance of $7,521.65. A detailed report was given by Dr. J. Newton Sisk, Madison, explaining the financial history of the Medical Relief Account from its origin in 1933 to the present date.

Dodge

Members of the Dodge County Medical Society met on December 1 at the Central State Hospital for the Insane at Waupun. Dr. W. A. Deerhake, medical superintendent of the institution, and medical assistants at the hospital spoke to the society members on "Shock Treatment of Dementia Praecox." Lunch was served by Doctor Deerhake following the scientific program.

At a meeting of the society on December 29 at the Lutheran Deaconess Hospital, Beaver Dam, Dr. C. C. Edmondson, Waukesha, was the guest speaker. His address dealt with the subject of rheumatism.

Green Lake—Waushara

Dr. A. J. Wiesender, Berlin, secretary of the Green Lake–Waushara County Medical Society, reports that at the November meeting of the society the following officers were elected for the ensuing year:

President—Dr. L. J. Seward, Berlin
Vice-President—Dr. H. C. Koch, Berlin
Secretary–Treasurer—Dr. A. J. Wiesender, Berlin
Censor—Dr. Geo. Baldwin, Green Lake

At a meeting on December 19, following a 6:30 p.m. dinner at the Hotel Whiting in Berlin, the members of the society heard lectures by Dr. W. J. Bleckwenn, Madison, on the diagnosis and treatment of head injuries and Dr. Harry Foerster, Milwaukee, on industrial dermatoses.

Langlade

The Langlade County Medical Society, with the Kiwanis and Rotary Clubs of Antigo, on December 7 sponsored a lecture on "Socialized Medicine," by Mr. J. G. Crownhart, secretary of the State Medical Society. In the course of his lecture Mr. Crownhart said the people have the right to demand in their own interest the following five units in any system of socialized medicine presented:

1. Personalized service from their physician.
2. Recognition of the fact that the physician's responsibility should be a direct responsibility to the patient instead of to a third party.
3. The agreement that the physician be allowed to devote the required amount of time to individual patients instead of being overloaded with cases.
4. Recognition that the needs of a sick person dictate the service without any artificial restrictions.
5. Recognition that illness cannot be scheduled.

Marinette—Florence

At the last meeting of the Marinette–Florence County Medical Society the following Marinette physicians were elected to serve the society as officers for the coming year:

President—James V. May
Vice-President—Robert W. Shaw
Secretary–Treasurer—K. G. Pinegar
Delegate—J. W. Boren
Alternate delegate—A. T. Nadeau
Censors — H. F. Schroeder (for one year); M. D. Bird (for two years); H. L. Jorgenson (for three years)

Milwaukee

The Medical Society of Milwaukee County met on December 8 at the Milwaukee Athletic Club for dinner, and business and scientific sessions. Dr. Rock Sleyster, president-elect of the American Medical Association, was the guest of honor at the meeting.

Annual reports of officers and committees were given and the members heard, in addition, addresses by the society's president and president-elect. Officers for the coming year were elected as follows:

President-elect—William M. Jermain
Secretary—Stanley Krzysko
Treasurer—William A. Ryan
Delegates—A. R. Langjahr, R. E. Fitzgerald, Henry Gramling, John Smith, W. F. Grotjan, Henry O. McMahon

Dr. John S. Gordon was elected to the board of directors of the society to replace Dr. James C. Sargent who is retiring from the board. Dr. S. Markson was elected to the board of censors for a two-year term.

Dinner was served at 7:15 p.m. to the members of the society and its woman's auxiliary. The guest speaker of the evening was Dr. Ernest E. Irons, clinical professor of medicine, Rush Medical College, University of Chicago. He presented a lecture on "The Last Illness of Sir Joshua Reynolds."

Oneida—Vilas

Dr. Lloyd F. Kaiser, secretary–treasurer of the Oneida–Vilas County Medical Society reports that at the society's last meeting the following physicians were elected to serve as officers for 1939:

President—C. A. Richards, Rhinelander
Vice-President—O. R. McMurry, Eagle River
Secretary–Treasurer—Lloyd F. Kaiser, Rhinelander
Delegate—W. S. Bump, Rhinelander
Alternate delegate—I. E. Schiek, Rhinelander

Outagamie

Dr. Robert T. McCarty, secretary of the Outagamie County Medical Society, reports that members of the society entertained their wives at a dinner on December 8, held in the Conway Hotel, Appleton. The principal speaker of the evening was Mr. John S. Millis, dean of Lawrence College, Appleton.

Members of the Outagamie County Medical Society were guests of the Outagamie County Dental Society on December 3, when the dental society presented a program with Dr. Isaac Schour of the University of Illinois as the guest speaker. Doctor Schour spoke on "Calcium Metabolism and Teeth."

Racine

The Racine County Medical Society was host on November 30 to physicians of Kenosha and Walworth counties. At 1 p.m. the physicians gathered at St. Luke's Hospital, Racine, to hear a symposium on industrial surgery and medicine. On the program were the following: Drs. Sumner Koch, Chicago; James G. Carr, Chicago; L. J. Pollock, Chicago; G. L. Apfelbach, Chicago; E. L. Belknap, Milwaukee; and J. S. Coulter, Chicago.

At 6 p.m. the physicians were the guests of Mr. William Horlick, Jr., Racine, at a dinner served at the Racine Country Club. Speakers at the dinner included Dr. A. E. Rector, president of the State Medical Society of Wisconsin; Dr. James A. Britton, Chicago, who gave a talk on "The Present Position of Industrial Medicine;" and Mr. Voyta Wrabetz, Madison, who lectured on "The Relationship of the Doctor and the Industrial Commission" and "The Problem of Evaluating Disabilities."

On December 15 the society met at the Elk's Club, Racine, for a business meeting and scientific program. The guest speakers of the evening and the subjects they discussed were as follows: Dr. J. F. Bennett, Burlington, "Mesenteric Thrombosis;" Dr. David J. Ansfield, Milwaukee, "Posture in Childhood;" and Mr. J. C. Gamroth, director of the Compensation Division of the Works Progress Administration, Madison, "W.P.A. as it Affects Doctors in this State."

Richland

Dr. Gideon Benson, Richland Center, secretary–treasurer of the Richland County Medical Society, reports that at a meeting of the society on November 22, the following officers were elected for the ensuing year:

President—Dr. L. C. Davis, Richland Center
Vice-President—Dr. W. E. Klockow, Excelsior
Secretary–Treasurer—Dr. Gideon Benson, Richland Center
Delegate—Dr. George Parke, Viola
Alternate delegate—Dr. Gideon Benson

Rock

The Rock County Medical Society, according to a notice received from Dr. Oscar W. Friske, Beloit, secretary of the society, met on December 20 at the Hotel Hilton in Beloit. Members of the society's woman's auxiliary, the Rock County dental society and pharmacists' association were guests at the meeting. Dinner was served at 6:30 p.m. Mr.

J. G. Crownhart, secretary of the State Medical Society, was the guest speaker. He addressed the group on the subject of socialized medicine.

Washington—Ozaukee

At its meeting on December 1 the Washington–Ozaukee County Medical Society, according to a report from its secretary, Dr. R. S. Fisher, Allenton, elected officers as follows for the coming year:

President—Dr. A. H. Heidner, West Bend
Vice-President—Dr. C. A. Balkwill, Grafton
Secretary–Treasurer—Dr. R. S. Fisher, Allenton
Delegate—Dr. O. J. Hurth, Cedarburg
Alternate delegate—Dr. J. G. Hoffmann, Hartford

After the business meeting the members heard addresses by Mr. E. E. Langworthy of the Travelers Insurance Company, Milwaukee, and Mr. J. C. Gamroth, state compensation officer for the W.P.A., Madison. Their addresses dealt with "Wisconsin Hospitals and Medical Payment Plan," "Open Panel Agreement with Workmen's Compensation Insurance Carriers," and "Medical Care of W.P.A. Workers."

Waukesha

Dr. J. F. Wilkinson, secretary of the Waukesha County Medical Society, reports that the society at its December meeting elected the following officers for the coming year:

President—Dr. J. Francis Wilkinson, Oconomowoc
Vice-President—Dr. C. A. Wood, Waukesha
Secretary–Treasurer—Dr. John Wilkinson, Oconomowoc
Delegate—Dr. H. A. Peters, Oconomowoc
Alternate delegate—Dr. J. C. Hassall, Oconomowoc

Winnebago

A dinner meeting for members of the Winnebago County Medical Society was held on December 1 at the Hotel Athearn in Oshkosh. Dr. O. O. Meyer, Madison, was the guest speaker. He discussed "The Anemias."

Milwaukee Academy of Medicine

Dr. T. L. Squier, secretary of the Milwaukee Academy of Medicine, reports that at the December meeting of the academy, the following physicians were elected to honorary membership: Joseph Kahn, L. G. Nolte, Charles Zimmerman, H. B. Hitz, J. J. McGovern, Frank Munkwitz, A. J. Patek, G. E. Seaman, B. M. Caples, R. G. Sayle, O. H. Foerster, E. A. Fletcher, and A. T. Holbrook.

The scientific program at this meeting was as follows:

Hyperostosis Frontalis, Dr. Merle Q. Howard, Wauwatosa
Some Psychiatric Problems of Dependency and Responsibility, Dr. George K. Pratt, assistant clinical professor of psychiatry, Yale University, New Haven, Conn.
Treatment of Hypertension, Dr. Edgar Allen, section of internal medicine, Mayo Clinic, Rochester, Minn.

Milwaukee Oto-Ophthalmic Society

The Milwaukee Oto–Ophthalmic Society met at the University Club, Milwaukee, on December 13. Clinical cases were presented at 6 p.m., after which dinner was served and a scientific program given. The program was as follows:

"Derangement of the Mandibular Joint and Its Relation to Neuralgia and Deafness," R. P. Gingrass.
"A Visit to the Missionary Hospitals in India," Dr. Samuel Higgins

Appleton

The Appleton Medical Society met at the Conway Hotel, Appleton, on December 1. Following a 6:30 p.m. dinner the members of the society heard an address by Dr. Geza de Takats, professor of surgery, University of Illinois Medical School, Chicago, on the subject of "Peripheral Vascular Diseases."

West Allis

The members of the West Allis Medical Society were the guests of Dr. S. B. Black, West Allis, on December 6. Dr. Joseph Shaiken of Marquette University School of Medicine, Milwaukee, addressed the group on "Acute Abdominal Conditions."

News Items and Personals

Dr. Robert T. McCarty, Appleton, has been elected to membership on the board of directors of Marquette University School of Medicine for a term of three years.

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Dr. Warren H. Cole, professor of surgery at the University of Illinois, spoke at a meeting of the University of Wisconsin Medical Society on December 15. His subject was "The Causes of Failure in the Treatment of Gallbladder Disease."

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Dr. Roger W. DeBusk, Madison, acting assistant superintendent of the State of Wisconsin General Hospital since last April, has resigned to accept a position as assistant director of St. Luke's Hospital, New York City. Dr. Lester Lee Weissmiller, Al-

bany, has been appointed to replace Doctor DeBusk in the Wisconsin General Hospital.

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Dr. G. A. Steele, Oshkosh, has been re-elected coroner of Winnebago County.

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Dr. C. J. Combs, Oshkosh, recently retired as commanding officer of the 370th medical regiment of the United States Reserve Officers Training Corps. Ceremonies marking his retirement included a program presented in Oshkosh's Armory B and a dinner at the Hotel Athearn which was attended not only by Oshkosh reserve officers but delegations from Ripon, Fond du Lac, Sheboygan and Wautoma. In the course of the program the 127th infantry band played and units of the Wisconsin National Guard passed in review before Colonel Combs and his fellow officers.

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Among Wisconsin physicians speaking on "socialized medicine" recently were:

J. W. Prentice, Ashland: Rotary Club of Ashland on November 23.

A. S. Pfeiffer, Racine: Rotary Club of Racine on November 30.

R. M. Kurten, Racine: Lions Club of Racine on December 12.

H. L. Schwartz, Kenosha: Kenosha Exchange Club on December 13.

J. F. Bennett, Burlington: Kiwanis Club of Burlington on November 30.

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Dr. Judson Forman, formerly of Troy, Montana, has opened an office in Limeridge. The doctor graduated from Marquette University School of Medicine in 1936.

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The Wisconsin Medical Journal has in the past three months printed news items concerning physicians this year initiated into the American College of Physicians. Our attention has been called to the fact that the following is a complete and accurate list of the 1938 initiates from Wisconsin:

Nathan E. Bear, Monroe; William P. Curran, Antigo; Karl Friedbacher, West Allis; E. O. Gertenbach, Milwaukee; A. B. Leigh, Kaukauna; L. D. Quigley, Green Bay; J. S. Supernaw, Madison; L. W. Tasche, Sheboygan; Herbert H. Christensen, Wausau; Roland F. Fisher, Wausau; H. Lewis Greene, Madison; Vernon J. Hittner, Seymour; Wayne A. Munn, Janesville; H. A. Raube, Beloit; Carl J. Weber, Sheboygan; Dexter H. Witte, Milwaukee.

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The officers of the International College of Surgeons have announced that the International College, in connection with the United States chapter of that body, will hold its Assembly in New York City at the Hotel Roosevelt on May 22, 23 and 24, 1939.

Dr. Edward Frankel, Jr., of 217 East 17th St., New York City has been appointed by the International officers as General Chairman of this Assembly.

Dr. T. B. McCord, formerly of Richland Center, and Dr. George M. Sargeant, 1937 graduate of Marquette University Medical School, have announced their association with Dr. S. M. Welsh, Prairie du Chien, in the operation of the Beaumont Clinic.

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The State Board of Medical Examiners announces that by action of the circuit court on November 4, 1938, the license of Dr. Raymond James Henderson of Tomahawk was restored.

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Dr. E. T. Rechlicz, 1937 graduate of Marquette University School of Medicine, has moved to Milltown where he will be associated in practice with Dr. L. V. Bergstrom.

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Dr. B. R. Walske has opened an office for the practice of medicine in Independence. Doctor Walske who was graduated from Marquette University School of Medicine in 1937, has held a surgical residency in a Toledo, Ohio, hospital since completing his internship in Youngstown, Ohio.

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Dr. James C. Fox, for the past few years an assistant surgeon in CCC camps in Wisconsin, has opened an office in La Crosse for the practice of his profession. He is a graduate of Loyola University School of Medicine.

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Members of the Wisconsin General Hospital at a staff meeting on December 6, heard lectures by Drs. V. F. Neu, R. W. Jacobsen, J. B. Wear and I. R. Sisk on the following subjects: Unilateral fused kidney, epispadias, uremia and prostatitis. At a meeting of the hospital staff on December 20, the following program was presented:

Microscopic Diagnosis of Rabies and a Brief Discussion of the Clinical Diagnosis of the Negri Body—Dr. Charles E. Black.

The Importance of the Recent Discovery of the Susceptibility of White Mice to Rabies Virus in the Diagnosis of the Disease in Animals and a Study of the Virus—Dr. S. B. Pessin.

A Study of the Quantitative Determination of Prothrombin—Dr. J. K. Stewart.

The Significance of the Quantitative Determination of Gonadotropic Substance in the Urine of Males in the Differential Diagnosis of Testicular Tumors—Miss Jane Read.

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Dr. I. F. Thompson, commissioner of health of Racine, has returned from Syracuse, New York, where he recently gave a series of lectures on public health administration at the Maxwell School of Citizenship and Public Affairs.

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Approximately fifty physicians practicing in and near Watertown attended a banquet and program on December 1 commemorating the twenty-fifth anniversary of St. Mary's Hospital, Watertown.

Dr. D. R. Searle, Superior, has been appointed by Gov. Philip F. La Follette to succeed Dr. Charles Giesen, Superior, on the state board of medical examiners. His term will end July 1, 1941.

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According to the Racine Journal–Times, the following physicians were re-elected to serve as county physicians of Racine county during the coming year: Dr. L. O. Mastalir, Burlington; Dr. F. A. Malone, Waterford; Dr. G. J. Schulz, Union Grove; and Dr. Grace Schenkenberg, Racine.

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The Beloit Municipal Hospital staff celebrated the hospital's tenth anniversary on December 7 at a dinner meeting. Dr. M. T. MacEachern of the American College of Surgeons, Chicago, was a guest speaker.

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Dr. W. H. Drissen, Port Washington, has been re-appointed county physician of Ozaukee county.

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Drs. L. M. Smith, W. P. Wheeler and F. G. Connell of Oshkosh were among those appearing on a program sponsored by the Candlelight Club of Oshkosh, dealing with the question: "Are We Turning the World Over to the Unfit?"

MARRIAGES

Dr. Thomas F. Farrell, Prairie du Chien, and Miss Juanita Heberer, St. Louis, Missouri, on November 16.

Dr. Edson J. Andrews, Milwaukee, and Miss Lola French, Milwaukee, on November 24.

Dr. Louis W. Nowack, Madison, and Miss Margot Bentley, Lake Mills, on November 26.

BIRTHS

A son to Dr. and Mrs. Joseph C. Dean, Madison, on November 26.

A son to Dr. and Mrs. Saul Kenneth Pollack, Milwaukee, on November 25.

DEATHS

Dr. A. E. Bachhuber, Sr., Mayville, died on November 24 at his home of a heart attack.

He was born in 1877 in Farmersville. In 1898 he was graduated from Northwestern University Medical School, Chicago, and thereafter he took up the practice of his profession in Mayville. He remained in active practice in that city up to the time of his death, a period of forty years.

Doctor Bachhuber was a member and former officer of the Dodge County Medical Society. He was a member of the State Medical Society of Wisconsin and a Fellow of the American Medical Association. He was a director of the Wisconsin Anti-Tuberculosis Association.

He is survived by his widow, five sons and a daughter. Four of his sons are Wisconsin physicians, — Drs. A. E. Bachhuber, Jr., and Alois M. Bachhuber of Kaukauna; Dr. Francis G. Bachhuber, Mayville; and Dr. Edward A. Bachhuber, Milwaukee.

Dr. Bryon C. Meacher, Portage, pioneer Wisconsin surgeon, died at his home on December 15, following an illness of about one year.

Doctor Meacher was eighty-one years of age at the time of his death and was not engaged in active practice. He retired in 1935, at which time his friends and patients held an anniversary celebration in honor of his more than fifty years of service to his community. He was a graduate of Rush Medical College, receiving his doctor's degree in 1880.

Doctor Meacher was a member of the Columbia–Marquette–Adams County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association and the American College of Surgeons.

He is survived by a sister, Mrs. F. C. Grant of Janesville.

Dr. Albert S. Parker, Clinton, died in a veterans hospital in Sawtelle, California, on December 10.

He was born in 1869. In 1901 he was graduated from Northwestern University Medical School, Chicago. He began the practice of medicine in Clinton in 1903 and remained in active practice there until ill health forced his retirement this spring.

He was a member of the Rock County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by two daughters.

Dr. J. N. Daniels, Milwaukee, died on December 5 at his home. He was eighty-eight years of age at the time of his death. He was not engaged in active practice, having retired several years ago after practicing medicine more than a half century. Doctor Daniels was graduated from the Hahnemann Medical College and Hospital, Chicago, in 1886.

He is survived by his widow.

SOCIETY RECORDS

New Members

H. L. Doeringsfeld, Platteville.
C. F. Aussendorf, 3330 W. Lisbon Ave., Milwaukee.
G. E. Howe, 2629 W. Greenfield Ave., Milwaukee.
Silas M. Evans, 324 E. Wisconsin Ave., Milwaukee.
S. S. Blankstein, 606 W. Wisconsin Ave., Milwaukee.
G. W. Brewer, Hartland.
E. L. Lochen, 233 South St., Waukesha.
L. W. Picotte, 120½ Bridge St., Chippewa Falls.
Thomas D. Beatty, 625–57th St., Kenosha.
George H. Smullen, Pittsville.
Milton Margolcs, 1414 N. 12th St., Milwaukee.
Edgar M. End, 561 N. 15th St., Milwaukee.
A. L. Babbitz, 606 W. Wisconsin Ave., Milwaukee.

RECENT WISCONSIN LICENTIATES

The following physicians were granted licenses to practice medicine in Wisconsin after passing the examination given by the Wisconsin State Board of Medical Examiners at the Hotel Schroeder, Milwaukee, between June 28 and September 14, 1938:

Name	*School of Graduation*	*Year*	*Present Address*
Aageson, Herman A.	Rush	1937	Milwaukee County Hospital, Wauwatosa, Wis.
Adashek, Wm. H.	Marquette	1938	2650 N. 50th St., Milwaukee, Wis.
Andrews, Edson J.	Northwestern	1938	Milwaukee County Hospital, Wauwatosa, Wis.
Annis, Edward R.	Marquette	1938	661 N. 76th St., Milwaukee, Wis.
Bachhuber, Edward A.	Harvard	1937	306 Williams St., Mayville, Wis.
Bensman, Louis	Wisconsin	1936	2218 N. HiMount Blvd., Milwaukee, Wis.
Berland, Harry I.	Louisville	1937	Union Grove, Wis.
Biljan, Matthew	Northwestern	1938	833 S. 72nd St., Milwaukee, Wis.
Bingham, James B.	Wisconsin	1937	Wisconsin General Hospital, Madison, Wis.
Boxer, Leo M.	Marquette	1938	3241 N. 46th St., Milwaukee, Wis.
Brown, Gerald F.	Chicago	1937	Wisconsin General Hospital, Madison, Wis.
Brownfield, Jack D.	Tulane	1937	Wisconsin General Hospital, Madison, Wis.
Burek, Aloysius W.	Wisconsin	1937	211 Tenth St., Wausau, Wis.
Campbell, Edwin L.	Colorado	1937	St. Mary's Hospital, Superior, Wis.
Cary, John F.	Loyola	1938	3069 S. Kinnickinnic, Milwaukee, Wis.
Ceci, Gabriel E.	Marquette	1938	964 N. 11th St., Milwaukee, Wis.
Church, Ruth E.	Wisconsin	1937	Walworth, Wis.
Dancey, Rober J.	Wisconsin	1937	125 N. Charles St., Waukesha, Wis.
Dasler, Theo. W.	Wisconsin	1937	116 Lathrop St., Madison, Wis.
Denys, Kenneth J.	Marquette	1938	De Pere, Wis.
Doolittle, John W.	Wisconsin	1937	130 Breese Terrace, Madison, Wis.
Drury, Ernest M.	Wisconsin	1937	% B. A. Honeycombe, Maple Bluff, Madison, Wis.
Egan, Joseph F.	Marquette	1938	134 South 14th St., LaCrosse, Wis.
Feiman, Lawrence H.	Georgia	1937	2803 E. Bellview Pl., Milwaukee, Wis.
Feld, Selmer M.	Wisconsin	1937	Mt. Sinai Hospital, Milwaukee, Wis.
Finseth, Landers	Harvard	1937	Milwaukee County Hospital, Wauwatosa, Wis.
Fitzpatrick, Emmett T.	Marquette	1938	Milwaukee County Hospital, Wauwatosa, Wis.
Fosmark, Carl A.	Minnesota	1937	2404 E. Washington Ave., Madison, Wis.
Foster, Mark A.	Harvard	1937	Wisconsin General Hospital, Madison, Wis.
Frost, John B.	Wisconsin	1937	Box 322, Stevens Point, Wis.
Fulton, James W.	Marquette	1938	1549 S. 79th St., West Allis, Wis.
Giffin, Walter S.	Marquette	1938	608 W. 6th St., Appleton, Wis.
Gorenstein, Lester M.	Marquette	1938	Milwaukee County Hospital, Wauwatosa, Wis.
Gorman, John E.	Wisconsin	1937	729 Fulton St., Wausau, Wis.
Gulbrandsen, Halbert	Wisconsin	1937	Viroqua, Wis.
Gundersen, Thorolf E.	Harvard	1935	1509 King St., La Crosse, Wis.
Hammes, George R. J.	Wisconsin	1937	Coleman, Wis.
Harper, Samuel B.	Wisconsin	1937	520 N. Pinckney St., Madison, Wis.
Holman, Arthur M.	Wisconsin	1937	2514 N. 8th St., Sheboygan, Wis.
Hoyer, Edward C.	Northwestern	1937	124½ Front St., Beaver Dam, Wis.
Imp, John F.	Marquette	1938	Mendota State Hospital, Mendota, Wis.
Kalb, Clifford H.	Marquette	1938	Grafton, Wis.
Kannapel, Lowell E.	Illinois	1937	Milwaukee County Hospital, Wauwatosa, Wis.
Kastl, Karl G.	Nebraska	1937	St. Agnes Hospital, Fond du Lac, Wis.
Levin, Harlan M.	Rush	1937	Milwaukee County Hospital, Wauwatosa, Wis.
Ludden, John B.	Northwestern	1938	354 E. 19th St., New York, N. Y.
Macht, Arthur J.	Marquette	1938	3432 W. Hadley St., Milwaukee, Wis.
Madison, Burle B.	Illinois	1938	Milwaukee County Hospital, Wauwatosa, Wis.
Margoles, Milton	Marquette	1938	624 W. Juneau Ave., Milwaukee, Wis.
McCormick, Donald W.	Marquette	1938	1234 Williamson St., Madison, Wis.
McGinn, Edward J.	Marquette	1938	312 E. Third St., Marshfield, Wis.
Melamed, Abraham	Illinois	1937	Mt. Sinai Hospital, Milwaukee, Wis.
Mietus, A. C. R.	Marquette	1938	445 E. Oklahoma Ave., Milwaukee, Wis.
Miller, Robert E.	Wisconsin	1937	623—1st Ave., Antigo, Wis.
Murphy, Eugenia E.	Wisconsin	1937	Hazelhurst, Wis.
Olsen, Walter J.	Marquette	1938	Sturgeon Bay, Wis.

Name	*School of Graduation*	*Year*	*Present Address*
Ovitt, David W.	Wisconsin	1936	3405 W. Lisbon Ave., Milwaukee, Wis.
Owen, Betsy S.	Wisconsin	1935	6623 Revere Ave., Wauwatosa, Wis.
Oxman, Emanuel M.	Rush	1937	2334 N. 14th St., Milwaukee, Wis.
Pagel, Howard F.	Marquette	1938	1343 W. Wis. Ave., Milwaukee, Wis.
Pankow, Harold W.	Marquette	1938	3333 N. 2nd St., Milwaukee, Wis.
Pearson, John B.	Harvard	1937	St. Mary's Hospital, Milwaukee, Wis.
Pendergast, Thomas J.	Marquette	1938	1209 S. Layton Blvd., Milwaukee, Wis.
Pietraszewski, Bruno J.	Marquette	1938	6533 W. Mitchell St., Milwaukee, Wis.
Pratt, George N. Jr.	U. of Rochester	1937	St. Anthony's Hospital, Chicago, Ill.
Rankin, Ferdinand J.	Wisconsin	1937	118 E. Wis. Ave., Appleton, Wis.
Raszkowski, Harvey J.	Wisconsin	1937	R. F. D. #2, Ashland, Wis.
Regner, Mathias F.	Wisconsin	1937	St. Joseph's Hospital, Marshfield, Wis.
Reinardy, Arthur L.	Wisconsin	1937	Stevens Point, Wis.
Ruben, Joseph E.	Pennsylvania	1937	Wisconsin General Hospital, Madison, Wis.
Sanfelippo, Anthony J.	Marquette	1938	1639 N. Marshall St., Milwaukee, Wis.
Sazama, John J.	Wisconsin	1937	220½ N. Bridge St., Chippewa Falls, Wis.
Schiek, Irving E.	Marquette	1938	Rhinelander, Wis.
Schlossman, Nathaniel C.	Wisconsin	1937	5110 S. Kenwood Ave., Chicago, Ill.
Schoenkerman, Bert B.	Marquette	1938	2760 N. 41st St., Milwaukee, Wis.
Schott, Edward G.	Cincinnati	1938	1300 University Ave., Madison, Wis.
Schroeder, Harold T.	Marquette	1938	2237 N. Booth St., Milwaukee, Wis.
Sharpe, Donald C.	Northwestern	1937	4714 Woodlawn Ave., Chicago, Ill.
Shaw, James F.	Wisconsin	1937	Wetumka, Okla.
Slater, Robert H.	Wisconsin	1937	Seymour, Wis.
Smith, Philip W.	Wisconsin	1937	2200 W. Kilbourn Ave., Milwaukee, Wis.
Smullen, George H.	Loyola	1937	Arpin, Wis.
Sparks, Albert R.	Arkansas	1937	1821 W. Wis. Ave., Milwaukee, Wis.
Stankus, Donald G.	Rush	1937	Milwaukee County Hospital, Wauwatosa, Wis.
Stetner, Walter L.	Northwestern	1938	2025 N. 51st St., Milwaukee, Wis.
Struck, Eleanor C.	Marquette	1938	Cudahy, Wis.
Stuessy, Melvin W.	Louisville	1937	Brodhead, Wis.
Trimborn, Bernard A.	Marquette	1938	1710 S. 76th St., Milwaukee, Wis.
Turner, Vernon C.	Oregon	1936	Wisconsin General Hospital, Madison, Wis.
Verch, Lester H.	Marquette	1938	3175 N. 44th St., Milwaukee, Wis.
Vetter, Edward W.	Marquette	1938	Stevens Point, Wis.
Vinograd, Eugene	Marquette	1938	1821 W. Vliet St., Milwaukee, Wis.
Voigt, Philip F.	Pennsylvania	1937	Milwaukee Sanitarium, Wauwatosa, Wis.
Walsh, John G.	Marquette	1938	Richland Center, Wis.
Walsh, Thomas W.	Wisconsin	1937	2226 Commonwealth, Madison, Wis.
Westemeyer, Marion W.	Coll. of Med. Evang.	1938	Oxford, Wis.
Witcpalek, Erie W.	Northwestern	1938	230 W. Madison St., Milwaukee, Wis.
Woods, Robert M.	Marquette	1938	2343 N. Weil St., Milwaukee, Wis.
Wright, Robert S.	Marquette	1938	St. Luke's Hospital, Racine, Wis.
Zawodny, Stanley E.	Marquette	1938	3145 S. Vermont Ave., Milwaukee, Wis.

The following physicians were granted licenses through reciprocity:

Name	*School of Graduation*	*Previous Address*	*Present Address*
Abraham, Arden L.	Minnesota	Minnesota	824 Med. Arts Bldg., St. Paul, Minn.
Altman, Harrie P.	Illinois	Illinois	1619 Ludington St., Marinette, Wis.
Beek, Wm. G.	Dearborn	Illinois	3807 N. Prospect Ave., Milwaukee, Wis.
Bohr, George W.	Illinois	Illinois	5301 Madison St., Chicago, Ill.
Bongiorno, Felix J.	Loyola	Illinois	3606 S. Calif. Ave., Chicago, Ill.
Boynton, Ben L.	Northwestern	Illinois	333 N. Randall Ave., Madison, Wis.
Brick, Enoch B.	Minnesota	Minnesota	527 Sturgeon Eddy Bldg., Wausau, Wis.
Bryant, George E.	Marquette	Minnesota	Pepin, Wis.
Coddon, Walter D.	Minnesota	Minnesota	Durand, Wis.
Farnham, Waldo C.	Northwestern	Illinois	259 E. Wells St., Milwaukee, Wis.
Feldmayer, James E.	Nebraska	Nebraska	Burlington, Wis.
Forman, Judson	Marquette	Montana	2104 University Ave., Madison, Wis.
Gallagher, Frank J.	St. Louis	Missouri	4th & Jay Sts., La Crosse, Wis.
Gallagher, John T.	Pennsylvania	Pennsylvania	2428 Commonwealth, Madison, Wis.
Gray, Seeley Nash	Geo. Washington	Ohio	Sparta, Wis.
Hartman, Paul U.	Washington	California	1803 W. Wisconsin Ave., #24, Milwaukee, Wis.
Heitzman, Holly H.	Nebraska	Nebraska	Bellin Memorial Hospital, Green Bay, Wis.
Hertzog, Ambrose J.	Louisiana	Louisiana	Luther Hospital, Eau Claire, Wis.
Huston, Harold C.	Chicago	Illinois	Luther Hospital, Eau Claire, Wis.
Kaeiser, William H.	Illinois	Illinois	323 W. Seminole Ave., McAlester, Okla.
Long, Leonard	Oklahoma	Oklahoma	123 N. Charter St., Madison, Wis.
Miller, Howard R.	Illinois	Illinois	Milwaukee Children's Hospital, Milwaukee, Wis.

Physicians Granted Licenses Through Reciprocity Between June 28 and September 14, 1938—Continued

Name	*School of Graduation*	*Previous Address*	*Present Address*
Pessin, Joseph	Chicago	Kansas	Bradley Hospital, Madison, Wis.
Pettus, Florence	St. Louis	Illinois	Wisconsin General Hospital, Madison, Wis.
Rosenberg, Samuel W.	Illinois	Illinois	5471 Ingelside, Chicago, Ill.
Schoofs, Gregar E.	Minnesota	Minnesota	Wisconsin Reformatory, Green Bay, Wis.
Sinaiko, Russell P.	Rush	Illinois	1521 Vilas Ave., Madison, Wis.
Stieglitz, Edward J.	Rush	Illinois	30 N. Michigan Ave., Chicago, Ill.
Theisen, Harold J.	Pennsylvania	Ohio	3645 Winchell Rd., Cleveland, Ohio
Tormey, Thomas W. Jr.	Washington	Missouri	16 N. Carroll St., Madison, Wis.
Troup, Wilson J.	Nebraska	Nebraska	% Green Bay Clinic, Green Bay, Wis.
Vieth, Richard P.	Washington	Missouri	554 Pine St., Burlington, Wis.
Weller, Ross R.	Illinois	Illinois	Bobs Roberts Hospital, Chicago, Ill.

New Cancer Research Building at State University

By WALTER J. MEEK

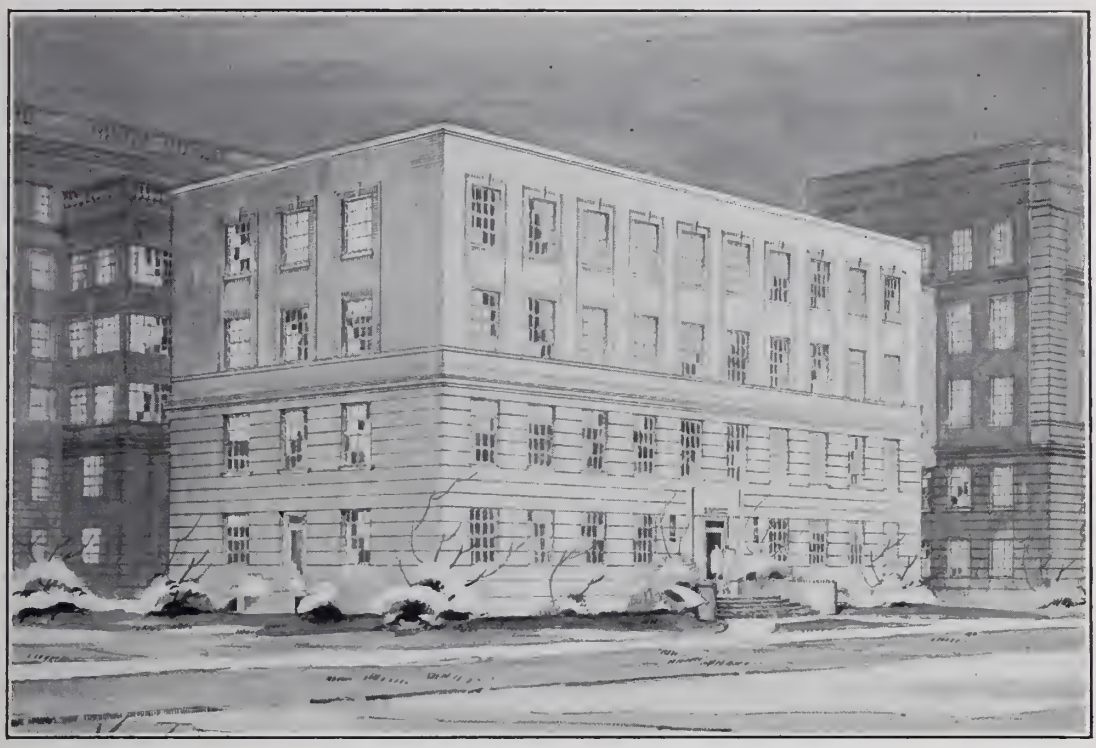
Assistant Dean, University of Wisconsin Medical School, Madison

IT IS only a few years ago that a national magazine stated less was being spent on the study of cancer than any other of the major diseases. Due in large part to public education initiated and carried out by the medical profession itself, the situation has greatly changed. At the present time there are a considerable number of endowments which have either financed workers or established institutes for the study of cancer. The part the Federal Government is taking in this work is also common knowledge.

At the University of Wisconsin studies on cancer have been under way at various places on the campus for a number of years. In the department of zoology, Prof. M. F. Guyer has long been carrying out experiments on the resistance of various strains of animals to tumor growths. Prof. A. J. Riker in plant pathology has become an authority on abnormal growths in plants which have some resemblances to animal tumors. In the medical school, Dr. E. A. Pohle has made outstanding studies on the exact measurement of x-ray dosages. In the department of pathology under the leadership of Dr. C. H. Bunting, Dr. Mead Burke has subjected all the hospital case histories of cancer to a searching examination for any possible common etiological conditions.

Following the gift of the Bowman Cancer Fund to the University in 1934, experimental laboratories devoted to both the biological and clinical aspects of the disease have been developed in the medical school. Well trained research fellows have been placed in charge of the work. Dr. Harold P. Rusch, a graduate of the medical school at Wisconsin, was the first appointee. His work has been largely on the fundamental biological aspects of tumor growths. Dr. Frederick E. Mohs from the University of Oregon Medical School has been carrying out clinical studies with particular attention to forms of treatment. Dr. F. J. Stare, trained both here and abroad as a biochemist, is investigating the metabolic processes of cancer tissue. Laboratories for this work have been furnished by the departments of physiology, biochemistry and zoology.

From this it is plain that the State University not only is ready to make good use of a building for cancer research but that the new structure will stimulate and make possible still more valuable work. Construction of such a building has now been assured by aid from several sources. In 1936 the McArdle bequest came to the University. The income from the gift has now accumulated to a considerable amount. The Wisconsin Alumni Research Foundation has also generously offered to make contributions which would amortize a portion of the initial costs. To match these funds the Federal Government has made a PWA grant of $108,000. The total cost of the building will therefore be about $240,000. This is sufficient to erect a building 102 feet long and 50 feet wide. It will be located on Charter Street, connecting on its north end with the Memorial Service Institutes and to the rear with the Wisconsin General Hospital. On the first



Architect's drawing of McArdle Memorial Laboratory, University of Wisconsin Medical School, Madison, now in process of construction.

floor will be housed facilities for radiologic research and treatment. The second floor will be devoted mainly to a department for x-ray diagnosis. The third and fourth floors will be given entirely to departments for biological studies of cancer. The new building will be known as the McArdle Memorial Laboratory.

One of the main advantages of the new building will be to centralize much of the University's cancer work. At the present time studies that have a direct bearing on cancer are being pursued in zoology, plant pathology, agricultural chemistry, physics, chemistry and various departments of the medical school. The new building can of course not offer laboratory space for all this work but it will have conference rooms and serve as a clearing house for unifying all the attacks on this great medical problem.

Wisconsin has several advantages over many cancer research centers. One of these is the presence of the Wisconsin General Hospital which is to be connected with the new building. Here come cancer patients from all parts of the State. All types of the disease are therefore accessible to research workers and can be studied at first hand. Another distinct advantage is the opportunity for cooperation among many University departments. Wisconsin has long been famous for the spontaneous and generous help that any worthwhile project invariably receives from any of the other groups that can further the undertaking. This cooperation is one of the most important weapons in the fight against cancer. It is now generally recognized by all cancer authorities that if the disease is ever controlled it will be the result of joint attacks by chemists, physicists and biologists, both general and medical.

The University cancer development is in charge of a Graduate School Committee consisting of Drs. Wm. S. Middleton, Dean of the Medical School, Chairman; Dean E. B. Fred, Dean of the Graduate School; and Prof. M. F. Guyer of the Department of Zoology. Dr. Walter J. Meek is chairman of the building committee.

Good Speech*

By M. G. GILLESPIE, M. D.
Duluth, Minn.

UNTIL a few weeks ago I was at a loss to know what subject I might discuss this evening with interest and profit. And then, in conversing with a house physician, I was suddenly aware that I had a topic, for in describing the condition of a patient he remarked, "The patient spiked another temperature today." Such a remark I will admit is truly descriptive, but somewhat slangy.

A year ago, you will remember, the retiring president talked to you about conserving your material fortunes. At this time I also would like to talk to you about conservation, not of your wealth, however, but of your vocabulary and manner of speaking. With your permission, then, jargon and slang will be my theme.

Webster's Collegiate Dictionary defines slang as the cant of thieves, beggars, gypsies; the jargon of a particular calling or class of society; language comprising certain widely current terms having a forced fantastic or grotesque meaning, or exhibiting eccentric humor or fancy.

Slang is a characteristic of the everyday use of all languages. Shakespeare, who coined more slang which now finds common usage than any other single individual, probably had it in mind when he said, "I do not much dislike the matter but the *manner* of his speech." Philologists no longer speak of slang in contemptuous terms, since it is recognized as a sign of life in a language. It has been said slang serves a useful purpose; it is imagination at work in words, it is language in the making.

Slang, however, should be used with restraint and in moderation. Unless so used it encourages slovenliness in speaking. This tendency, more manifest apparently in this country, has led some to speak in derisive tones of lip-lazy Americans. It is said that, "a sloven in speech is as offensive as a sloven in manners or in dress; and neatness of phrase is as pleasant to the ear as neatness of attire to the eye." Henry James said, "The way we say a thing or fail to say it, fail to learn to say it, has an importance in life that it is impossible to overstate." Emerson had good speech in mind when he wrote, "A man cannot speak but he judges himself."

The physician traditionally has always been held in high esteem by the people of his community, superseded only in esteem by the clergy. Whether we rightfully should receive this high regard is another matter. Nevertheless, it is true that people look up to the physician. This pedestal which we occupy casts a responsibility upon us. True enough, at present there seems to be a definite move under foot to discredit the medical profession and to break the old bond which has held patient and physician together. Therefore, it is more than ever necessary to maintain the faith, confidence and general high regard which people have placed in us, and maintain the dignity which has characterized the profession for such a long time. One of the ways whereby we can do this is through speech and manner of speaking. Sad to say, our faults in speech are not always confined to medical jargon. Too frequently physicians fall into the easy manner of conversation of the proletariat. Routine will inhibit the acquisition of a vocabulary more than any other factor. Too many of us do the same tasks each day, meet the same people, read the same newspaper, listen to the same radio programs, see the same movies, etc. In other words, we develop common interests and express ourselves in a common language. We have the same vocabulary, use the same slang expressions, the same idioms, and unconsciously repeat the same pet words and phrases. I do not have to tell you that such faulty habits

* Address of retiring president, St. Louis County (Minn.) Medical Society, presented at a meeting of that society in Duluth, Minn., December 8, 1938.

and such mannerisms of speech are not conducive to the acquisition of a large vocabulary or a forceful manner of speaking.

The common use of jargon peculiar to our profession is only too well recognized by physicians themselves. Hurter, Simmons and Fishbein, Hewitt and others, have called attention to the frequent errors in the choice of words and phrases which physicians are wont to make. There are few of us who are not guilty of these errors. How often we say **acute appendix** when we mean **acute appendicitis,** or the patient was **proctoscoped** when we mean a **proctoscopic examination of the patient was made.** We fail to realize that it may be possible to **operate** a motor car, but never a patient; that the heart may be **normal** but never **negative;** that **pathology** means the science of disease and it is therefore absurd to speak of **pathology in the right lung. Serology** is also a science and it is the worst type of jargon to say **positive serology.** Physicians in familiar conversation frequently speak of **shots** for this or that, forgetting that a shot is a missile, bullet or pellet of lead. Such examples of loose speech could be continued ad infinitum, but there is no point at this time in enumerating more.

Speech is more than the faculty of uttering articulate sounds or words to express thoughts. It implies the power of speaking. Quoting Henry James again, "The more it (speech) suggests and expresses the more we live by it, the more it promotes and enhances life. Its quality, its authenticity, its security are hence supremely important for the general multifold opportunity, for the dignity and integrity of our existence."

Speaking is an art in which the tongue can be likened unto the pen or brush, and the word-thought to the tone poem of the composer or the finished canvas of the painter. As Emerson has said, "Life is our dictionary; I learn immediately from any speaker how much he has already lived through the poverty or the splendor of his speech."

Since medicine is a dignified science we should try to speak in a dignified language. Although we cannot all hope to be masters of speech, at least we can strive to cultivate and acquire the art of speaking. Lord Chesterfield said, "Every man who can speak at all can speak elegantly and correctly if he pleases;—and indeed, I would advise those who do not speak elegantly not to speak at all, for I am sure they will get more by their silence than by their speech."

If I were to counsel young men in medicine as to how to learn to speak accurately and commandingly I could do no less than suggest: Seek a diversity of interests; cultivate friendships outside your own calling. If you are so inclined, become interested in art or music. Develop the good habit of writing, not only upon medical subjects but also those of general interest. There is no better way to enlarge your vocabulary and to learn to express your thoughts than by writing. Speak on every occasion that presents itself, and, most important of all, — read. *"Lesen, lesen, und sehr lesen."* Most of the paucity and inaccuracies of our vocabulary are due to the lack of the stimulus of good reading. Too many of the recent graduates in medicine are content to confine their reading to the daily newsprint and weekly medical and news journals. Sad to say, some few do even less, and thereby allow themselves to sink to a lower stratum of society, so to speak, and fall into the colloquial jargon of their neighbors and neighborhood. Too few are intrigued by the masters of good literature.

To develop a catholicity of knowledge without becoming pedantic, develop an intellectual inquisitiveness, to satisfy which you must have a good dictionary and access to a good library. Experience the stimulus gained by good reading. Set aside a part of each day and form the good habit of reading systematically not only your daily print and weekly news journal, but also representative medical journals. Take a tip from Osler and have a bedside library. Cultivate the language and thought of the great contributors to literature. In speaking heed the advice of Oliver Wendell Holmes when he said, "Speak clearly if you speak at all; carve every word before you let it fall."

Indictment of the American Medical Association

FOLLOWING is the complete text of the indictment of the American Medical Association et al. voted on December 20, 1938, by the special grand jury in the District of Columbia:

DISTRICT COURT OF THE UNITED STATES
FOR THE DISTRICT OF COLUMBIA
HOLDING A CRIMINAL TERM

October Term, A. D. 1938.

United States of America—District of Columbia, ss.—Indictment.

The Grand Jurors of the United States of America, at a regular term of the District Court of the United States for the District of Columbia, to wit: the October 1938 term thereof, held at Washington, in the District of Columbia, after being duly impaneled, sworn and charged at the term of court aforesaid, as an additional Grand Jury in and for said District, inquiring for the said District, upon their oaths find and present, as follows:

1. The Defendants

1. The following corporations and associations are hereby made defendants:

(1) American Medical Association, incorporated under the laws of Illinois and having its office and principal place of business in Chicago, Illinois;

(2) The Medical Society of the District of Columbia, incorporated under an Act of Congress and having its office and principal place of business in the District of Columbia;

(3) Harris County Medical Society, an unincorporated association, having its office and its principal place of business in Houston, Harris County, Texas;

(4) Washington Academy of Surgery, an unincorporated association, having its office and its principal place of business in the District of Columbia.

2. The following individuals, who will be referred to hereinafter as "the individual defendants," are hereby made defendants:

Arthur Carlisle Christie
Coursen Baxter Conklin
James Bayard Gregg Custis
William Dick Cutter
Morris Fishbein
Thomas Allen Groover
Robert Arthur Hooe
Rosco Genung Leland
Leon Alphonse Martel
Thomas Ernest Mattingly
Francis Xavier McGovern
Thomas Edwin Neill
Edward Hiram Reede
William Mercer Sprigg
William Joseph Stanton
John Ogle Warfield, Jr.
Olin West
Prentiss Willson
William Creighton Woodward
Wallace Mason Yater
Joseph Rogers Young

II. The Washington Hospitals

3. Each of the following corporations and associations were engaged in the business of operating a hospital throughout the period of the conspiracy hereinafter described:

Central Dispensary and Emergency Hospital
Children's Hospital of the District of Columbia
Columbia Hospital for Women
Eastern Dispensary and Casualty Hospital
Episcopal Eye, Ear and Throat Hospital
Garfield Memorial Hospital
Georgetown University Hospital
George Washington University Hospital
National Homeopathic Hospital of the District of Columbia
Providence Hospital
Sibley Memorial Hospital
Washington Sanitarium and Hospital

These hospitals are located in Washington in the District of Columbia, except that the Washington Sanitarium and Hospital is located in Takoma Park, Maryland. The hospitals listed in this paragraph will be referred to collectively hereinafter as "the Washington hospitals." The said hospitals include all of the hospitals in the District of Columbia not operated by the government.

III. Relationship Between Certain Defendants

A. Relationship between Defendant American Medical Association and Defendants The Medical Society of the District of Columbia and Harris County Medical Society

4. Membership in defendant American Medical Association is ordinarily obtainable only through affiliated state or territorial medical associations, known as "constituent" associations or societies of American Medical Association. Defendant The Medical Society of the District of Columbia is a constituent medical society of defendant American Medical Association. Membership in most "constituent" associations or societies is ordinarily obtainable only through membership in affiliated county or local medical societies, known as "component" societies of those constituent associations and of the American Medical Association. Defendant The Medical Society of the District of Columbia has no component societies. Defendant Harris County

Medical Society is a component medical society of defendant American Medical Association. Members of affiliated component or constituent medical societies are, *ipso facto*, members of defendant American Medical Association.

B. *Memberships and Offices Held by Individual Defendants*

5. Membership in defendant American Medical Association was held by all individual defendants throughout the period of the conspiracy hereinafter described. For many years, and throughout the period of the conspiracy hereinafter described, the following individual defendants, namely:

Morris Fishbein, Editor of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION;
Olin West, Secretary and General Manager of the American Medical Association;
William Creighton Woodward, Director of the Bureau of Legal Medicine and Legislation of the American Medical Association;
William Dick Cutter, Secretary of the Council on Medical Education and Hospitals of the American Medical Association;
Rosco Genung Leland, Director of the Bureau of Medical Economics of the American Medical Association,

have been employed by defendant American Medical Association in the positions indicated and, as the principal full-time officials and employees of said defendant Association, have been engaged in the active management of its business affairs and have been largely instrumental in forming and effectuating its policies, and, in particular, in managing the business affairs and in forming and effectuating the policies of said defendant Association hereinafter set forth.

6. Membership in defendant The Medical Society of the District of Columbia was held, throughout the period of the conspiracy hereinafter described, by all of the individual defendants except those listed in paragraph 5 of this indictment as employees and officials of defendant American Medical Association.

7. Defendant The Medical Society of the District of Columbia has an executive committee charged with carrying out the policies of the said defendant society.

8. Offices in defendant The Medical Society of the District of Columbia, and membership on the Executive Committee, were held during all or part of the period of the conspiracy hereinafter described by the individual defendants whose names are indicated below:

Thomas Edwin Neill, President, and member of the Executive Committee;
Coursen Baxter Conklin, Secretary–Treasurer, and member of the Executive Committee;
Robert Arthur Hooe, member of the Executive Committee;
Francis Xavier McGovern, member of the Executive Committee;
Edward Hiram Reede, member of the Executive Committee;
William Mercer Sprigg, member and Chairman of the Executive Committee;
Wallace Mason Yater, member of the Executive Committee.

9. Membership on the Hospital Committee of defendant The Medical Society of the District of Columbia was held by the individual defendants listed below during all or part of the period of the conspiracy hereinafter described:

Leon Alphonse Martel
John Ogle Warfield, Jr.
Joseph Rogers Young

10. Membership on regular or attending staffs of the Washington hospitals was held by individual defendants throughout the period of the conspiracy hereinafter described, as follows:

Coursen Baxter Conklin
- Children's Hospital of the District of Columbia
- Eastern Dispensary and Casualty Hospital
- George Washington University Hospital

James Bayard Gregg Custis
- National Homeopathic Hospital of the District of Columbia

Robert Arthur Hooe
- Central Dispensary and Emergency Hospital

Thomas Ernest Mattingly
- Sibley Memorial Hospital

Leon Alphonse Martel
- Georgetown University Hospital

Francis Xavier McGovern
- Garfield Memorial Hospital

Thomas Edwin Neill
- Episcopal Eye, Ear and Throat Hospital
- Garfield Memorial Hospital

William Mercer Sprigg
- Columbia Hospital for Women

William Joseph Stanton
- Georgetown University Hospital

John Ogle Warfield, Jr.
- Children's Hospital of the District of Columbia
- Garfield Memorial Hospital

Prentiss Willson
- Columbia Hospital for Women

Wallace Mason Yater
- Georgetown University Hospital

Joseph Rogers Young
- Eastern Dispensary and Casualty Hospital

IV. The Background of the Conspiracy

11. In the last few decades great and unprecedented advances in medical knowledge and technic have occurred. No single doctor now knows or can know enough medical science to enable him to render complete and adequate medical care. Specialization in the rendition of medical care has necessarily resulted. Costly diagnostic and therapeutic equipment and facilities have now become essential

for the rendition of complete and adequate medical care. The cost of complete and adequate medical care has increased substantially.

12. Many persons embraced within the low income group in the United States, including the District of Columbia, do not now obtain, and cannot now afford to obtain, complete and adequate medical care.

13. During the last few decades, many general practitioners and specialists have associated themselves together in group practice in order to reduce the cost and improve the quality of medical care by sharing their knowledge and by making joint use of equipment and facilities. During the last few decades attempts have been made to enable persons in the low income group to meet the cost of medical care on a risk sharing prepayment basis and thus to avoid excessive economic burdens occasioned by the uneven incidence of illness. To achieve these objectives, organizations have been formed in which general practitioners and specialists engaged in group practice undertake to give complete medical care of high quality to persons who pay therefor on a risk sharing prepayment basis.

14. Experimentation with group medical practice on a risk sharing prepayment basis, if not obstructed by coercive restraints, may contribute to the solution of the problem of providing complete and adequate medical care. Many surveys of the problem in recent years have resulted in recommendations for such experimentation. There is reason to believe, and a large body of informed opinion holds, that the supplying of medical care in this manner and on this basis may be so organized as to obtain qualified doctors and to afford those doctors conditions of practice which are conducive to a high quality of medical service satisfactory to both doctor and patient and which enable the said doctors to find satisfaction in their work and to obtain a stable, adequate net income; moreover, that this method of supplying medical care may be utilized without unduly affecting such free choice of physicians as is ordinarily enjoyed by patients and without involving interference on the part of laymen with the medical service or with the relationship subsisting between doctor and patient. There is reason to believe, and a large body of informed opinion holds, that such method of providing medical care is less costly than, and, in many respects from the standpoint of both doctor and patient, superior to, individual practice on a fee for service basis.

15. Principally for economic reasons and because it has feared, for its members, business competition from the doctors connected with organizations in which doctors engage in group practice on a risk sharing prepayment basis, defendant American Medical Association, and the individual defendants employed by said defendant Association, have adopted and for many years have pursued a policy of opposition to experimentation with such organizations, and have taken affirmative steps to oppose their formation and operation throughout the United States.

V. The Dominant Position of Defendant American Medical Association and the Circumstances Affording the Defendants, Acting Together, Economic and Other Coercive Power to Restrain Group Medical Practice on a Risk Sharing Prepayment Basis

A. *The Importance of Membership in Medical Societies, of Consultations and of Hospital Privileges*

16. Membership in a medical society affiliated with defendant American Medical Association, and hence in defendant American Medical Association itself, is valuable to practicing doctors because such membership carries professional prestige, because defendant American Medical Association and affiliated societies provide desirable services for and contacts to members, and because many doctors and many hospitals and others serving the medical profession deal only with such doctors as are members of defendant American Medical Association. Exclusion or expulsion from membership in a medical society affiliated with defendant American Medical Association, and hence from membership in defendant American Medical Association itself, deprives doctors, including doctors engaged in group practice on a risk sharing prepayment basis, of these advantages and also injures their professional standing.

17. Consultations between doctors are frequently advantageous, both to the patient and to the doctors. Defendant American Medical Association recommends that doctors seek consultations with other doctors in cases of serious illness. Consultations with specialists outside of the group is frequently desirable for doctors engaged in group practice on a risk sharing prepayment basis. Doctors, including doctors engaged in group practice on a risk sharing prepayment basis, are seriously handicapped if they are prevented from obtaining consultations.

18. The privilege of attending and treating their patients in a well equipped hospital is essential for all practicing surgeons. Such privilege is desirable for all practicing doctors. Exclusion from hospitals of surgeons and physicians, including those engaged in group practice on a risk sharing prepayment basis, seriously restrains them in the pursuit of their callings.

19. It is desirable and frequently essential for the successful conduct of the business of organizations engaged in arranging for the provision of medical care by salaried doctors engaged in group medical practice on a risk sharing prepayment basis, and thus for the members of or subscribers to such organizations, that the doctors composing the medical staffs thereof, equally with other doctors, be afforded the opportunity of obtaining, and be not prevented from obtaining, memberships in medical societies, consultations with other doctors, and the use of hospital facilities.

B. *Power of Certain Defendants to Exclude and to Expel Doctors Engaged in Group Practice on a Risk Sharing Prepayment Basis from Membership in Medical Societies*

20. A large percentage of the doctors practicing in the District of Columbia (in excess of 800) are members of defendant The Medical Society of the District of Columbia, and thus of defendant American Medical Association. There are approximately 145,000 doctors engaged in practice in the United States. Approximately 110,000 doctors are members of defendant American Medical Association. Defendant American Medical Association has a gross income of several million dollars a year, and its investments in capital assets have been and are substantial; it employs about 500 persons in the conduct of its business. Defendant American Medical Association is engaged in the business of publishing a weekly magazine known as THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, which has a weekly circulation of approximately 95,000; it is the only medical journal with an extensive circulation among the members of the medical profession. The said JOURNAL contains a section entitled "Organization Section," devoted to organizational, business, economic and social aspects of medical practice. The said JOURNAL has been edited and managed in such a manner as to express the policy of defendant American Medical Association and of the individual defendants employed by it of opposition to group medical practice on a risk sharing prepayment basis and to further the effectuation of such policy of opposition. The columns of said JOURNAL have not been open for the expression of contrary views about group medical practice on a risk sharing prepayment basis. Defendant American Medical Association maintains a bureau known as the Bureau of Medical Economics, which concerns itself with the economic organization of the practice of medicine. The said Bureau of Medical Economics has taken a leading part in carrying out defendant American Medical Association's policy of opposing, discouraging and suppressing group medical practice on a risk sharing prepayment basis. By reason of its size, organization and activities, defendant American Medical Association is the only important society representative of the medical profession in the United States. The medical profession in the United States and its policies are influenced and to a great extent controlled by defendant American Medical Association.

21. Defendant American Medical Association has promulgated certain rules, called by it "Principles of Medical Ethics," which purport to define the duties of doctors in their relations with their patients and among themselves. The constituent and component societies of defendant American Medical Association, including defendant The Medical Society of the District of Columbia and defendant Harris County Medical Society, have adopted and they govern their members by the said "Principles of Medical Ethics." The members of defendant The Medical Society of the District of Columbia are required to, and do, pledge themselves to comply with said principles. These so-called "Principles of Medical Ethics" are expressed in the form of indefinite standards and, as interpreted and applied by defendant American Medical Association and its affiliated constituent and component societies, are not confined to requirements of ethical, moral or legal conduct but embody as well purely economic restrictions upon the practice of medicine. Under these rules, so interpreted, defendant American Medical Association and its affiliated constituent and component societies can, and frequently do, condemn as "unethical" group medical practice on a risk sharing prepayment basis, principally because such practice is in business competition with and threatens the incomes of doctors engaged in practice on a fee for service basis, and particularly of doctors so practicing who are members of defendant American Medical Association and its affiliated constituent and component societies.

22. The affiliated constituent and component societies of defendant American Medical Association, including defendant The Medical Society of the District of Columbia and defendant Harris County Medical Society, act as enforcing agencies of defendant American Medical Association with respect to the "Principles of Medical Ethics." Said constituent and component societies, including defendant The Medical Society of the District of Columbia and defendant Harris County Medical Society, under the supervision and control of defendant American Medical Association, have the power to, and do, suspend, expel or otherwise discipline members claimed by said defendant societies and association to have violated the "Principles of Medical Ethics." Principally for the reasons hereinabove set forth, defendants American Medical Association, The Medical Society of the District of Columbia and Harris County Medical Society possess power to expel or exclude from membership a doctor disapproved by them solely because he has associated himself with group medical practice on a risk sharing prepayment basis.

C. *Power of Certain Defendants to Restrain Doctors from Engaging in Group Medical Practice on a Risk Sharing Prepayment Basis and to Restrain Doctors from Consulting with Doctors so Engaged.*

23. A provision, to wit: Chapter IX, Article IV, Section 5 of the constitution of defendant The Medical Society of the District of Columbia prohibits any professional relationship whatsoever, including consultations, between members of the said defendant Society on the one hand and, on the other, any doctor, organization or group rendering medical care within the District of Columbia or within ten miles thereof, which doctor, organization or group has not been "approved" by defendant The Medical Society of the District of Columbia. By reason of this provision, and by reason of the power of defendant The

Medical Society of the District of Columbia to exclude applicants for membership, and to suspend, expel or otherwise discipline its members, under the supervision and control of defendant American Medical Association, said defendants have power to deter doctors from engaging in group medical practice on a risk sharing prepayment basis or from consulting with doctors engaged in such group practice.

D. *Power of Certain Defendants to Restrain Doctors Engaged in Group Practice on a Risk Sharing Prepayment Basis from Obtaining Access to Hospital Facilities.*

24. The medical services and the determination of the medical policies of the Washington hospitals are controlled in each such hospital by a medical staff, consisting of doctors appointed thereto by the governing body of the hospital and commonly designated as the "regular" or "attending" staff of the hospital. Doctors on such a "regular" or "attending" staff of a Washington hospital are privileged to treat and operate upon their private patients within that hospital and to use the facilities thereof. Each Washington hospital also has a "courtesy" staff, comprising those doctors, not on its "regular" or "attending" staff, who are permitted to treat or operate on their patients in that hospital. Except in emergency cases, only those doctors who have been appointed to the "attending" or "regular" staff or to the "courtesy" staff of a Washington hospital are permitted to treat or operate on patients within that hospital. Formal appointment to the courtesy staff of each Washington hospital is made by the governing body of that hospital.

25. Applications for appointment to the courtesy staff of each Washington hospital are passed upon by the attending or regular staff of that hospital. Each Washington hospital, acting through its governing body, ordinarily finds it expedient to follow, and ordinarily does follow, the recommendations of its attending or regular staff with respect to appointments to its courtesy staff. Nearly all members of the attending or regular staff of each Washington hospital are members of defendant The Medical Society of the District of Columbia and of defendant American Medical Association. As such members, they know, and can and do communicate to the Washington hospitals, the policies and wishes of defendant The Medical Society of the District of Columbia and of defendant American Medical Association.

26. Defendant The Medical Society of the District of Columbia has a standing committee, known as the Hospital Committee, composed of a member of the regular or attending staff of each Washington hospital, whose function it is to communicate to the Washington hospitals the policies and wishes of defendant The Medical Society of the District of Columbia, to endeavor to obtain compliance by the Washington hospitals with those wishes and policies, and further, to keep defendant The Medical Society of the District of Columbia informed with respect to compliance by the Washington hospitals with those wishes and policies.

27. Defendant The Medical Society of the District of Columbia has approved each of the Washington hospitals located in Washington. Defendant The Medical Society of the District of Columbia, by withdrawing its approval of a Washington hospital, makes a member of the attending or regular medical staff of that hospital who continues to serve on such staff subject to disciplinary action by said defendant society, including expulsion from said society. Simultaneous withdrawal of the members of its regular or attending staff from a Washington hospital, in order to obtain compliance by that hospital with the wishes and policies of the defendant The Medical Society of the District of Columbia, would deprive the hospital of services essential to it, would cause it a loss of prestige and would thereby seriously injure the said hospital.

28. Defendant Washington Academy of Surgery makes recommendations to some of the Washington hospitals with respect to appointments to their courtesy staffs. In making such recommendations, defendant Washington Academy of Surgery can and does carry out the policies and wishes of defendant. The Medical Society of the District of Columbia. The recommendations of defendant Washington Academy of Surgery with respect to such appointments are ordinarily followed by the regular or attending staff of the Washington hospitals in making recommendations to the governing bodies of such hospitals with respect to applications for such appointments.

29. Medical students and doctors receiving postgraduate training in hospitals, ordinarily known as "interns" and "residents," render valuable services to the hospitals without substantial compensation. Defendant American Medical Association, by means of periodic inspections, determines and declares what hospitals in the United States it believes are suitable for postgraduate training of interns and residents. No other public or private agency rates hospitals for this purpose. In order to obtain credit generally throughout the medical profession for postgraduate training in hospitals, and frequently in order to obtain a medical degree or a license to practice, it is necessary for medical students and doctors to take such training in hospitals which defendant American Medical Association has approved for that purpose. Loss of approval by defendant American Medical Association therefore not only causes a loss of prestige to a hospital but also ordinarily prevents a hospital from obtaining interns and residents. Inability to obtain interns and residents ordinarily compels a hospital to employ house doctors, at substantial expense.

30. Defendant American Medical Association has adopted the policy that hospitals approved by it for intern and resident training should have on their medical staffs only doctors who are members of defendant American Medical Association.

31. Each Washington hospital is approved by defendant American Medical Association for the train-

ing of interns or of residents or of both. The power of defendant American Medical Association to withdraw such approval gives defendant American Medical Association power to enforce compliance by Washington hospitals with the policies and wishes of defendant The Medical Society of the District of Columbia and of defendant American Medical Association.

32. Principally for the reasons hereinabove alleged, defendants American Medical Association, The Medical Society of the District of Columbia, and Washington Academy of Surgery possess power to expel or exclude a doctor, disapproved by them solely because he has engaged in group medical practice on a risk sharing prepayment basis, from attending and treating his patients in the Washington hospitals, the said Washington hospitals including all the hospitals in the District of Columbia in which private patients may be treated by doctors.

VI. The Conspiracy

33. Group Health Association, Inc., was incorporated on February 19, 1937, and authorized to do business under and by virtue of the laws of Congress for the District of Columbia. Said corporation is a non-profit, cooperative association of employees of certain departments in the executive branch of the United States Government employed in the District of Columbia. Most members of Group Health Association, Inc., are embraced within the low income group, over 80 per cent of them earning annual incomes of not more than $2,000. Said corporation is engaged in the District of Columbia in the business of arranging for the provision of medical care and hospitalization to its members and their dependants on a risk sharing prepayment basis. Said corporation collects monthly payments in the form of dues from its members. Medical care is provided by a medical staff consisting of salaried general practitioners and specialists engaged in group practice under the sole direction of a medical director. Said corporation pays adequate salaries to the doctors on its medical staff and provides the medical staff with a modern, well equipped clinic, which was opened on November 1, 1937. Said corporation also defrays, within limits, the expenses of hospitalization of its members and their dependents. The personal relationship ordinarily existing between doctor and patient obtains between the doctors on the medical staff of Group Health Association, Inc., and their Group Health Association, Inc., patients.

34. Beginning in January 1937, or shortly thereafter, and continuing to the date of the presentation of this indictment, the defendants, and certain members of defendant The Medical Society of the District of Columbia not made defendants, and the Washington hospitals, and other persons to the grand jurors unknown, well knowing the foregoing facts, have combined and conspired together for the purpose of restraining trade in the District of Columbia, that is to say:

(1) for the purpose of restraining Group Health Association, Inc., in its business of arranging for the provision of medical care and hospitalization to its members and their dependents on a risk sharing prepayment basis;

(2) for the purpose of restraining the members of Group Health Association, Inc., in obtaining, by cooperative efforts, adequate medical care for themselves and their dependents from doctors engaged in group medical practice on a risk sharing prepayment basis;

(3) for the purpose of restraining the doctors serving on the medical staff of said Group Health Association, Inc., in the pursuit of their callings;

(4) for the purpose of restraining doctors (not on the medical staff of Group Health Association, Inc.) practicing in the District of Columbia, including the doctors so practicing who are made defendants herein, in the pursuit of their callings;

(5) for the purpose of restraining the Washington hospitals in the business of operating such hospitals.

In so doing, defendants have then and there engaged in an unlawful combination and conspiracy in restraint of trade in and of the District of Columbia in violation of Section 3 of the Act of Congress on July 2, 1890, known as the Sherman Anti-trust Act.

35. Throughout the period covered by this indictment, Group Health Association, Inc., and its medical staff were discussed at frequent meetings of defendant The Medical Society of the District of Columbia and of committees of said defendant Society, and at other meetings and conferences. At such meetings and conferences, the combination and conspiracy hereinabove described was proposed, discussed and formed, in part, and carried on in part. Plans, understandings and agreements to accomplish the unlawful purposes hereinabove described were proposed, discussed and adopted at such meetings. Many of such plans, understandings and agreements were set forth in formal resolutions adopted by defendant The Medical Society of the District of Columbia, and by the committees thereof. Among such resolutions was the following resolution adopted at a meeting of defendant The Medical Society of the District of Columbia, held in Washington in the District of Columbia on November 3, 1937:

WHEREAS, The Medical Society of the District of Columbia has an apparent means of hindering the successful operation of Group Health Association, Inc., if it can prevent patients of physicians in its employ being received in the local private hospitals; and

WHEREAS, The Medical Society of the District of Columbia has no direct control over the policies of such hospitals as determined by their lay boards of

directors, except through its control of its own members serving on their medical staffs; and

WHEREAS, Conflicts between the Medical Society of the District of Columbia and any local hospitals arising from an attempt to enforce the provisions of Chapter IX, Article IV, Section 5, of its Constitution should be assiduously avoided, if possible, because of the unfavorable publicity that would accrue to its own members; therefore, be it

Resolved, That the Hospital Committee be, and is hereby directed to give careful study and consideration to all phases of this subject and report back to the Society, at the earliest practicable date, its recommendations as to the best way of bringing this question to the attention of the medical boards and boards of directors of the various local hospitals in such a manner as to insure the maximum amount of practical accomplishment with the minimum amount of friction and conflict.

Following the adoption of the said resolution of November 3, 1937, the combination and conspiracy hereinabove described was further discussed and carried on at later meetings of defendant The Medical Society of the District of Columbia and of committees of said defendant Society, and at other meetings and conferences. Said meetings were held, said resolutions were adopted, and said plans, understandings and agreements were proposed, discussed and adopted, with the knowledge, approval and assistance of defendant American Medical Association and of the individual defendants who are employed by defendant American Medical Association.

36. The combination and conspiracy hereinabove described and the intended restraints which have resulted therefrom have been effectuated in the following manner and by the following means, among others, to wit:

(a) Defendants have combined and conspired with the plan and purpose to hinder and obstruct Group Health Association, Inc., in procuring and retaining on its medical staff qualified doctors, and to hinder and obstruct the doctors serving on that staff from obtaining consultations with other doctors and specialists practicing in the District of Columbia. Pursuant to this plan and purpose the defendants have performed, among others, the following acts: Defendants (other than defendants Washington Academy of Surgery and Harris County Medical Society) circulated a "white list" of organizations, groups and individuals approved by defendant The Medical Society of the District of Columbia, omitting from said "white list" the name of Group Health Association, Inc., with the intent and purpose of threatening with disciplinary action any doctors, members of defendant The Medical Society of the District of Columbia, who should become members of the medical staff of Group Health Association, Inc., or who should consult with members of the medical staff of Group Health Association, Inc. Defendants (other than defendants Washington Academy of Surgery and Harris County Medical Society) instituted disciplinary proceedings against two doctors, who were the only doctors on the medical staff of Group Health Association, Inc., who were members of defendant The Medical Society of the District of Columbia. Principally by means of such disciplinary proceedings, the said defendants induced and coerced one of the said doctors to resign from the staff of Group Health Association, Inc., and brought about the expulsion of the other doctor from membership in defendant The Medical Society of the District of Columbia. Defendant Harris County Medical Society at the request of defendant The Medical Society of the District of Columbia and of the other defendants (except defendant Washington Academy of Surgery), instituted disciplinary proceedings against a doctor on the medical staff of Group Health Association, Inc., who was a member in good standing of said defendant Harris County Medical Society and the only other doctor on the medical staff of Group Health Association, Inc., who was a member of defendant American Medical Association. The doctors against whom the above described disciplinary proceedings were instituted were and are qualified, ethical doctors in good standing; the disciplinary proceedings above described were instituted against these doctors because of their association with Group Health Association, Inc., and for the purpose of depriving the said Group Health Association, Inc., doctors of the privileges of consulting with other doctors and of using the facilities of the Washington hospitals. The said defendants also instituted similar disciplinary proceedings against a specialist practicing medicine in the District of Columbia, on the alleged ground that he had consulted with a doctor on the staff of Group Health Association, Inc., intending thereby to penalize the said specialist for failing to boycott Group Health Association, Inc., doctors and thereby to induce other specialists to boycott Group Health Association, Inc., doctors. Principally by the means hereinabove described, defendants have coerced doctors to boycott Group Health Association, Inc., by refraining from becoming members of or by resigning from the medical staff of Group Health Association, Inc., and to boycott doctors on the medical staff of Group Health Association, Inc., by refusing to consult with them about their patients. By

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thus coercing doctors, defendants hindered and obstructed Group Health Association, Inc., in procuring and retaining on its medical staff qualified doctors, and hindered and obstructed doctors on the medical staff of Group Health Association, Inc., in obtaining consultations with doctors not on that staff.

(b) Defendants have combined and conspired with the plan and purpose to hinder and obstruct Group Health Association, Inc., in obtaining access to hospital facilities for its members, and to hinder and obstruct the doctors on the medical staff of Group Health Association, Inc., from treating and operating upon their patients in Washington hospitals. Pursuant to this plan and purpose, defendants have performed, among others, the following acts: Defendants (other than defendants Washington Academy of Surgery and Harris County Medical Society) circulated among the Washington hospitals a "white list" of organizations, groups and individuals approved by defendant The Medical Society of the District of Columbia, omitting from said "white list" the name of Group Health Association, Inc., with the intent and purpose of threatening with punitive action any such hospital which should admit to its courtesy staff a doctor on the medical staff of Group Health Association, Inc., however qualified or however great his professional skill. Defendants (other than defendants Washington Academy of Surgery and Harris County Medical Society) urged and demanded that the Washington hospitals admit to their staffs only those doctors who were members of defendant The Medical Society of the District of Columbia or of neighboring medical societies affiliated with defendant American Medical Association and, hence, of defendant American Medical Association, well knowing that doctors on the medical staff of Group Health Association, Inc., were not permitted, and intending that they be not permitted, to become or remain members of such societies. Defendant Washington Academy of Surgery recommended to those Washington hospitals which made inquiry of it that said hospitals exclude from their courtesy staffs the surgeon on the medical staff of Group Health Association, Inc.; in so doing, said defendant Washington Academy of Surgery based its action principally upon the membership of said surgeon on the medical staff of Group Health Association, Inc. The Washington hospitals have failed and refused to appoint the surgeon on the medical staff of Group Health Association, Inc., to their courtesy staffs notwithstanding the fact that said surgeon is qualified and competent in the practice of surgery; in so doing, the said hospitals based their actions principally upon the membership of said surgeon on the medical staff of Group Health Association, Inc. Defendants (other than defendants Washington Academy of Surgery and Harris County Medical Society), by threatening to deprive him of courtesy staff privileges at a Washington hospital, induced a physician on the medical staff of Group Health Association, Inc., to resign from the said Association's medical staff. Principally by the means hereinabove described, defendants have coerced the Washington hospitals to boycott Group Health Association, Inc., and the doctors on the said Association's staff. By thus coercing the Washington hospitals, defendants hindered and obstructed Group Health Association, Inc., in obtaining access to hospital facilities for its members and hindered and obstructed the doctors on the medical staff of Group Health Association, Inc., from treating and operating upon their patients in the Washington hospitals.

37. Some defendants have performed certain of the acts herein set forth in the formation and in the furtherance of the combination and conspiracy, while other defendants have performed other of the acts herein set forth in the formation and in the furtherance of the combination and conspiracy. Each defendant has, however, knowingly participated in the formation and furtherance of the combination and conspiracy, pursuant to the common purposes set forth in paragraph 34 of this indictment.

38. The combination and conspiracy hereinabove described, effectuated in part in the manner and by the means hereinabove alleged, has, as intended by defendants, prevented doctors from becoming or remaining members of the medical staff of Group Health Association, Inc., and has prevented other doctors from consulting with the doctors on the medical staff of Group Health Association, Inc., and has prevented doctors on the medical staff of Group Health Association, Inc., from treating and operating on their patients in any of the hospitals in or near the District of Columbia. Principally by these means, defendants, in thus combining and conspiring, have substantially accomplished all the illegal purposes set forth in paragraph 34 of this indictment and have succeeded in imposing all said intended restraints of trade.

VII. Jurisdiction and Venue

39. The combination and conspiracy herein set forth has been formed to a large extent and, as intended by the defendants, has operated and been carried out to a large extent, within the District of Columbia. Most of the restraints of trade resulting from such combination and conspiracy have been

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imposed and effected in the District of Columbia. Among other acts done in the District of Columbia for the purpose of effectuating the combination and conspiracy alleged in this indictment was the adoption of the resolution set forth in paragraph 35 of this indictment, at a meeting of defendant The Medical Society of the District of Columbia.

And so the Grand Jurors aforesaid, upon their oaths aforesaid, do find and present that defendants, throughout the period aforesaid, at the places, and in the manner and form aforesaid, unlawfully have engaged in a continuing combination and conspiracy in restraint of the aforesaid trade and commerce in and of the District of Columbia; contrary to the statute in such case made and provided, and against the peace and dignity of the United States of America.

JOHN HENRY LEWIN,
ALLAN HART,
DOUGLAS B. MAGGS,
GRANT W. KELLEHER,
Special Assistants to the Attorney General.
THURMAN ARNOLD,
Assistant Attorney General.
DAVID A. PINE,
Attorney of the United States in and for the District of Columbia.

THE JOURNAL BOOKSHELF

BOOKS RECEIVED FOR REVIEW

Clinical Laboratory Methods and Diagnosis: A Textbook on Laboratory Procedures with Their Interpretation. By R. B. H. Gradwohl, M.D., director of the Gradwohl Laboratories and Gradwohl School of Laboratory Technique. Ed. 2. Sixteen hundred and seven pages with 492 illustrations in the text and forty-four color plates. St. Louis: The C. V. Mosby Company, 1938.

Scarlet Fever. By George F. Dick ,M.D., D.Sc., professor of medicine, University of Chicago; attending physician, Billings Memorial Hospital; editor, Department of Infectious Diseases, The Year Book of General Medicine. In collaboration with Gladys Henry Dick, M.D., D.Sc., Chicago. One hundred and forty-nine pages, eight colored plates. Price, cloth, $2, postpaid. Chicago: Year Book Publishers, 1938.

The 1938 Year Book of General Surgery. Edited by Evarts A. Graham, M.D., professor of surgery, Washington University School of Medicine; surgeon-in-chief of the Barnes Hospital and of the Children's Hospital, St. Louis. Seven hundred and eighty-one pages with 312 illustrations. Price, cloth, $3, postpaid. Chicago: Year Book Publishers, 1938.

Drug Addicts Are Human Beings: The Story of Our Billion Dollar Drug Racket. By Henry Smith Williams, M.D., B.Sc., LL.D. With a statement of the narcotics problem by Hon. John M. Coffee of Washington (reprinted from the Congressional Record). Two hundred and seventy-three pages. Price, cloth, $2.50. Washington, D. C.: Shaw Publishing Company, 1938.

Superfluous Hair and Its Removal. By A. F. Niemoeller, A.B., M.A., B.S. With a foreword by M. H. Marton, M.D. One hundred and fifty-five pages. Price, cloth, $2. New York: The Harvest House, 1938.

The Treatment of Fractures. By Charles Locke Scudder, A.B., Ph. B., M.D., F.A.C.S., consulting surgeon to the Massachusetts General Hospital, formerly assistant professor of surgery at the Harvard Medical School. Ed. 11, revised. Twelve hundred and eight pages with 1,717 illustrations. Philadelphia: W. B. Saunders Company, 1938.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Diseases of the Skin for Practitioners and Students. By George Clinton Andrews, A.B., M.D., associate professor of dermatology, College of Physicians and Surgeons, Columbia University; chief of clinic department of dermatology, Vanderbilt Clinic; consulting dermatologist and syphilologist to Tarrytown Hospital, Grasslands Hospital, Valhalla, St. Johns Hospital, Yonkers, and the Broad Street Hospital. Ed. 2, entirely reset. Eight hundred and ninety-nine pages with 938 illustrations. Price, cloth, $10. Philadelphia: W. B. Saunders Company, 1938.

The second edition of this work is a rather compact book of some 800 pages. The conventional plan of presentation has been followed. The chapters on roentgenology, syphilis, eczema, lichen planus, fungus diseases and tropical diseases have been completely rewritten. In addition there are new chapters on the dermatoses due to filterable viruses, dermatoses due to vitamin deficiencies, and those due to infiltration of the skin with the products of abnormal metabolism.

Included in these chapters are over seventy-five new diseases which have been discovered during the past seven or eight years. The discovery of an average of ten new diseases a year is indicative perhaps of just how rapidly dermatology is advancing.

All in all the book is an excellent one. There are many new and some old photographs which are black and white and, therefore, more limited in value than if they were colored. The descriptions of most of the several diseases are as short and concise as they can be and in fact they contain some sentences

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that are so telegraphic in character as to be of doubtful value. The author has placed emphasis on the diagnosis and treatment of all of the several conditions and this feature, together with the clarity and conciseness of description in general, makes the book a valuable one. R. L. M.

Textbook of Physiology. By W. D. Zoethout, Ph.D., professor of physiology, Chicago College of Dental Surgery (Loyola University). Ed. 6. Seven hundred and fourteen pages, 291 illustrations. Price, cloth, $4. St. Louis: The C. V. Mosby Company, 1938. The author states that in this edition he has rewritten the chapters on the hormones and vitamins to bring them up to date. The greatest improvement in the textbook is in the chapters on the circulation. A great deal of subject matter has been added and the organization of the book much improved. It is well illustrated and is written in a clear, interesting style. It is a rather comprehensive text and suitable for the elementary student. R. C. H.

Plastic Surgery. By Arthur Joseph Barsky, M.D., D.D.S., associate surgeon in charge of the Department of Reconstructive Surgery, Beth Israel Hospital, New York City; adjunct professor of plastic reparative surgery, New York Polyclinic Medical School and Hospital; associate plastic surgeon to the Morrisania City Hospital, New York City; plastic surgeon to the Beth–El Hospital, Brooklyn, New York; consulting plastic surgeon to the New York State Reconstruction Home, West Haverstraw, New York. Three hundred and fifty-five pages with 432 illustrations. Price, cloth, $5.75. Philadelphia: W. B. Saunders Company, 1938.

This book is rather more of a sketchy review of facio-oral reconstruction than a textbook of plastic surgery. Mainly preoccupied with cosmetic surgery of the face, it omits many fundamental problems such as oral neoplasm and functional training necessary after oral surgery. Its illustrations are many and well drawn, though much too imaginative to be very practical. The orthopedic and cleft palate technics described are decidedly outmoded as compared to many recent publications. Very little original material is included. J. E. D.

Human Pathology: A Textbook. By Howard T. Karsner, M.D., professor of pathology, Western Reserve University, Cleveland, Ohio. With an introduction by Simon Flexner, M.D. One thousand thirteen pages. Four hundred and forty-three black and white illustrations, eighteen colored illustrations. Ed. 5, revised. Price, cloth, $10. Philadelphia: J. B. Lippincott Company, 1938.

This edition is somewhat revised and enlarged but is similar to previous editions. The wide range of subjects discussed in the limited space of this volume leads to inadequate treatment of many.

Errors of detail appear, such as the confusion between fat infiltration and lipomatosis, and the mesoblastic origin of oligodendrocytes. However, the volume is one author's survey of pathology, and each chapter is concluded by a lengthy list of references to relatively recent articles. J. C. M.

Interns Handbook: A Guide, Especially in Emergencies, for the Intern and the Physician in General Practice. By Members of the Faculty of the College of Medicine, Syracuse University, under the direction of M. S. Dooley, A.B., M.D. Ed. 2, revised and reset. Five hundred and twenty-three pages. Price, cloth, $3. Philadelphia: J. B. Lippincott Company, 1938.

This volume contains a generalized, brief resumé of duties, procedures, and relationships which are always met with during the intern year. It is an excellent volume filled with up-to-date material, descriptions, laboratory tests and accepted standard procedures.

The section on relationship which deals with the intern, the hospital, the public, medicine and social service, and medical jurisprudence is a well-written consideration of this important subject. I feel that the chapter on medical jurisprudence delineating the basic principles should be read by all practitioners, young and old.

It is very gratifying to note the constant statement that when important procedures and subjects are being dealt with the intern should call or notify the staff man in charge of the case and seek his opinion on the matter. It gives a clear picture of the fact that patients in hospitals are patients of the staff man and that the responsibility of the patient's treatment and welfare lies with the chief of the service.

If used in the capacity of a reference book to gain information to prevent indecision in emergencies and regarding the mode of administration, manner of action and dosages of drugs, this volume will prove of value. In the opinion of the reviewer, the book will not be read by many interns, however, because of the fact that most hospitals have procedure books of their own, procedures varying in different localities. R. W. D.

The Practice of Medicine. By Jonathan Campbell Meakins, M. D., LL. D., professor of medicine and director of the Department of Medicine, McGill University; physician-in-chief, Royal Victoria Hospital, Montreal. Ed. 2. Fourteen hundred thirteen pages with 521 illustrations, including forty-three in color. Price, cloth, $12.50. St. Louis: The C. V. Mosby Company, 1938.

The second edition of The Practice of Medicine appears two years after the first publication of the book. The volume has grown from 1,343 to 1,410 pages. This is due in part to the fact that discussion of certain conditions have been added. Appendicitis, which was omitted entirely in the first edition, now receives a good five page discussion. Other conditions which have been amplified or added are the following: acute laryngotracheobronchitis; tuberculous tracheitis; "cysts" of the lung; Friedlander pneumonia; lipoid pneumonia; monocytic leu-

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collaboration with F. Dennette Adams, M.D., instructor in medicine in the Harvard Medical School; associate physician at the Massachusetts General Hospital. Ed. 12, rewritten and much enlarged. Eight hundred and forty-six pages with 391 figures. Price, cloth, $5. Baltimore: The Williams and Wilkins Company, 1938.

The first edition of Cabot's "Physical Diagnosis" was published thirty-eight years ago, and the present (twelfth) edition is for the first time published with a collaborator. The text has been entirely rewritten and although there is a 50 per cent increase in size, the price remains the same.

The authors state that the text represents a cross section of the views on diagnosis held by the staff members of the Massachusetts General Hospital and in the present edition symptomatology and clinical entities have been discussed more fully than in the past. It is explained that this is in accordance with the present day trend toward the teaching of physical signs in their *relation* to other aspects of disease, and this is an improved feature in the reviewer's opinion.

There are a number of roentgen ray prints, all of which are new. The illustrations in general have avoided the unusual and extreme, and this is commendable in such a book. Most of the original drawings and diagrams used in earlier editions have been retained.

The reviewer would question the appropriateness of a chapter of eleven pages on the interpretation of the electrocardiogram in a book on physical diagnosis. It seems no more indicated than chapters on the interpretation of a number of specialized laboratory procedures. The classification of cardio-vascular disease based essentially on etiology is well organized and clearer for the medical student than the similar etiological classification as outlined in "Criteria for the Classification and Diagnosis of Heart Disease" approved by the American Heart Association. However, it is incomplete in omitting structural and functional disorders, especially an estimate of functional capacity.

An entirely new feature is an eighteen page opening chapter on history-taking. The reviewer has always felt strongly that no textbook on physical diagnosis has any adequate discussion of this important subject. Granting that skillful history-taking is an art learned chiefly through experience, how to go about the task can at least be pointed out to the student. This chapter accomplishes this objective more adequately than any textbook to date, and regardless of what books are recommended in the teaching of physical diagnosis, this chapter should be read by every medical student. M. L. C.

Spinal Anesthesia. By Louis H. Maxson, A. B., M. D., practicing specialist in anesthetics; former chief anesthetist, Harborview Hospital, Seattle, Washington. With a foreword by W. Wayne Babcock. Four hundred and nine pages, sixty-nine illustrations. Price, $6.50. Philadelphia: J. B. Lippincott Company, 1938.

This is a worth-while book on the subject of spinal anesthesia. As stated in the foreword by Doctor Babcock, "There is much need for an up-to-date treatise on the subject." This book is well qualified to fill that need. It is well written, well organized and as brief as is compatible with a thorough discussion of spinal anesthesia. To correlate the work done by the many investigators in this field and to present the modern concepts based on fact, not theory, is obviously a difficult task, but one which has been done in a most admirable manner.

The reader is impressed by the unbiased attitude of the author. The indications for this type of anesthesia are clearly given, but likewise the contraindications and dangers are equally well stated. The importance of properly evaluating a patient, both as to the type of anesthetic to use and as to the proper technic if spinal anesthesia is chosen, is well brought out. The chapter dealing with the diagnostic and therapeutic uses of this anesthetic and also its use in special fields of surgery is very interesting and illuminating. This book should be a real contribution to the literature on spinal anesthesia. R. W. M.

Our Common Ailment: Constipation—Its Cause and Cure. By Harold Aaron, M. D., medical consultant to Consumers Union of United States. One hundred and ninety-two pages. Price, cloth, $1.50. New York: Dodge Publishing Company, 1938.

Here is a book which can be recommended unhesitatingly both to the laity and the medical profession; to the laity because it brings to them a clear picture of a problem which confronts a large group of individuals—a problem which too frequently has been self-treated and poorly treated. In its clear discussion of actual and frequently imaginary constipation difficulties this book could readily lead many individuals from extremely unintelligent self-directed procedures to intelligent and logical ones. It should further lead many other individuals to medical advice which in so many instances is definitely needed. To those of the medical profession the logical review of the constipation problem should be valuable in stimulating them into giving to their constipation (or constipated) patients more accurate and careful advice, advice which demands time-consuming interviews. Too frequently the medical profession has passed by an opportunity to serve when this problem presents itself by merely suggesting one of the many cathartics which in this book are clearly discussed, and in most instances rightly condemned. F. L. W.

The Spectacle of a Man. By John Coignard. Two hundred and fifty-two pages. Price, cloth, $2.50. New York: Jefferson House, 1937.

The author presents an extremely interesting, well written novel using a psychoanalytic case history for the basis of his plot. The story begins with a letter from the leading character in which he enumerates and attempts to explain his difficulties in adjustment and enlists the aid of a psychoanalyst. From this point to the successful conclusion of the analysis, the story moves rapidly and logically

RECENT ADVANCES IN THE SCIENCE OF NUTRITION

V. Factors Affecting the Vitamin C Contents of Foods

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It is now apparent that the vitamin C content of food at the time of consumption is conditioned, first, by the initial ascorbic acid content of the food at the time of harvesting, and second, by the treatment to which the food is subjected between the time of harvesting and the time of consumption.

The initial vitamin C level in raw foods has been found to depend on factors such as variety, maturity and growing conditions (2). Under usual conditions of food crop production, such factors are only partially subject to human control. However, the factors influencing vitamin C in foods from harvesting until consumption are capable of closer regulation by man.

For example, it is known that long storage at improper temperatures adversely affects the initial ascorbic acid contents of foods. Even at refrigeration temperatures raw foods may lose substantial amounts of vitamin C during storage. Rough handling—which causes rupture of vegetable tissue—is also conducive to vitamin C loss especially when followed by improper storage. Certain metals will catalyze vitamin C destruction and even commonly used home-cooking methods are attended by losses of this essential dietary factor (2).

Briefly, preservation of vitamin C in foods between harvesting and consumption is essentially a problem of preventing or reducing oxidation, either enzymatic or atmospheric. In addition, physical or solution losses must be minimized in preparation of the food for the table. It is pertinent to note that modern commercial canning procedures are well adapted to control both these chemical and physical losses of vitamin C (3).

The use of prime raw stock and quick transport to the cannery after harvesting; rapid inactivation of enzymes through heat treatment; and large scale automatic operations with minimal exposure to air, are basic practices common to all modern canning procedures. All serve to check oxidative losses of the initial ascorbic acid present in raw foods. In addition, during canning, the foods are cooked by the heat process while contained in the sealed can. The liquid within the can, therefore, retains vitamin C which has been removed from the food by solution.

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(1) 1932. Ztschr. f. Untersuch. d. Lebensmitt. 63, 1.
1933. J. Biol. Chem. 103, 687.
(2) 1938. J. Amer. Med. Assn. 111, 1290.
(3) 1932. Ind. Eng. Chem. 24, 650.
(4) 1938. J. Amer. Med. Assn. 110, 650.
1937. Bull. 19-L Nat'l. Canners Assn., Washington, D. C., 4th Ed.

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through the ensuing year of this man's life. The various mechanisms are presented in a clear and logical fashion and the explanation at no point is burdened with heavy scientific terminology.

It appears that the author has been surprisingly successful in this attempt to provide for popular consumption an explanation of the possibilities and the mechanisms of Freudian analysis. It is remarkable that this has been accomplished without the mysterious attitude that so frequently colors such attempts. It is felt that this book can be recommended to the general practitioner as well as to medical students, social workers, and those of the general public who have any interest in this subject. F. O. M.

Clinical Atlas of Blood Diseases. By A. Piney, M. D., M.R.C.P., consulting physician, International Clinic, Tunbridge Wells (Eng.), assistant physician, St. Mary's Hospital for Women and Children, and physician West Central Settlement, London; and Stanley Wyard, M. D., M.R.C.P., physician, Royal Cancer Hospital and Princess Beatrice Hospital, London. Ed. 4, revised and rewritten. One hundred and twenty-seven pages with forty-two illustrations. Price, washable fabric, $4.50. Philadelphia: P. Blakiston's Son and Company, 1938.

This small book, now in its fourth edition, is excellent. Nearly all hematological diseases are represented and for each there is a brief discussion in outline form. Most of the conditions are illustrated with very good plates, all but four of the forty-two are colored. The pictures are made from films stained by the Jenner–Giemsa method but the coloring is sufficiently similar to that of Wright's stain so that no confusion will arise.

The authors have attempted to combine the essential features of a textbook of hematology with an atlas and they have succeeded well. Though there are some rather unimportant criticisms, especially because of minor omissions, this work serves its purpose excellently. The reviewer would recommend it highly to the practicing physician who desires aid in diagnosis of hematological conditions. He can refer with ease to this well organized material and compare the findings of his case with a similar picture in the book. The volume is moderately priced and none on hematalogy is of greater practical use to the busy clinician. O. O. M.

(*Editor's note.*—The above review was run in the September issue of the Journal under the erroneous heading "Diseases of the Blood," which is a textbook written by Dr. Piney alone.)

COMMENTS ON TREATMENT—MYCOTIC INFECTIONS OF THE SKIN

(Continued from page 35)

to combat lesions of the feet, it is unnecessary to disinfect the shoes.

For lesions in the external auditory canal, cleansing by applicator or irrigation precedes the application of a solution of the same ingredients in alcohol. The wet treatment is continued until the swelling subsides sufficiently to allow the application of powder.

Ninety-one per cent of 576 men examined by Prehn had mycotic lesions of the feet, hands, axilla, perineum or external auditory canal. Two weeks following the instigation of treatment, the incidence was reduced to 30 per cent; to less than 5 per cent within a month; to no infection in two months. Prehn ascribes the success of the method to the fact that patients will use the powder consistently since it is easy to apply and lacks the undesirable properties of other preparations. M. H. S.

LAYMAN'S VIEW OF THE MEDICAL PROFESSION—Doudna

(Continued from page 34)

some other people and as failing to recognize the fundamental conditions. I feel that the attitude of many social workers, in saying there must be more medical attention, is really an attitude of mind of fifty years ago when, in the case of an epidemic of typhoid fever, they would say, "We must have more doctors to treat this condition," instead of spending the money to clean up the water supply.

We know there are many economic conditions,—bad housing, insanitary living quarters, poor food, and all that sort of thing,—which are contributing causes of illness. If some of these conditions were corrected there would not be nearly as much illness as there is at the present time or so much call upon or need of medical services. Our position is that the present problem is more an economic condition than the result of failure on the part of the medical profession to meet the prevailing situation.

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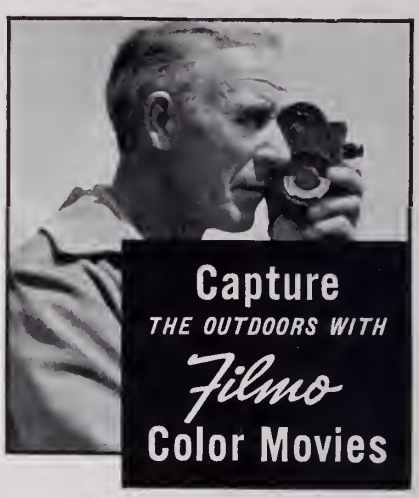
Mr. Doudna mentioned the stand-pat attitude of the medical profession. I feel there is only one thing the organized medical profession is standing pat on,—the kind of service the public should receive. It maintains they should receive individual medical attention and service of a grade consistent with modern medical practice.

When I think of the accomplishments of medicine in the last half century; when I think of what organized medicine has done for the development of the science of medicine, for the development of research, and for the reformation of medical education, bringing it to the high plane at which it is today, the more I feel like the old German farmer who, by frugality and hard work, had developed a very profitable farm, a farm that was the admiration and the envy of his neighborhood. In recent years he had failed to cooperate with the new scheme of killing off little pigs, restricting his planting, and all that sort of thing, until finally an official came to admonish him and said: "You are not being a good neighbor. You are not helping out your other neighbors who are trying to forward this cooperative plan. You should be a good neighbor. Remember how good God has been to you in giving you this beautiful farm."

The farmer said, "That is all right, mister, but you should have seen this farm when God had it all by Himself."

The medical profession has developed itself with very little aid, but with a great deal of criticism all down through the years. We are proud of it at the present time. We may get a purge from Washington, from what you heard this summer. I only hope it may prove as effectual as some of the purges we have heard about recently. Our local paragrapher said in the paper the other day, that from what he had read of the recent administration purges, they were like some quack medicine,—they griped a good deal but didn't do any purging.

As my last word, I want to say one thing,—that we should be proud of our profession and what has been accomplished; we should counteract criticisms from the outside by giving the highest type of medical practice we are able to give; we should be clear in our minds in what we are seeking to do and clear in our speech in what the medical profession can and is willing to do for the sick and suffering of this country, just as clear—I tell this without any political implications or repercussions—as a clergyman was in the story of the traveling man who was marooned in a small town over Sunday. Having nothing else to do, he broke over his usual habits and went to church. As he went in, the clergyman was just opening the services with prayer, and he heard him say, "O, Lord, we thank Thee for this great country of ours, and especially, O Lord, we thank Thee for the many great men who have done so much to make it great. We thank Thee for Washington, for Jefferson, for Lincoln, for Roosevelt—I mean Theodore, dear Lord."



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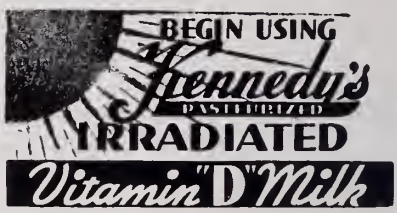

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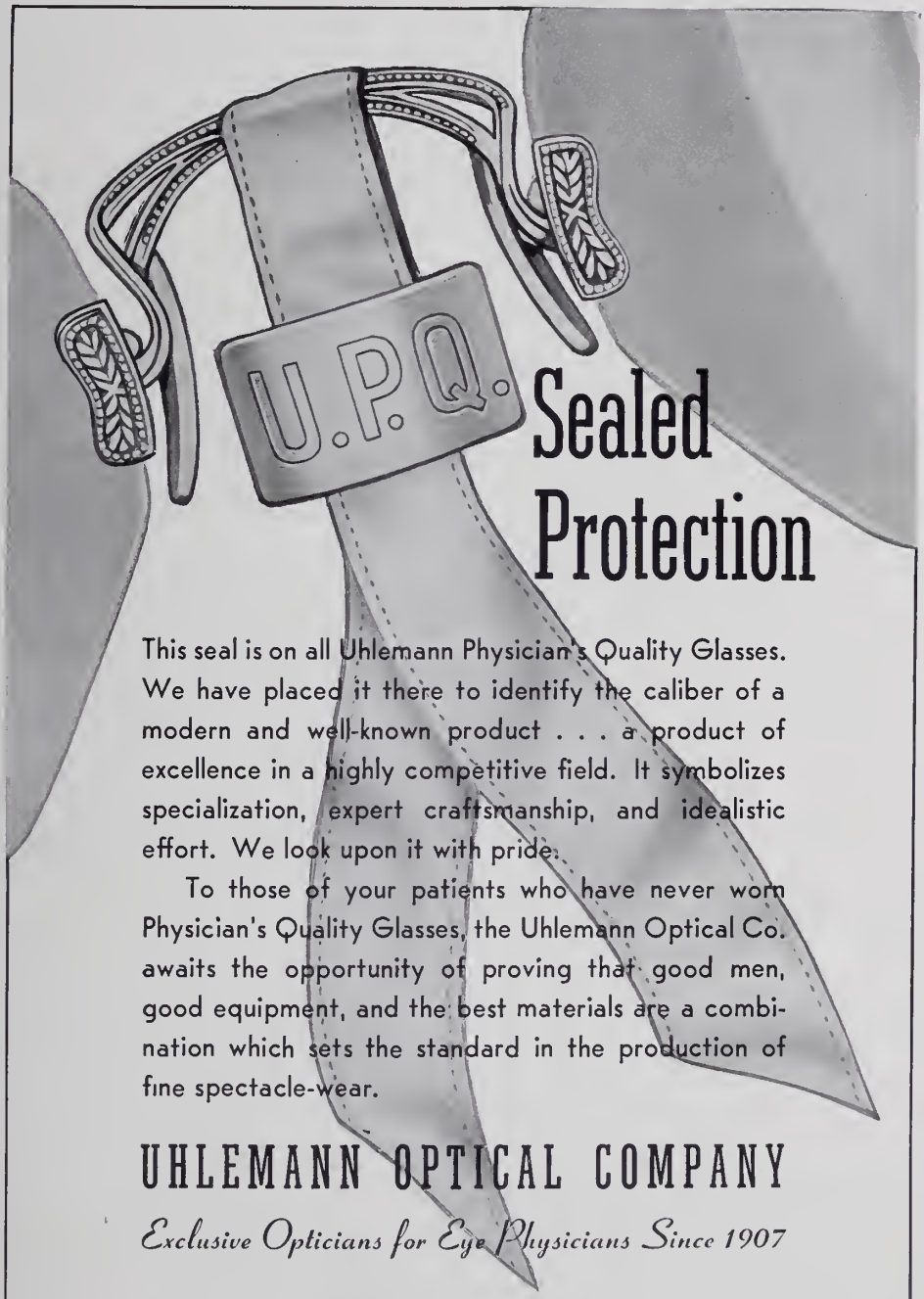

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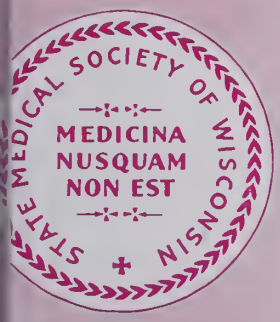

The Wisconsin Medical Journal

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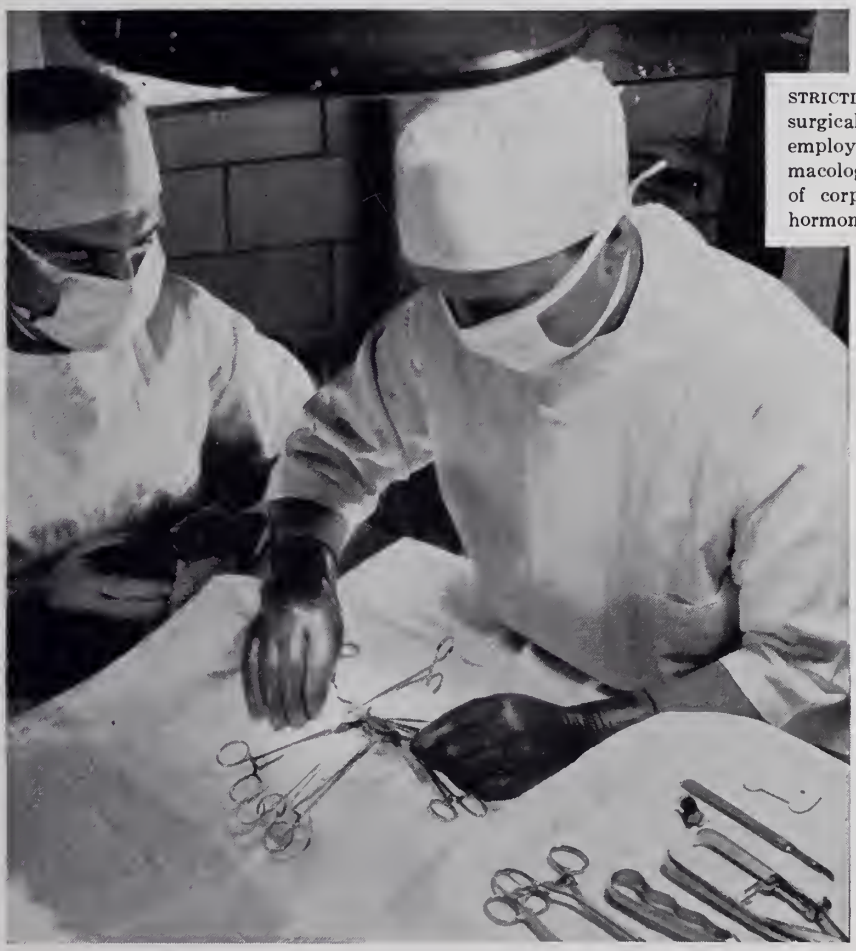

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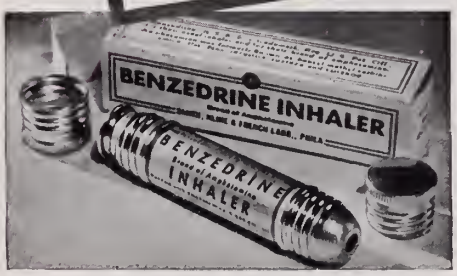

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[1] Levitas, Irving M.: Treatment, Modification and Prevention of Measles by Use of Immune Globulin (Human), J.A.M.A., 1935, *105*, 493.

[2] Laning, G. M. and Horan, T. N.: Immune Globulin Used as a Preventive and Modifier of Measles, Jour. Mich. Med. Soc., 1935, *34*, 772.

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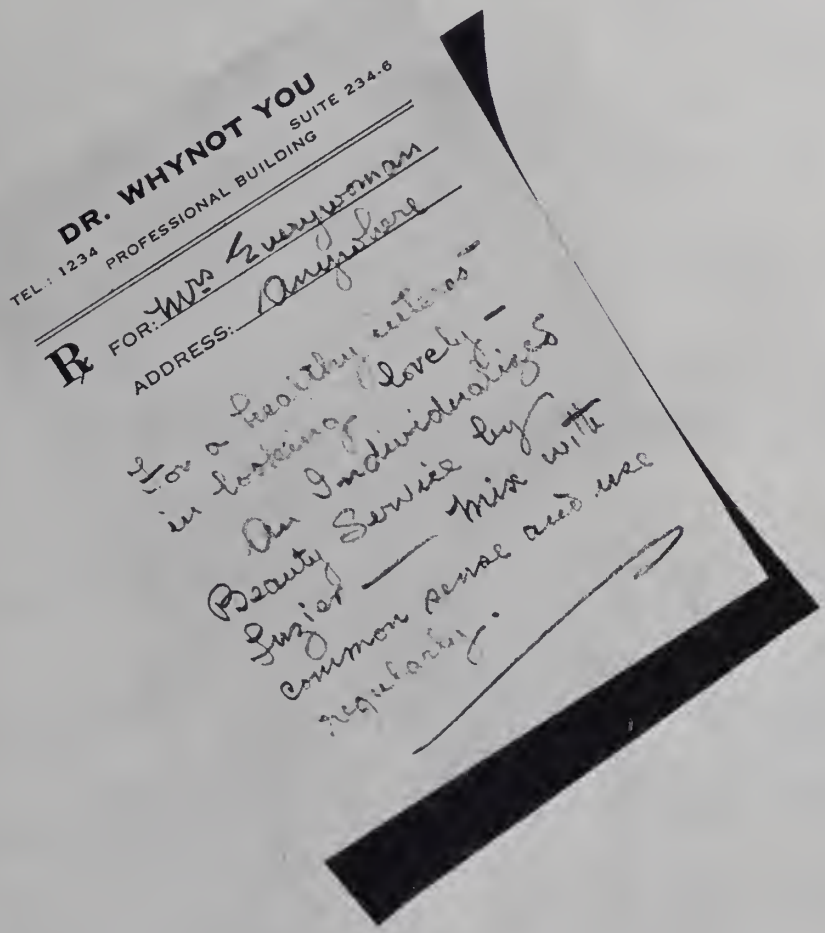

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THE WISCONSIN MEDICAL JOURNAL

VOLUME XXXVIII, NO. 2 Copyright, 1939, by The State Medical Society of Wisconsin FEBRUARY, 1939

Preparation of the Jaundiced Patient For Surgery

By R. W. McNEALY, M. D.*
Chicago

OPERATIONS on the gallbladder and biliary tract not uncommonly bring to light some serious defects in other organs which are closely associated in function. In order to provide the greatest safety for patients a thorough study and preparation of each are necessary. Jaundice lends gravity to the picture in biliary tract surgery and its presence demands utilization of all the precautionary and rehabilitative measures which should precede every other major operation and, in addition, certain specific measures to combat the effects produced by the retention and absorption of bile.

The retention and absorption of bile pigment stains the blood plasma, skin, tissues, sclera and mucous membranes. The degree or depth of staining by bile pigment is not a reliable measure of the portentousness of the underlying pathological condition. The disease which initiated the heaping up of bile in the blood plasma and tissues is further aggravated by one or a combination of the following: First, the retained bile in the blood and tissue fluids produces certain ill effects on the body cells. Second, a state of liver dysfunction exists and either initiates, accompanies or follows the jaundice. Third, the lack of bile in the intestinal tract is followed by disturbed secretory and absorptive functions which normally obtain in its presence.

Obstructive jaundice is usually amenable to surgery. In this type of jaundice the outcome bears a close relationship to the location, degree and duration of the obstruction, the previous condition of the liver and the functional capacity of the gallbladder. This fact is interestingly illustrated in experimental work and clinical practice.

In healthy young dogs one may divide the common duct and suture the ends to prevent the passage of any bile into the intestine. Animals so treated not uncommonly survive the experiment for periods of over a year.[1] Their tissues become deeply stained, but if they are fed properly they remain well much longer than would be expected.

An instructive corollary is found in clinical practice in cases of obstructive jaundice caused by tumors in or about the ampulla of Vater. In these patients a severe obstruction often exists in the presence of a previously undamaged liver and gallbladder. This obstruction is usually much better tolerated and offers less immediate surgical risk because the liver is relatively free from functional and organic disturbance and the gallbladder still functions. Although biliary flow is stopped and bile pigment piles up in the blood stream, there is an interval of some duration during which enough of the secretory and metabolic functions of the liver remain to weather the ordinary surgical storms.

In common duct obstruction by stones, usually associated with a shrunken and damaged gallbladder, the liver also has participated in or has actuated the functional upset and a varying amount of liver deficiency may usually be assumed in these cases. The pathologic physiology which accompanies this type of jaundice has a tendency to narrow further whatever margin of safety exists.

It is unfortunate that no relatively simple tests will reveal the true state of the liver or indicate the damage present in those organs

---

* From the Department of Surgery, Northwestern University Medical School and Wesley Memorial Hospital. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

closely associated in function.[2] Ivy[3] is convinced that they offer definite help in many cases. He says, "I should never operate on the biliary tract of a jaundiced or non-jaundiced patient without performing beforehand *an hippuric acid test or bromsulphalein or galactose liver function test, and determining the bleeding time and the coagulation time of the blood,* except when emergency is definitely indicated."

When confronted by a jaundiced patient who must undergo a surgical operation, the surgeon must avail himself of every aid to insure success.

The problem of preoperative preparation entails: first, improving or restoring those functions of the liver which have been impaired or lost; second, aiding, as far as possible, the defense mechanisms which have suffered directly or indirectly from the pathologic crisis exhibited in the biliary tract.

Hemocoagulation Factors

Intensive studies have been made of the various blood coagulation factors in jaundice.[4] But no accord has been reached as to the actual cause of the bleeding dyscrasias so frequently encountered.[5] There is no single method of predicting a bleeding tendency which is applicable to all types of hemorrhagic diathesis.[6] In the various types of bleeding it is probable that many factors are responsible, and that different tests are required to demonstrate the bleeding tendency in each.[7] Thus, in purpura, the platelet count, and, in hemophilia, the Howell method of determining coagulation time, are the most reliable methods of predicting bleeding tendency. In jaundice these two methods are unreliable. The same may be said for the Duke, Biffi, Bogg and Lee and White methods of determining coagulation time, and for fibrinogen, prothrombin, calcium and sedimentation rate determinations.

Boyce and McFetridge[8] have outlined a test which they consider reliable in establishing the bleeding tendency in jaundice. The test takes into consideration the firmness, retractility and similar characteristics of the clot, but the principle factor is the ratio of the serum volume to the blood volume. A serum volume index is used as the measure of the bleeding tendency.

The writer has found the Ivy bleeding time test of great value in predicting a hemorrhagic diathesis in the jaundiced patient. This test is performed as follows: A blood pressure cuff is applied to the upper arm raising the pressure to 40 mm. of mercury and maintaining it for one minute prior to making a 2.5 mm. puncture on the forearm with a mechanical stylet. When the pressure is maintained at 40 mm., the upper limit of bleeding in a normal individual is approximately 240 seconds. In most instances it is less than 180 seconds. McNealy, Shapiro and Melnick[6] studied 810 cases of jaundice which were admitted to Cook County Hospital during a period of fourteen months. In sixty-four cases with common duct stone and jaundice, thirty-seven, or 57 per cent, had an abnormally prolonged bleeding time. When determined by the Duke method the bleeding time averaged 125 seconds, but by the Ivy method it averaged 330 seconds. In twenty-four surgical patients with carcinoma of the liver or of extrahepatic bile ducts, ten, or 41 per cent, showed a bleeding tendency. Six gave a history of bleeding. The bleeding time by the Duke method averaged 120 seconds and by the Ivy method 430 seconds.

It would seem that a fairly reliable index of the bleeding tendency may be had in the routine use of the Ivy bleeding test. Improvement in the bleeding time as shown by repeated Ivy bleeding tests is of considerable aid in prognosis.

Methods designed to facilitate and stabilize the clotting of blood as well as decrease the bleeding time in jaundiced patients must for the present rest almost wholly on empirical practice. A review of the literature reveals a great diversity of opinion as to the factors which are related reliably to changes in the bleeding tendency.

Naffziger and his associates[9] have shown that the blood plasma content of sulphur compounds is increased in obstructive jaundice in dogs and in man. They suggest that the defect in coagulation is caused by retention in the blood of certain of the organic sulphur compounds which are anticoagu-

lants. They indicate that the metabolism of those sulphur compounds can be decreased by a minimum maintenance diet of protein, by complete rest and by the use of large amounts of carbohydrate in the diet.

Blood Transfusions

In the presence of jaundice with its associated hepatic damage, blood transfusions have a favorable influence. More hemoglobin is supplied, thus increasing the oxygen capacity of the blood. There is a better saturation of the arterial blood with oxygen which occurs either as the result of an improvement in the general circulation or in some change in the character of the blood. There also occurs an increase in the functional capacity of hemoglobin. In discussing the value of blood transfusions in jaundiced patients, Judd and others[10] refer to the work of Rich who noted atrophy of cells around the central veins of the hepatic lobules, presumably the result of an oxygen deficiency. Anoxemia results in liver damage and the damaged liver in turn perpetuates the anoxemia by its limited production of oxygen-carrying hemoglobin. The vicious circle should be interrupted by early blood transfusions. In most cases one or two (in desperate cases even more) transfusions of 500 cc. of blood should precede surgery.

Vitamin Therapy

The liver plays an important role in vitamin synthesis and storage. In the jaundiced patient the liver may be damaged so that absorption, synthesis and storage of vitamins may be deficient. If adequate bile does not reach the intestinal tract there occurs a marked disturbance of fat digestion and absorption. Ingested fat appears in large quantities in the feces of animals whose bile is diverted from the intestinal tract. It is reasonable, therefore, to expect those vitamins which are fat soluble to be excreted along with the undigested fat. The best known fat soluble vitamins are D, K and A.

Vitamin D.—The functions of vitamin D are to facilitate the absorption of calcium and phosphorus from the intestine and maintain the level of calcium and phosphorus in the blood.[11] It increases the net retention of calcium in the body in ordinary doses. Like vitamin A, its absorption rate from the intestine bears a distinct relation to the fat absorption rate which in turn is dependent on the presence of bile in the intestinal tract. This fact was established by Greaves and Schmidt[12] in 1934 and confirmed by Taylor in 1935. The importance of an adequate vitamin D absorption has been established in clinical practice by the work of McNealy, Shapiro and Melnick[6] and further substantiated by the recent work of Johnston[13] and by Boys[14] of Ann Arbor. The method of administration commonly employed is to give thirty drops of Viosterol, 250 D, three times a day. Viosterol is usually administered in conjunction with carotene and commercial ox or pig bile as described below under vitamin A therapy.

Vitamin K.—Quick has called attention to the low prothrombin content that is present in many diseases connected with hemorrhagic states. This prothrombin content of the blood must fall below 20 per cent of the normal before a serious hemorrhagic tendency is produced. Attention has been called to the influence of vitamin K on the prothrombin of the blood. Quick states that in jaundiced patients with reduced levels of prothrombin only a small number suffer from vitamin K deficiency. The absence of vitamin K in the diet of chicks produces a marked hemorrhagic propensity. This was first demonstrated by Dam and his co-workers. Snell has recently used vitamin K derived from putrified fish meal. This vitamin is present in alfalfa, hog's liver, fish oil and soy beans. It is necessary to give bile along with this vitamin to insure its absorption. Probably the easiest way to restore a low prothrombin level and supply vitamin K is to give blood transfusions.

Vitamin A.—Vitamin A increases the ability of the body to resist disease.[15] It has been suggested that it is important in the maintenance of intact, healthy epithelial membranes which constitute the first line of defense against bacterial invasion. The principal source of vitamin A is in fats of animal origin. Schmidt and his co-workers have presented evidence that absorption of

vitamin A, in the form of cod liver oil, occurs in the absence of bile in the intestine but beta carotene, the precursor of vitamin A, is not absorbed in the absence of bile. Since cod liver oil is not an item in the average diet, it is likely that the vitamin A intake is almost wholly ingested in the form of carotene. As a precautionary measure against deficiency it would appear that vitamin A in concentrated form should be administered routinely in the preoperative preparation of patients who give a history of long standing gastrointestinal disturbances and especially patients who show a low blood platelet count. In severe obstructive jaundice it may be given parenterally; if given orally it should be administered along with bile salts. It has been our practice to use commercial ox or pig bile in 5 to 7 grain doses three times a day. Our use of commercial ox or pig bile seems warranted because Horrall,[16] Still and their associates have analyzed a number of these products and find them to contain sufficient bile acids and salts to act on the fats in the alimentary canal and enhance the action of lipase.

Other Vitamins

Vitamin B.—Deficiency of B^2 also produces mental changes, skin desquamation and gastrointestinal disturbances. McGarrison states that vitamin B deficiency causes gastrointestinal changes similar to colitis. Common symptoms are anorexia, weakness, vague pains, indigestion and hypotonicity of the bowel. McGarrison states further that many of the gastrointestinal disorders of today are due to deficient and ill-balanced diets. He suggests that the health of the alimentary canal is dependent on vitamins B and C.

Vitamin C.—Vitamin C is the water soluble, anti-scorbutic element which occurs in fresh foodstuffs, fruit juices, vegetables, and, in small amounts, in fresh milk and raw meat juice. The absence of vitamin C from the diet produces a condition known as scurvy whose characteristic symptom is hemorrhage. The hemorrhages may be due to changes in the vessel walls. It is possible that vitamin C controls the nutrition of the endothelium of the capillaries.[17] At the present time estimations are being made of the cevitamic acid concentration in the blood of all patients suffering from gallbladder disease who are admitted to the service of the writer and his associates at the Wesley Memorial Hospital.

It is possible that lack of vitamin C may be an important hemorrhagic factor in some cases of jaundice. At least, the regular estimation of vitamin C in chronic cases would seem to be indicated and, if a deficiency state is found, it should be corrected. Orange juice sweetened with glucose will prove efficacious if the patient can take food by mouth. If parenteral administration is necessary it may be given subcutaneously in daily 0.025 to 0.050 mg. doses of cevitamic acid until a normal blood level is reached.

Vitamin P.—A less well known vitamin has been designated "citrin" or vitamin P. It occurs in lemons and red peppers. Deficiency of this factor causes increased permeability of capillaries.

Calcium Therapy

There is undoubtedly a disturbed calcium metabolism in jaundice but its relation to bleeding is not settled.[18] It is suggested that the excessive bile pigments that circulate in jaundice readily form compounds with calcium, so that it is possible they may alter the distribution and "mobility" of this essential element.[19] Blood calcium determinations are of little or no value in determining the bleeding tendency. Ivy et al.[4] state that following the lead of Mayo-Robson,[20] Walters,[21] Judd[22] and others, [23, 24] the preoperative administration of calcium is widely used. Cantarow, Dodek and Gordon[25] have demonstrated an increase in calcium excretion in jaundiced patients. Wright and Paramore[26] have shown that twice the amount of calcium salt must be injected to raise the calcium level to normal in a jaundiced patient as would be required in a normal individual. Rewbridge and Andrews[27] have shown that injecting calcium increases the blood sugar level. Wright and Cowan showed that injection of sugar increases the blood calcium level. Giving either, therefore, raises the other and it is perhaps impossible to say which is of the greater importance. Hence,

the administration of both in adequate amounts seems logically indicated.[28] Regardless of whether the bleeding tendency in jaundice results from calcium defect in the clotting mechanism or depends on an increased permeability of capillaries over which calcium exerts some favorable influence, there seems to be ample evidence that calcium exerts a beneficial influence in jaundice.

The proper quantity and mode of administration of calcium varies considerably with different writers.[23] In most instances a more rapid and intense effect is had by the use of soluble salts given intravenously. Those most commonly used are 10 per cent solutions of calcium chloride or calcium gluconate.

Glucose Therapy

Glycogen storage and mobilization is an exceedingly important function of the liver.[29] While muscle glycogen comprises the largest amount of stored carbohydrate in the body, it is the liver glycogen which is first depleted by fasting. It has been shown repeatedly that livers with a low glycogen content are more susceptible to injury. The ability of the liver to store glycogen is an index of its functional capacity. This organ may store as much as 300 grams (10 ounces) of glycogen readily subject to glycogenolysis with the formation of glucose. The value of a selective diet in jaundice is emphasized by the experimental work of Mann and Bollman[30] who showed that jaundiced dogs failed to survive a diet of meat for more than a brief period but would live several months on a diet of milk and syrup. A diet high in carbohydrates should be given where the patient can take food. It has been our practice to allow the patient to have a rather liberal diet if no vomiting or colic is present. The liberal use of cereals, gruels, jellies, jams, syrups and fruit juices is encouraged. Green salads and fresh citrus fruits are given with dressings of a very palatable type made with mineral oil. The protein side of the diet should be limited to milk and egg proteins.[31] Where food cannot be taken or urgency exists, it becomes necessary to resort to parenteral glucose administration. The practice of giving glucose solutions per rectum is of doubtful value. In studies made by the writer and others, it was shown that little glucose is absorbed from the colon.[32, 33]

It would seem more practical to administer glucose either subcutaneously or intravenously. A 5 per cent solution in distilled water properly buffered may be used for either. The amount and rate of administration demand some caution. When given intravenously the rate should not exceed two drops per second and should preferably be slower. The usual practice is to give about 3,000 to 4,000 cc. of a 5 per cent solution in twenty-four hours. The urine is tested frequently on the first and second days of glucose therapy and if no sugar appears in the urine, tests are made daily thereafter. The initiation of glucose therapy *should not be delayed* until the last minute and then pushed so rapidly that untoward reactions appear and much of the sugar spills over in the urine. It should be started as soon as the patient becomes a surgical prospect and continued until the convalescence is definitely established and the patient is able to ingest a near maintenance value of easily assimilable carbohydrates.

The use of insulin to facilitate glycogen storage is suggested by Lukens[34] who states that glucose and insulin together produce the maximum storage of glycogen in both normal and diabetic animals. In diabetics or those patients with low sugar tolerance, the intravenous glucose injection is "covered" with insulin. Where diabetes is present one should guard against excessive doses of calcium because of its tendency to raise blood sugar levels. *Insulin is not indicated in routine cases.*

Water Balance

The importance of maintaining water balance in surgical patients has been stressed by Coller and others.[35, 36] In the jaundiced patient it is necessary to maintain this balance and to favor elimination. If adequate amounts of fluids cannot be taken by mouth then plain tap water by proctoclysis will serve adequately in most cases. Where some impairment of renal function exists it is bet-

ter to use tap water than normal salt solution per rectum. In patients whose twenty-four hour output of urine is less than 1,000 cc. and no serious kidney lesion can be demonstrated, the intravenous administration of 500 to 1,000 cc. of 10 per cent glucose may increase the urine output. Faltitschek and Hess[37] point out that cellular impairments of the liver, if they reach a severe degree, cause disturbances in the water balance. They suggest that there is also a renal factor concerned in the disordered water economy of patients with liver disease. Here again there probably is a vicious circle whose interruption may prove a considerable task. *Every jaundiced patient should have regular preoperative urinalyses.* Where the jaundice is severe or has existed for some time or the kidneys show a diminished output in the presence of adequate intake, the functional capacity of the kidneys should be investigated and blood chemistry studies made. Means to combat nitrogenous retention and oliguria are those commonly employed in renal dysfunction without jaundice. Coller[35] has shown that at least 3,000 cc. of fluid must be introduced in each twenty-four hours to maintain a water balance. This may be done orally, subcutaneously, or by rectum, as indicated.

Summary

Proper preparation of the jaundiced patient for surgery includes all of the precautionary and rehabilitative measures which should precede every major operation.

In addition it should include measures directed toward a reduction of the hemocoagulation time and the bleeding time.

The diet should be rich in carbohydrates and poor in proteins.

The water balance should be regulated.

In cases of chronic jaundice, blood chemistry studies should be made where there is indication of disturbance of renal function.

Glucose should be administered in adequate amounts. An isotonic, properly buffered solution in distilled water may be used, intravenously or subcutaneously.

Normal salt solution should be given in sufficient amounts to overcome the loss of salts by vomiting or diarrhea.

Blood transfusions are of definite value.

The intravenous use of calcium salts is indicated.

Vitamin deficiencies should be corrected by the administration of fat soluble vitamins A, D and K and the water soluble vitamin C.

Orally administered bile preparations are used to facilitate the absorption of the fat soluble vitamins.

Conclusions

Proper preoperative care will reduce the mortality in surgically treated jaundiced patients.

In no case should the surgeon assume the burden of performing surgical procedures on a jaundiced patient without first assuring himself that every effort has been made to protect the patient from the hazards signalized by the symptom complex of jaundice.

BIBLIOGRAPHY

1. Dostal, L. E., and Andrews, E.: Sixteen months survival with complete biliary obstruction in dog. Proc. Soc. Exper. Biol. & Med. 29: 547–548 (Feb.) 1932.
2. Snell, A. M., and Magath, T. B.: The use and interpretation of tests for liver function. J.A.M.A. 110: 167–174 (Jan. 15) 1938.
3. Ivy, A. C.: Outline of liver functions and jaundice. In press.
4. Ivy, A. C.. Shapiro, P., and Melnick, P.: Bleeding tendency in jaundice. Surg., Gynec. & Obst. 60: 781–784 (April) 1935.
5. Schiff, L., and Senior, F. A.: Study of 100 cases of jaundice. J.A.M.A. 103: 1924–1930 (Dec. 22) 1934.
6. McNealy, R. W., Shapiro, P., and Melnick, P.: Effect of viosterol in jaundice. Surg., Gynec. & Obst. 60: 785–801 (April) 1935.
7. Whipple, A. O.: Surgery of the biliary tract. S. Clin. North America 10: 373–389 (April) 1921.
8. Boyce, F. F., and McFetridge, E. M.: Serum volume test for hemorrhagic diathesis in jaundice. J. Lab. & Clin. Med. 23: 202–212 (Nov.) 1937.
9. Naffziger, H. C., Carr, J. L., and Foote, F. S.: Obstructive jaundice. Ann. Surg. 106: 745–751 (Oct.) 1937.
10. Judd, E. S., Snell, A. M., and Hoerner, M. T.: Transfusion for jaundiced patients. J.A.M.A. 105: 1653–1658 (Nov. 23) 1935.
11. Gerstenberger, H. J.: Rachitis hepatica. Monatschr. f. Kinderh. 56: 217–221, 1933.
12. Greaves, J. D., and Schmidt, C. L. A.: Further experiments on role played by bile in absorption of vitamin D in rat. Univ. California Publ., Physiol. (no. 5) 8: 43–47, 1934.
13. Johnston, L. B.: Use of massive doses of viosterol to reduce bleeding time in obstructive jaundice. J. Med. 18: 235–238 (July) 1937.
14. Boys, F.: Report on value of Ivy bleeding time test and use of viosterol in cases of obstructive jaundice. Surgery 2: 817–822 (Dec.) 1937.
15. Altschule, M. D.: Vitamin A deficiency in spite of adequate diet in congenital atresia of bile ducts and jaundice. Arch. Path. 20: 845–856 (Dec.) 1935.
16. Horrall, O. H.: Toxicity of bile. *A note in* Am. J. Physiol. 81: 486–487 (July) 1927.

17. Vaughan, J. M.: Treatment of thrombocytopenic purpura. Brit. M. J. 2: 842–845 (Oct. 30) 1937.
18. Wangensteen, O. H.: Haemorrhagic diathesis of obstructive jaundice and its treatment. Ann. Surg. 88: 845–865 (Nov.) 1928.
19. Editorial: The blood calcium in jaundice. J.A.M.A. 89: 1065 (Sept. 24) 1927.
20. Mayo–Robson, A. W.: Surgery of the gallbladder and bile ducts. Brit. M. J. 1: 901–904, 1894.
21. Walters, W.: Preoperative preparation of patients with obstructive jaundice. Surg., Gynec. & Obst. 33: 651 (Dec.) 1921.
22. Judd, E. S.: Surgical procedures in jaundiced patients. J.A.M.A. 85: 88–91 (July 11) 1925.
23. Cantarow, A.: Calcium metabolism and calcium therapy. Ed. 2, Philadelphia: Lea & Febiger, 1933.
24. Brennan, W. A.: Value of calcium in diseases of gastro-intestinal tract. Clin. M. & S. 39: 746–747 (Oct.) 1932.
25. Cantarow, A., Dodek, S. M., and Gordon, B.: Calcium studies in jaundice. Arch. Int. Med. 40: 129–139 (Aug.) 1927.
26. Wright, A. E., and Paramore, W. E.: On certain points in connexion with the exaltation and reduction of blood coagulability by therapeutic measures. Lancet (Lond.) 2: 1096–1101 (Oct. 14) 1905.
27. Rewbridge, A. G., and Andrews, W.: Effect of calcium chloride injections on blood sugar of normal and jaundiced dogs. Proc. Soc. Exper. Biol. and Med. 28: 126–127 (Nov.) 1930.
28. Ravdin, I. S., Riegel, C., and Morrison, J. L.: Coagulation of blood—The comparative values of calcium and glucose as agents for decreasing clotting time. Ann. Surg. 91: 801–810 (June) 1930.
29. Editorial: Muscle glycogen. J.A.M.A. 89: 695 (Aug. 27) 1927.
30. Mann, F. C., and Bollman, J. L.: Jaundice—A review of some experimental investigations. J.A.M.A. 104: 371–374 (Feb. 2) 1935.
31. Smith, H. P., and Whipple, G. H.: Bile salt metabolism; casein, egg albumin, egg yolk, blood, and meat proteins as diet factors. J. Biol. Chem. 89: 689–704 (Dec.) 1930.
32. McNealy, R. W., and Willems, J. D.: Absorption of dextrose from the colon. Arch. Surg. 22: 649–657 (April) 1931.
33. McNealy, R. W., and Willems, J. D.: Absorption of glucose from the colon. Surg., Gynec. & Obst. 49: 794–798 (Dec.) 1929.
34. Lukens, F. D. W.: Glycogen formation in diabetes. Ann. Int. Med. 8: 727–733 (Dec.) 1934.
35. Coller, F. A.: Water balance of sick patients. Wisconsin M J. 35: 618–624 (Aug.) 1936.
36. Mason, J. T.: Intravenous fluids. Indus. Med. 5: 168–171 (April) 1936.
37. Faltitschek, J., and Hess, L.: Ueber ein hepatorenales Syndrom. Wien. klin. Wchnschr. 49: 325–326 (March 13) 1936.

Prevention of Behavior Problems in Children Through Adequate Prenatal Care*

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BY WAY of introduction to the subject before us, it would seem pertinent to analyze briefly the chief implications of our title. They are as follows: (1) Certain behavior disorders of childhood are preventible. (2) They may be caused, wholly or in part, by undesirable attitudes on the part of the mother toward the child. (3) Treatment or education of the mother may be an effective means of preventing these disorders.

No one of these implications is to be accepted in an unqualified manner. One must always bear in mind the complexity of the human personality; the paucity of our understanding of the mechanism of character formation; and the ever potential presence of unknown factors when one is thinking in terms of prevention. One must be attentive to the fact that there are a multiplicity of causes of conduct disorder, some of which lie within the field of demonstrable organic disease. In this presentation, however, attention will be given only to the common problems.

It is the concensus of opinion amongst students of human behavior that the major sources of behavior disorders in children lie within the field of interpersonal relationships as exhibited in the family circle. It has been implied that certain maternal attitudes may act as etiologic factors in the production of behavior disorder.

Rejection Attitudes

Of these attitudes, the most common and malignant one is that of rejection. This means that a woman does not want to conceive or give birth to a baby and that, after its arrival, she treats it in ways indicative of her dislike for her role as a mother.

One well may wonder what becomes of the so-called maternal instinct in such a woman. Without wishing to digress deeply into fruitless search of a romantic phantasm, let it be stated that the facts will not support the ex-

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istence of this instinct in the human being unless one will admit it to be of so protean and plastic a nature that it can be modified into all manner of shapes and forms by any number of external and internal forces. But to admit this would certainly necessitate a new definition of what constitutes an instinct. All that one can rightfully conclude is (1) some women possess drives which permit them to want to procreate and to love and nourish their offspring; (2) other women are disposed to act in a diametrically opposite fashion—to hate the thought of childbirth and to regret utterly the role of wife and mother.

Personally, I do not believe that either of these attitudes is determined by instinctual endowment. Rather they are the product of education, nurture and of the prevailing circumstances in which the woman lives. The surest way to produce a rejecting mother is to bring her up from babyhood a rejected child. That is not the only way, but it is the most certain one. However, before entering further into the causes of rejection, let us first observe its manifestations.

Whereas rejection may be shown in a most overt manner, it is more often veiled and distorted due to the fact that so often the overt form incurs the disapproval of society or offends against a person's own conscience. None the less, one encounters it all too often when a mother turns away from her newborn babe and refuses to nurse it; when she neglects to keep it clean or to train it adequately in basic habits; when she punishes it severely and refuses to enter into its play; when she is indifferent to her child's illnesses and is not interested in its education; when her time is taken up with things outside her family; when she becomes jealous of her daughter and nags her son. These are all manifestations of overt rejection.

More commonly we see it disguised in the form of over-protection. This device allows a woman to express her hatreds against the child and at the same time compensate in a penitential manner so as to appease her own guilt. This type of mother hovers constantly over the child, cannot bear to have it out of her sight, lives forever in the fear that some evil will befall it. She fears that the child is not right mentally or that it has contracted some irremedial disease. Many apparently intelligent mothers have brought their small children to me with their minds clearly made up that the child is mentally defective, when there was no basis for such an opinion. The trouble was there were antagonisms and difficulties existing between the mother and the child. Once a mother told me that she was certain her child's congenitally deformed hip was caused by the fact that her husband had suffered from an osteomyelitis in his leg. She couldn't stand the child or the husband either and soon deserted the home in pursuit of other attractions.

In another case, a childless woman, who had adopted a little girl into her home, could not accept the child at all. She was certain the girl was insane because she gnawed on the furniture. She was jealous of the attentions her husband lavished upon the child; she also was deeply jealous of her younger sister who had come to usurp her supremacy in her own family and who later in life attained a higher station than she was able to and who had several children of her own. This woman, as a rule so fearful of her child's welfare, would at times turn upon her and beat her cruelly. I saw the child on one occasion with welts, black and blue marks and a swollen face. She could not help but liken the child to her sister and she exhibited toward the child the mixed feelings of envy and admiration, jealousy and yearning, love and hatred, which she held for her sister. This case exemplifies the usual pattern in which there is a mixture of open rejection and of over-protection. Such a situation is most destructive to the child, not only because of the element of confusion which it introduces, but also because it nourishes within the child similar patterns of ambivalent feeling together with production of the marked anxiety which comes as an inevitable corollary.

Occasionally one will find a situation in which the mother suddenly will undergo a marked change of feeling toward her child. One who may have been quite normally accepting suddenly reverses her attitudes as the child emerges from infancy or later on

as it enters into puberty. For instance, a mother may be found to be rejecting her child because she cannot break it of bed-wetting or of thumb-sucking or because she has discovered the child in masturbatory activity. In so doing she is more often than not reacting to painful reminiscences about difficulties of a similar nature in her own life. Still another picture is presented by mothers who cannot bear to see their female children grow up. They look upon their daughters as potential, if not actual, competitors. Again they are often motivated by patterns of jealousy and rivalry which had their inception in their relationships with siblings within their own family.

Then it can be stated that in the main, the principal factors which predispose a woman to the role of a rejecting mother are as follows: (1) childhood experiences in which she herself was rejected by her own parents; (2) childhood experiences which gave rise to marked jealousy, rivalry and antagonism between herself and siblings; and (3) marked incompatibility on one score or another between herself and her husband—the father of her children. The third and last factor noted above is actually an almost universal finding but one is not to infer thereby that it is a universal cause. There are far too many instances when, in spite of marital difficulties, there is no element of rejection. One can only conclude marital disharmony is more often contributory than causative and in all probability one or both of the other two factors must, as a rule, be operative if the rejection mechanism is to become significantly manifest.

Preventive Measures

With this rather sketchy and incomplete epitome of maternal rejection in mind, we are brought to the third implication of this paper; namely, that prenatal education of the mother can be utilized as an effective method of preventing these and other destructive attitudes. Every psychiatrist, familiar with the behavior disorders of childhood and adolescence, at times has found that his most effective approach to the behavior problem of a child lies in the treatment of a rejecting parent. All too often, however, he finds it impossible to handle cases in this manner. Many parents cannot be reached, others cannot afford prolonged psychotherapy and the truth is there are so many cases of rejection throughout all walks of life that existing facilities, such as child guidance and mental hygiene clinics, are swamped with them. Social agencies, by the way, which deal with children, particularly child-placing agencies, find about 75 or 80 per cent of such children are rejected by their parents.

Inasmuch as treatment, when it is available, is fundamentally an educational procedure, the question arises as to whether or not knowledge and understanding of this type can be imparted through simpler and more widely useful channels. On this point there is at present much controversy, hinging largely upon differences in opinion concerning the propriety of such teaching. Also the question is raised as to whether ordinary teaching methods and facilities are adequately geared to handle this material. Admittedly, it is difficult to persuade many educators that they have any responsibility in the matter. Others are agreed that education must concern itself with problems of human relationships, personal as well as collective.

So far as method itself is concerned, however, it should not be too difficult a task with properly trained personnel. Teaching resolves itself into three major categories; namely, teaching by precept, teaching by example, and teaching by controlled or supervised experience. I think it is generally admitted that no one of these is, in itself, perfect and in the fields of higher education, particularly, it is held that all three must be utilized if an educational experiment is to be a success. Thus precept and example prepare the pupil for the controlled experiences. Modern psychotherapy supplies the controlled experiences but all too often it must begin work with utterly unprepared persons. Also let us not forget that through learning by precept and example man is able in many instances to control and supervise his own experiences and thus learn from them. It is this fact that gives us the greatest hope.

It is my contention that adults who are about to enter into the responsibilities of marriage and child-raising can and should be supplied, through educational channels, with information concerning the factors which determine human attitudes and behavior within the family circle. It is to be hoped that by example they have already learned much through the wisdom and understanding of loving parents, but, whether this is true or not, it becomes the duty of our educational system to impart, by precept at least, the theoretical concepts and considerations which underlie our understanding of interpersonal relationships. If young people could be so prepared, the task of the physician could then be more readily accomplished.

It goes without saying that the third aspect of the educational process, the controlled and supervised experience, is the special teaching province of the physician,—not of the psychiatric physician alone, but of every physician who enters the lives of people with a view toward helping them in the basic experiences of child-bearing and child-raising. We all know that knowledge itself is of little value save as it can be utilized in the solution of living problems. To teach the mother to utilize her knowledge, as well as to supply whatever lack she may suffer, is the province of the physician, who, because of his authoritative and intimate role in the family life, is well situated to perform the task. It follows, of course, that the physician should be qualified to meet this obligation.

Training of physicians toward these ends is not to be thought of as training for the specialty of psychiatry. Courses in psychobiology to help physicians treat behavior problems should be in the curriculum of every medical school as an integral part of training for the practice of medicine as a whole. I believe there are about twenty-five medical colleges in the country offering such courses at the present time. Training of this type cannot be obtained in the wards of mental hospitals or in neuropsychiatric clinics. It needs to be identified with the general hospital and the out-patient clinic to which the ordinary human being finds his way. In other words, problems of interpersonal relationships, such as rejection, are not unique and aberrant, but are universal amongst men and women alike. If there are differences to be found between persons in this respect, they are not qualitative but quantitative in character.

DISCUSSION

H. K. Tenney, Jr., M.D., Madison: I think perhaps Doctor Jefferson's title might have been modified even further to read, "Prevention of behavior problems in parents." As a rule the child is all right; it is the parent who goes wrong in his behavior and builds up, by that behavior, disturbances in the child. Doctor Jefferson has illustrated this well in several instances.

Some points he made require a lot of answering and go beyond the scope of medicine into education. One point in particular that struck me as being important was his statement regarding the destructive nature of variability in the parent's attitude toward the child; that is, over-protection one minute and "smacking him down" the next minute,—leaving the child entirely uncertain as to where he stands. This may have its origin in rejection, as Doctor Jefferson says,—I don't know. Whatever its origin, it is one of the most destructive things to a child's development of personality and his attempt to find his position in the world. He doesn't know where he belongs. One moment he is cuddled to excess; the next he finds himself, with apparently the same action on his part, unmercifully treated.

However these variabilities in action may have other origins than rejection. Many times I am sure it is the uncertainty of the mother over the physical condition of the child. She has had no experience with a baby and doesn't know, when it cries, whether it has hydrophobia or just a plain bellyache. Her uncertainty over its physical condition causes her unstable handling of the child. Or such handling may be the result of just plain fatigue. She gets worn out with this constant repetition of patterns in the child and does not treat them in a uniform manner.

Our prenatal treatment, obstetrical in nature, does a respectable job—not a complete job yet—of preventing physical disorders in the mother, and in that way is doing a great deal toward the prevention of physical disturbances in the newborn infant. But as yet it has made no concerted effort to prepare the prospective mother for the psychologic job she has to undertake, the caring for this newborn and growing organism.

As I have said, many of her problems arise from uncertainty as to the development of the child. Therefore, if during her pregnancy, when she is most receptive to suggestions and to education along this line, she could be given a definite and hopeful outlook as to the child's development, I think she would

be greatly reassured and consequently enabled to avoid many of these nervous pitfalls.

Doctor Jefferson has said that the surest way to produce a rejecting parent is to bring up a child as a rejected child. And we also may say that a nervous child is the result of a nervous parent. If we could get rid of the nervous parent, we could get rid of the nervous child in a great many instances.

In conclusion, I would like to say simply that I think our most fruitful field for prevention of minor disturbances in the child is to prevent the minor disturbances in the parent by educating her to what the child probably is going to do in his normal development. During the period of pregnancy, when the mother is most open to suggestion in these matters, let her know that these babies are really pretty tough little individuals, that they grow up well, that they may lose their appetite for days at a time, etc.—but what of it? They may cry a good deal and still be perfectly well. In other words, we should try to develop in her a feeling that these little babies are going to grow up into normal individuals, even though they seem to have a lot of disturbance during their infancy.

Sternal Marrow Aspiration*

By MAURICE HARDGROVE, M. D., and L. J. VAN HECKE, M. D.
Milwaukee

THE bone marrow, considered as an organ measuring approximately 1,400 cc.,[1] is well adapted to originate, develop and deliver blood cells to the general circulation. There are many unknown factors concerned in these three steps. Normally, in the adult, all the circulating cells, except the lymphocytes, are formed in the bony cavities. Bone marrow insufficiency may manifest itself as a unit in aplastic anemia; leukogenic failure may produce agranulocytosis. In certain instances the peripheral blood does not reflect the changes occurring in the marrow.

Neumann (1868)[2] found that the red blood cells arise in the adult marrow and later he[3] and Bizzozero[4] stated that the leukocytes develop in the same site. Wolff (1903)[5] trephined the tibial diaphyses of living animals. Ghedini (1908)[6] found malarial parasites and Leishman-Donovan bodies in the trephined tibial marrow of patients with malaria and leishmaniasis. Seyfarth (1923)[7] was the first to trephine the adult sternum; he found it to contain active marrow. Arinkin (1927)[8] simplified sternal marrow study by using a spinal puncture needle and trochar.

Red marrow fills the entire shaft of the long bones at birth. After sixteen years of age, active marrow is found in the ribs, vertebrae, skull, os innominatum, sternum and epiphyses of long bones. The average thickness of the sternal plate is 1 cm. after six years of age. The anterior lamina of the sternum is usually 2 mm. and the posterior lamina about 1 mm. in thickness. Active hematopoietic material may be found in the manubrium at birth.

Technic and Evaluation

The puncture is made over the body of the sternum in the region of the second interspace, just below the angle of Ludwig. (See fig. 1.) The skin and periosteum are anesthetized locally. A shortened (1½ inch, 15 gauge) spinal puncture needle and trochar are satisfactory for the aspiration. Care must be taken when performing the procedure on a child for the needle quickly passes through the cartilagenous substance. In the adult, a turning motion is necessary to force the needle through the outer bony wall. The distance from the skin surface to the marrow cavity is frequently less than 1 cm. Only a small amount of fluid (0.1 to 0.2 cc.) is necessary to make six to ten thin smears.

The taking of a larger amount of fluid (1–2 cc.) may cause more pain and add the error of aspirating whole blood.[9] Most of the fluid is placed in a small test tube containing a drop of 30 per cent sodium citrate. The total hemoglobin and the red cell, white cell and platelet count may be determined from this mixture. Smears are made for differential cell study from the small amount of material left in the needle and syringe.

A biopsy of sternal marrow obtained by trephine shows greater cellularity, greater reticulocyte percentage and a greater num-

* From the Departments of Medicine and Pathology. Marquette University School of Medicine. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

ber of erythroblastic cells in proportion to granulocytes.[10] Topography is lost by aspiration; islands of leukemic or neoplastic cells and connective tissue replacement cannot be visualized as in sections obtained at biopsy. Megakaryocytes are more commonly seen in biopsy preparations. Cells are more difficult to identify in sections than in smears; the "imprint" method yields better definition.

A combined study of smears and sections is of more value than the study of either type of preparation alone. An advantage of the aspiration method is its simplicity which, unfortunately, is offset by the inaccuracies mentioned. However, realizing its ease of performance and the absence of scar, I feel it should be done before biopsy is attempted.

Five hundred cells are counted in the routine study of stained smears. The differential white cell count of the normal adult sternal marrow obtained by aspiration varies, but it is approximately as set forth in the table below:[11]

TABLE 1.—*Average differential white cell count of normal adult sternal marrow obtained by aspiration*

	Per cent
Neutrophilic myelocytes	30
*Non-segmented polymorphonuclears	30
Segmented polymorphonuclears	30
Other cells (myeloblasts, eosinophilic myelocytes, basophilic myelocytes, eosinophils, basophils, reticulum cells, clasmatocytes, "hematogones," monocytes and lymphocytes (7 per cent)	10

* Metamyelocytes and band forms.

The total white cell count in an adult by the aspiration method is 120,000 to 180,000 cells per cu. mm. The nucleated red cells, which are predominantly (75%) normoblasts, equal 20,000 to 50,000 per cu. mm. The ratio of the nucleated red cells to the white cells is approximately one to three.[12] This can be roughly estimated by study of the smear. The bone marrow of children is similar to that of adults. There is, however, a lower percentage of myeloid elements.[13]

Bone Marrow in Disease

In bizarre anemias, it is well to do a marrow study before attempting treatment. A rapid change is noted in the marrow of a patient having pernicious anemia who is receiving liver therapy;[14] often within a day the

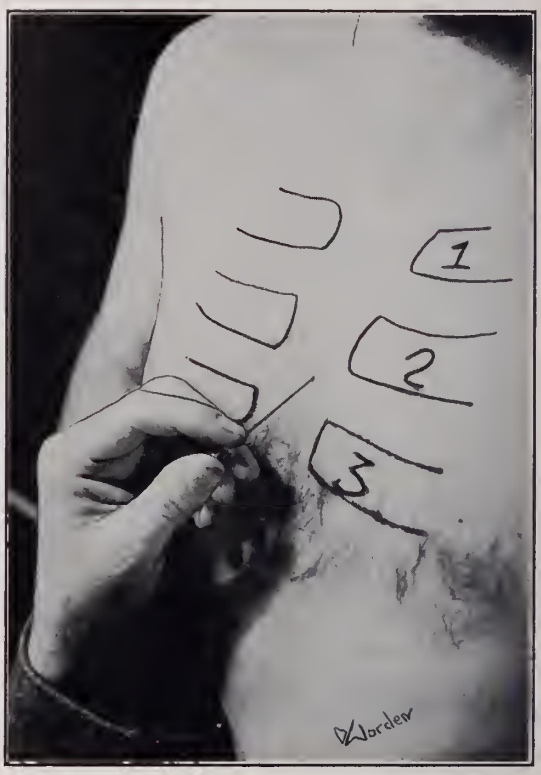

Fig. 1. Sternal marrow aspiration.

megaloblastic marrow is replaced by normoblastic marrow. Microcytic hypochromic or macrocytic hyperchromic anemias which are not responding to iron or liver deserve bone marrow examination.

Sternal marrow studies should be made on patients having aplastic anemia, for occasionally this picture has proved to be due to pernicious anemia, aleukemic leukemia, Hodgkin's disease or some other primary cause. Chronic aplastic anemia is an idiopathic disease characterized by atrophy of hematopoietic marrow and its replacement by connective tissue. In such instances it may be necessary to follow an aspiration which yields but little material by a trephined biopsy.

"Splenic anemia" and "Banti's disease" call for careful study including an estimation of marrow activity. It is wise to do a marrow aspiration in cases of splenomegaly of indeterminate origin. Congenital hemolytic icterus shows a hyperplastic marrow, erythroblastic and normoblastic in type. The marrow in the ordinary case of polycythemia

is greatly hyperplastic; the disease in some ways resembles myelogenous leukemia.

Leukemia, the type of which cannot be determined by the peripheral blood picture, warrants bone marrow study for accurate diagnosis. Aleukemic leukemia is a disease showing organ changes similar to leukemia without leukemic features in the peripheral blood. The disease may be acute or chronic in its clinical course and lymphatic or myelogenous in type, the former being more common. Diagnosis is difficult. Daily blood examinations in suspected cases may show an occasional immature cell. Bone marrow study may reveal the diagnosis.

Neutrophilic leukocytosis may reach a high level with a great increase in the percentage of polymorphonuclear cells. Metamyelocytes and myelocytes may appear. The bone marrow findings are of confirmatory value in leukemoid reactions.

Lymphocytosis may also reach a high level (e.g., benign lymphadenosis), but a relative increase of lymphocytes is more common. This is occasionally found in pertussis, rickets, congenital syphilis, measles, typhoid, tuberculosis and influenza. Immature cells are not seen, but at times it is difficult to distinguish functional alterations of cells from immature features. In this condition, bone marrow study may eliminate a suspected lymphatic leukemia.

The presence of a lesion of maturation specifically confined to the granulopoietic series entitles one to make a diagnosis of idiopathic agranulocytosis.[15] Other cases show a marrow which is aplastic, not producing sufficient white cells, though maturation is undisturbed. All cases of marked neutropenia should be carefully studied before diagnosis is attempted. Occasionally bone marrow study reveals an unsuspected primary cause—lymphatic aleukemic leukemia or aplastic anemia.

Malignant metastases to bone will at times cause either an anemic or myeloid leukemic type of blood picture. Roentgen examination generally locates the lesion. Sternal puncture may eliminate the suspicion of leukemia. Likewise, the x-ray picture of multiple myeloma is fairly characteristic. Aspiration and examination of the myelomatous tissue, if easily obtained, aid in diagnosis.

Rarely Hodgkin's disease[16] involving the sternum has been discovered by marrow aspiration. Gaucher's disease has been so diagnosed.[17] In the tropics, sternal puncture has revealed parasites of malaria and leischmaniasis in the marrow cavity.

Limarrzi has shown recently (Central Society for Clinical Research, Nov. 1938) that marrow in cases of thrombocytopenic purpura contains abnormal megakaryocytes.

Summary

In view of our present knowledge, direct estimation of bone marrow activity is indicated in ill-defined blood dyscrasias, in recognized blood disorders not following a typical course or not responding to proper treatment, and occasionally in other conditions mentioned above.

Sternal marrow aspiration is a relatively easy and harmless procedure by which valuable information is occasionally gained in the study and diagnosis of obscure blood dyscrasias involving the bone marrow.

BIBLIOGRAPHY

1. Wetzel, G.: Die Grosse des roten Markorganes. Verhandl. d. anat. Gesellsch, April, 1920. Ergnznhfte. Anat. Anz. 53: 82–84, 1920.
2. Neumann, E.: Ueber die Bedeutung des Knochenmarks für die Blutbildung. Zentralbl. f. d. med. Wissensch. 6: 689, 1868.
3. Neumann, E.: Ueber die Bedeutung des Knochenmarks für die Blutbildung. Arch. d. Heilkunde 10: 68, 1869.
4. Bizzozero, G.: Sulla funzione ematopoetica del midollo delle ossa. Zentralbl. f. d. med. Wissensch. 6: 885, 1868.
5. Wolff, A.: Ueber eine Methode zur Untersuchung des lebenden Knochenmarks von Thieren und über das Bewegungsvermögen der Myelocyten. Deutsche med. Wchnschr. 20: 165, 1903.
6. Ghedini, G.: Per la patogenesi e per la diagnosi delle malattie del sangue e degli organi emopoietici, punctura esplorativa del midollo osseo. Clin. med. ital. 47: 724, 1908.
7. Seyfarth, C.: Die Sternumtrepanation, eine einfache Method zur diagnostischen Entnahme von Knochenmark bie Lebenden. Deutsche med. Wchnschr. 49: 180–181 (Feb. 9) 1923.
8. Arinkin, M.J.: Methodology of examining bone marrow in live patients with hemopoietic disease. Vestnik. khir. 10: 57, 1927.
9. Arinkin, M.J.: Intravitale Untersuchungs-methodik des Knochenmarks. Folia haemat. 38: 233–240 (June) 1929.
10. Dameshek, W., Henstell, H.H., and Valentine E.H.: The comparative value and limitations of trephine and puncture methods for biopsy of sternal bone marrow. Ann. Int. Med. 11: 801–818 (Nov.) 1937.

11. Erf, L.A., and Fine, Archie: Serial blood and bone marrow findings of an eight-month premature and its roentgen-ray treated chronic myeloid leukemic mother. Am. J. Med. Sc. 195:8-17 (Jan.) 1938.

12. Vogel, P., Erf, L.A., Rosenthal, N.: Hematological observations on bone marrow obtained by sternal puncture. Am. J. Clin. Path. 7: 436-447 (Sept.) 1937. Ibid. 7: 498-515 (Nov.) 1937.

13. Kato, Katsuji: Sternal marrow puncture in infants and children. Am. J. Dis. Child. 54: 209-230 (Aug.) 1937.

14. Peabody, F.W.: Pathology of bone marrow in pernicious anemia. Am. J. Path. 3: 179-202 (May) 1927.

15. Custer, R.P.: Studies on structure and function of bone marrow: IV. Bone marrow in agranulocytosis. Am. J. M. Sc. 189: 507-515 (April) 1935.

16. Varadi, S.: L' infiltration lympho-granulomateuse du sternum. Sur un cas de maladie de Hodgkin diagnostiqué par ponction sternale. Le Sang 12: 106-110, 1938.

17. Erf, L.A.: Studies of Gaucher cells by the supravital technique. Am. J. Med. Sc. 195: 144-150 (Feb.) 1938.

Thoracoplasty*

An Analysis of Seventy-Seven Cases

By E. R. DANIELS, M. D., and L. H. KINGSBURY, M. D.
Wales

FACILITIES for carrying on major surgical procedures for the treatment of pulmonary tuberculosis have been available at the Wisconsin State Sanatorium since 1929. In the intervening period, out of a total of 1,016 admissions, seventy-seven have been treated by thoracoplasty.

It should be stated at the outset that many of the patients here considered were treated while under the care of staff members other than the writers. We feel that in view of this fact the present study constitutes a critical analysis. In all cases, however, the surgery was done by one individual, Dr. J. W. Gale, of the State of Wisconsin General Hospital.

In the group studied there were thirty males and forty-seven females. Their ages varied from eighteen to fifty-one years. The females were younger than the males. Fifty-seven per cent of the males were below the age of thirty-five, as against 85 per cent of the females. This ratio in percentages holds true for both sexes in subsequent studies. We have found that the females are younger when the surgery is done, they enter the sanatorium at an earlier age, their sanatorium stay is shorter, and they have had their disease for a shorter time prior to thoracoplasty.

In seventy-three of the seventy-seven patients the tuberculosis was classified as far advanced, and in four as moderately advanced, both on admission and prior to thoracoplasty. Twenty-five of the seventy-seven patients showed bilateral cavitation on admission. Following admission, ten of the twenty-five patients effected a cavity closure on one side, so that fifteen patients presented bilateral cavitation prior to thoracoplasty. The remaining sixty-two presented unilateral cavitation. Practically all of the seventy-seven patients showed roentgenological evidence of bilateral disease, although the disease in the contralateral lung was predominently productive in type. Bilateral disease of this type does not constitute a contra-indication to thoracoplasty. The subsequent course of the fifteen patients with bilateral cavitation prior to thoracoplasty is noteworthy: Four are dead. Two have been discharged with the disease arrested, one of whom is working five and one-half hours daily. One has been discharged as improved. Eight are still in the sanatorium and all but one of the eight are improved. This group of fifteen with bilateral cavitation we feel certain was doomed to prolonged invalidism or early death without surgery. Certainly thoracoplasty has been justified in this group.

A study of the time spent in the sanatorium before and after thoracoplasty gives us some idea as to the cost to the community; it serves as a basis for comparison to other forms of collapse therapy; and lastly it shows a need for doing thoracoplasty earlier than has been done:

* From The Wisconsin State Sanatorium. Condensed from a paper presented at the 96th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1937.

The average known duration of disease prior to thoracoplasty was slightly more than five and one-half years.

The average time these patients spent in a sanatorium before thoracoplasty was done was three and one-half years.

The average time spent in a sanatorium following thoracoplasty for the discharged patients, was twenty-five months, and for those in the sanatorium at the present time twenty-three months.

The total sanatorium stay for all seventy-seven patients was fifty-six months, and for sixty of the seventy-seven patients was from four to eight years.

Previous collapse measures often do more harm than good, particularly when the collapse measure is continued in spite of its inefficacy. Time can be saved, a more effective collapse can be obtained, and costs can be reduced if ineffectual measures are recognized early. Poor pneumothoraces often give false encouragement. Our practice at present is to try pneumothorax on practically all of these patients before subjecting them to thoracoplasty. A properly evaluated pneumothorax should not mean any appreciable delay in doing a thoracoplasty. Whether a pneumothorax is successful or not can be determined in periods as short as six weeks, and in most cases should not take more than four to six months.

Permanent phrenic operations are as a rule irrevocable and at the present time are not employed. Before 1936–1937 practically all patients had a phrenic operation before thoracoplasty. In this series of seventy-seven cases, sixty-nine phrenic operations were done. The temporary phrenic operation was done in six, and the permanent operation in sixty-three. At the present time phrenic operations are avoided as much as possible.

Complete vital capacity studies were made in forty-nine of the seventy-seven patients. The determinations were made with the McKesson apparatus and the percentages based on square meters of body surface calculated from the DuBois height and weight chart. The average vital capacity before the first stage of thoracoplasty, expressed in terms of percentage of normal, was 49.7 per cent and following the last stage was 40.3 per cent. The average percentage following the last stage of thoracoplasty represents a wide variance of the time interval but none of the determinations was made earlier than one month following the last stage. The vital capacity percentages in four of the six patients who died postoperatively were under 39 per cent. Operative risk is increased in those having low vital capacities, and a stormy postoperative course can be predicted for patients with vital capacity percentages lower than 30 per cent.

In all, 216 operations were done on the seventy-seven patients. This includes fifty-four first stage operations without apicolysis and twenty-three with apicolysis; sixty-six second stage operations; fifty-six third stage operations; six anterolateral stage operations; and eleven re-operations, or as we choose to term them, revision operations. The first stage operation, with the Semb apicolysis, has been done since January, 1936. Three patients were subjected to one revision operation and four to two revision operations.

Common Complications

The more common complications of thoracoplasty are postoperative shock, wound infection, paradoxical respiration, cardiac decompensation, and pneumonia. Wound infections interfere with an adequate collapse because compression measures cannot be applied early. They run a long and costly course, are debilitating and frequently make necessary one or more plastic operations before they are cleared. Many factors enter into any discussion of wound infection and one of these is the routine drainage of thoracoplasty wounds. Routine drainage was employed in the older cases in this series. Infection, both deep and superficial, occurred in 18.5 per cent of the wounds which were drained, and in 13.4 per cent of wounds which were not drained. As a result of infected wounds nine patients had persistent draining sinuses. Of these nine, one has died, two have been healed, and six are still under treatment. Routine drainage has been discontinued in this institution because we feel that it is a contributing factor in infection. The results here and elsewhere since this study was made have amply justified this change. Other factors which can be

controlled so as to reduce the incidence of wound infection are as follows:

1. Employment of an aseptic technic by a trained staff, careful handling of tissue, adequate hemostasis, and avoidance of cutting into tuberculous tissue, such as the pleura and lymph nodes.
2. Reduction of the operating time to a minimum compatible with safety. (We feel that lengthy operations, with consequent long exposure of the wound, are likely to result in infection.)
3. Assurance that the patient's back is clean and that acne and furunculosis have been treated beforehand.
4. Elimination of unnecessary talking, coughing or walking about in the operating room, and barring from the operating room anyone without a proper appreciation of surgical asepsis.
5. Adequate operative and postoperative care of the wound.

Evaluation of Results

The results of thoracoplasty cannot be interpreted in the light of a single factor. Sputum conversion and cavity closure serve as the two chief criteria from a medical standpoint; mortality is important for a comparison with other types of collapse therapy and with no collapse therapy. The ability of a patient to return to a useful life is probably most important from an economic standpoint.

Sputum conversion in the light of present day methods of sputum examination must be based on the results of guinea pig inoculation of sputum or a study of gastric contents after fasting. Our studies are not complete from this standpoint. However, we have found so far that the sputum of eight patients was persistently negative on smear culture over a period of fifteen to forty-four months following the last stage operation, but was positive on guinea pig inoculation. Sputum conversion as demonstrated by smear culture serves as a rough screen and is of prognostic value. We report our sputum conversions, realizing that we cannot call them true conversions until the finer methods have been used on all patients. In 60 per cent of the patients in this series there was sputum conversion in three months or less, and an additional 18 per cent showed conversion in a period of four months to two years. This is a total of 78 per cent sputum conversion in the group over a two-year period.

Before considering cavity closure, a word of explanation is necessary. All of the roentgenograms were reviewed by the members of the medical staff. Differences in the technic of x-ray examination and the absence of Bucky films before this year have made interpretation difficult. Consequently there is a large group in which cavity closure is questionable, particularly among patients discharged. There was cavity closure in forty patients, no cavity closure in fifteen and questionable closure in seventeen. In the group with questionable cavity closure, nine were discharged with the disease classified as arrested; seven of the nine are at present working either part time or full time. Most of these patients had sputum conversion in three months or less and in all the sputum was negative at the time of discharge. The only explanation offered for this obvious discrepancy is in the interpretation of the roentgenograms.

Follow-up studies have been made on the twenty-four discharged patients now alive. Response to a questionnaire was obtained from twenty patients. Fourteen patients are now working, either part time or full time, five are still at home and are improved, one is definitely worse.

Forty-five of the seventy-seven patients are still in the sanatorium. In one the disease is arrested and in three quiescent. Thirty-seven patients are improved and four are unimproved. Six of the forty-five patients are able to do part time work around the sanatorium. Thirty-seven have a reasonable expectancy of eventually being able to work; five have a questionable chance of being able to work; and three may never be able to work.

There were six postoperative deaths, or a mortality rate of 7.7 per cent. There were four deaths following primary thoracoplasty, and two following "revision" thoracoplasty. The deaths of two additional patients may

be classified as delayed mortalities. Sixty-nine of the seventy-seven patients are now alive. The causes of death are shown in the following table:

TABLE 1.—*Causes of Death Among 77 Patients Subjected to Thoracoplasty*

Number of Cases	Cause of Death	Date of Death
*2	Acute cardiac dilatation	Operative day
1	Pulmonary embolism	11th postoperative day
1	Myocardial degeneration with chronic passive congestion of lungs and liver	6 months after operation
1	Pulmonary thrombosis	5th postoperative day
1	Tuberculous pneumonia (opposite side)	5th postoperative day
1	Tuberculosis (opposite side)	36 months after operation
1	Cause unknown (3 days after leaving institution against advice)	31 months after operation

* Classified as delayed mortalities rather than postoperative deaths.

Conclusions

An analysis has been made of seventy-seven cases in which thoracoplasty was employed over a period of seven years. This analysis shows a need for the early diagnosis of tuberculosis. The patient must be admitted to the sanatorium shortly after the diagnosis is made so that proper measures can be employed while the disease is still in an early stage of development. Thoracoplasty is no longer considered an operation of last resort. A more effectual and permanent collapse of diseased lung areas will be secured and the necessity for multiple operations will be reduced if thoracoplasty can be done before the disease becomes too far advanced and the cavity walls too fibrotic. This demands an early abandonment of only partly successful collapse measures in favor of thoracoplasty. A concomitant decrease in total sanatorium stay, as well as cost to the community, would result from such measures.

Styes*

By A. G. DUNN, M. D.
Stevens Point

THE object of this paper is to discuss the hordeolum or stye as seen by the general practitioner. A stye may be defined as a localized suppuration of the eyelid. There are two distinct types of styes, (a) external and (b) internal.

External type.—In the external type of stye the inflammatory process involves one or more of the Zeis glands. This type may occur singly or in groups. There may be successive crops lasting for months. The onset is characterized by a reddened swelling at the base of the eyelashes. This swelling may attain considerable size before localization takes place. The reddened area becomes yellow, and finally the pus ruptures through. At this point, inflammatory changes rapidly subside.

Internal type.—The internal or Meibomian stye is essentially the same as the external stye, except that the suppuration occurs in a Meibomian gland. This type of stye is, fortunately, rarer than the external type. The course is longer and the local inflammatory changes are more violent because the Meibomian gland is larger and is embedded in the dense fibrous tissue of the tarsus. In severe cases an internal stye may be mistaken for an orbital cellulitis,—a fact fresh in my mind because of a recent case in our office. The site of the infection in this case was the outer canthus. There was marked swelling of the orbital tissues, displacing the eye forward and down. Localization required nine days.

Etiology and Symptomatology

The aureus and albus staphylococci are the usual offending organisms in styes. According to Browning[1] the *Staphylococcus aureus* is responsible for most of the infections about the eyelids. Malnutrition, metabolic disturbances and anemia are causative factors. Styes may occur in the wake of any

*Presented at a symposium on common office treatments, 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

debilitating disease such as measles, scarlet fever or staphylococcal infections anywhere in the body. Blepharitis, causing accumulation of scales and crusts on the eyelid, makes a favorable site for styes to form. Blonds and sandy-complexioned individuals seem more susceptible to styes than brunettes. I have often wondered in these types how much the violet ray component of sunlight had to do with their reddened, inflamed lid-margins. Uncorrected refractive errors may occasionally be a factor in the formation of styes.

Symptoms are pain, photophobia and a sensation of having a foreign body in the eye.

Local and General Treatment

Local treatment.—Hot compresses afford relief from pain and hasten the course of the infection. When a yellow point is seen it should be incised with a sharp, pointed scalpel. One should remember that such an incision is an exceptionally painful one; therefore, it should be made with accuracy and precision. The pus and debris should be thoroughly expressed and any infected lashes removed. As for anesthesia, topical anesthesia is not effective and infiltrative anesthesia is not warranted.

If an underlying blepharitis is present, 3 per cent ammoniated mercury applied to the lid-margins usually proves of benefit. If the blepharitis is of an ulcerative nature, topical application of 2 per cent silver nitrate should be given. Uncorrected refractive errors should be corrected. In the light-sensitive individuals, I believe tinted lenses are of value. In my experience, yellow oxide of mercury has been of no value either as a preventive or abortive measure. It may be of some use as an irritant to stimulate localization of the inflammatory lesion. I mention this because yellow oxide of mercury is still the drug of choice among many practitioners.

General treatment.—The general treatment should be directed toward improving the general health of the affected individual. Anemia should be corrected and deficiency of vitamins, especially of vitamin A, remedied. Proper diet, fresh air and body hygiene should be stressed. Hydrochloric acid given three times daily in water has given excellent results in some cases.

Vaccine therapy in the form of autogenous preparations has been used in our office in stubborn cases and the end results have been gratifying. It should be remembered, however, that vaccine therapy must be continued over a long period of time if the best results are to be attained.

MacDonald[2] of Toronto recently reported a short series of recurrent styes treated with staphylococcus toxoid. His cases were followed over a three-year period and the results were most impressive. This valuable remedy is certainly worth a trial in difficult cases.

BIBLIOGRAPHY

1. Browning, S.H.: *See note under* Discussion of the conditions common to ophthalmic and dermatological practice, such as rosacea, styes, eczema, etc., Section of Ophthalmology and Section of Dermatology, Royal Society of Medicine. Proc. Royal Soc. Med. 27: 1121–1122 (June) 1934.
2. MacDonald, A.E.: Staphylococcus toxoid for recurrent styes. Canad. M.A.J. 38: 172–174 (Feb.) 1938.

A. M. A. OFFERS MEDICAL MOTION PICTURES

Mr. Howard A. Carter, secretary of the American Medical Association's Council on Physical Therapy, announces a number of motion picture films are available for loan by the Association. The material falls into two groups: (1) films suitable for showing at medical society meetings; and (2) films suitable for showing at public gatherings.

For use at medical society meetings there are films on syphilis, cancer, blood circulation, blood transfusion, the effect of heat, cold and massage on blood circulation, comparative physiology of labor, aids in muscle training, treatment of compression fractures of the first lumbar vertebrae, and occupational therapy.

Motion pictures for public showing include the March of Time sound film entitled, "Men of Medicine;" a sound film dealing with the prevention and treatment of pneumonia; and a silent film on the prevention of burns.

The films may be procured from the Director of Exhibits, American Medical Association, 535 North Dearborn Street, Chicago, Illinois. Requests should be made as far in advance as possible, so that the proper reservations may be made.

Comments on Treatment

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and
M. H. Seevers, M. D., University of Wisconsin, Madison

Antiluetic Treatment With Mapharsen

Mapharsen*, 3-amino-4-hydroxy phenyl arsine oxide, was introduced five years ago for general clinical trial in the treatment of syphilis after extensive preliminary laboratory and clinical studies by University of Wisconsin investigators. Previous studies had indicated that this compound was the therapeutically effective *in vivo* degradation product of the arsphenamines. It was reasoned, therefore, that this fraction should exert an equally effective spirocheticidal action, and at the same time lack the capacity to initiate many of the undesirable side actions, since the total quantity of administered arsenic would be greatly reduced. These predictions have for the most part been fulfilled. Insufficient time has elapsed to definitely and finally establish Mapharsen to be equal to or superior to the other intravenous arsenicals in the ultimate arrest or cure of the disease. Sufficient data have accumulated to establish the drug as a distinctive and valuable member of the antiluetic armamentarium. This is the considered opinion of the Council on Pharmacy and Chemistry and a majority of leading syphilologists.

Mapharsen is definitely safer than the arsphenamines. The experience of the Naval Medical Corps indicates that one death in every 26,000 injections occurs with neoarsphenamine. To date, an estimated three million injections of Mapharsen have been made without a reported death.

Immediate toxic reactions are fewer than with the arsphenamines and those which do occur are of less serious consequence. The severe "nitritoid" crisis has not been observed. In the large series of Gruhzit *et al.*, moderately severe gastrointestinal reactions, nausea, emesis, diarrhea, etc. necessitated discontinuation of treatment only 4.4 times per thousand injections. Erythema and pruritus are not frequent, and in the vast majority of instances the immediate reactions are not severe enough to prevent continued voluntary attendance at free clinics.

Delayed toxic reactions, such as hemorrhagic encephalitis, optic or peripheral neuritis, purpura, hemolytic anemia, nephritis or severe exfoliative dermatitis, are exceedingly uncommon. Arsenical hepatitis evidenced by jaundice occurs in a small percentage of cases.

Sterilization and healing of visible lesions are more rapid with Mapharsen than with neoarsphenamine and serologic reversal is effected and maintained within a reasonable time. It does not appear that Mapharsen is more or less effective than the arsphenamines in treating serologic fastness or preventing relapse. This fact indicates that long time treatment with effective doses is as important with this drug as with the arsphenamines. It is too early to predict its relative value in preventing central nervous system involvement but the relapses which occasionally occur under presumably adequate treatment indicate that tissue sterilization has not been accomplished in all cases. Like the arsphenamines this drug is of little value in the treatment of the fully developed lesions of neurosyphilis, except those of the meningovascular type.

Herxheimer reactions occur rather frequently, a fact which not only limits the size of the initial dose but indicates that heavy metal and iodide therapy should precede this arsenical in any case in which a Herxheimer reaction might have serious consequences. The relative infrequence of side actions has led to the employment of this drug in cardiovascular syphilis, in the aged, and in individuals with a previous history of intolerance to the arsphenamines. Whereas

(Continued on page 158)

* Parke, Davis & Company, Detroit, Michigan.

THE WISCONSIN MEDICAL JOURNAL

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« « « EDITORIALS » » »

Pellagra

ON JANUARY 10, Dr. Tom Spies of the University of Cincinnati presented before the University of Wisconsin Medical Society a resume of his studies on the diagnosis and treatment of pellagra.* Although dermatitis may occur on any part of the body, and the collar-like lesion is typical, 90 per cent of the patients show it on the hands, and in 10 per cent it is seen in the groin region alone, demonstrating that it is not necessarily due to exposure to light. Light or other irritants may aggravate lesions. These lesions show striking recovery within a few days on adequate treatment. The swollen, red tongue which is indented by the teeth, and a similar inflammatory reaction in the gums, are the bases on which secondary infection with Vincent's organisms commonly occurs. Similar lesions have been seen in two stomachs. In 90 per cent of the cases, gastrointestinal symptoms and lesions occur before any demonstrable changes in the central nervous system. The skin lesions not infrequently heal under Goldberger treatment with liver and yeast, while the gastrointestinal and mental symptoms become worse. Therefore, Doctor Spies and his coworkers depend on the tongue changes for diagnosis or evidence of progress under treatment. Following the type of treatment outlined by Goldberger, mortality remained as high as 54 per cent and this occurred not only in the South, but in the North. Using the new type of intensive treatment described, mortality has been reduced to 6 per cent in the second series of cases treated. There is now agreement that the pellagra seen among alcoholics in the North and endemic in the South is fundamentally the same disease and responds to the same treatment. Alcohol did not precipitate recurrence of the disease unless it interfered with an intake of adequate amounts of prescribed food.

In the study of the families where pellagrins were found, many of the other members of the family were obviously not well, though definite pellagra could not be diagnosed. They may represent the sub-clinical cases of pellagra, the diagnosis of which is still uncertain but is being studied further. Nicotinic acid therapy has been very helpful to these patients, particularly children, even

* A more extensive presentation of this material will be found in an article in the Southern Medical Journal 31: 1231–1237 (Dec.) 1938, by Spies, T.D., Grant, J.M., Stone, R.E., and McLester, J.B.

though the diagnosis could not be substantiated.

For the discovery of nicotinic acid as a specific compound in the vitamin B complex by Elvehjem, Madden, Strong, and Woolley at the University of Wisconsin, Doctor Spies expressed profound respect and great gratitude. In addition to perhaps a million pellagrins in the United States, he mentioned that there is something like a 40 per cent incidence of pellagra among the Egyptian population, and the disease is very common in Italy and Spain.

Adequate dosage with this material is at present provided by 500 mg. daily given in doses of 50 mg. repeated at short intervals for better effectiveness. The vaso-dilator action may be uncomfortable but is not at all dangerous. This reaction is often avoided if the nicotinic acid is taken with food. Doses smaller than 500 mg. may be helpful but are not so dependable.

Pellagra may be associated with other deficiency diseases and with anemias, and therefore for the adequate treatment of these patients, as well as for prevention, one should not rely on nicotinic acid alone, but should insist upon an adequate diet in general.

One diagnostic aid of real significance depends on the discovery that the urine of pellagrins contains a colored material known as porphyrin, which is derived from hemoglobin. By rather simple extraction this can be detected and roughly measured in urine. Under adequate treatment it disappears. In healthy volunteers who are on pellagra-producing diets it appears within a few days. The appearance of this pigment in the urine may be associated with a disorder of the liver. Adequate therapy for pellagra with nicotinic acid or any other method is found to do the following six things: (1) Cause healing of the mucosal lesions; (2) clear up mental symptoms; (3) restore the appetite and gastrointestinal functions; (4) decrease the loss of porphyrin in the urine; (5) restore the sense of well-being; and (6) cause fading of the dermal erythema.

In order to get some diagnostic methods for measuring small deficiencies, a very interesting line of circumstances was brought together. Doctor Spies and his collaborators recognized that nicotinic acid amide is a constituent of a substance called cozymase, which is a part of the oxidation enzyme system present in a great many tissues. Presumably, this must be furnished for cozymase formation by nicotinic acid in the diet. Furthermore, it is known that cozymase is necessary in any culture material before Bacillus influenzae will grow well. If diluted blood is used as a culture medium for Bacillus influenzae organisms, it is found that normal human blood will support the growth of these bacteria up to a one to 8,000 dilution, whereas a pellagrin's blood will support this only to a one to 2,000 dilution. The reduced amount of cozymase is due to the deficient supply of nicotinic acid in the pellagrins.

Recognizing that this cozymase dealt with carbohydrate oxidation, the next step was to examine the blood of diabetics in or near coma where carbohydrate oxidation is markedly disturbed. Here again, the blood was found to support Bacillus influenzae growth only at about one to 2,000 dilution, but as soon as the diabetes was brought under adequate control, it would support growth up to one to 8,000 or even one to 12,000 parts, indicating again that there is a deficiency of the cozymase essential for growth of the Bacillus influenzae. Physiologically, therefore, there is a similarity between diabetic coma and severe pellagra. It is hoped that this kind of objective test will make it possible to diagnose sub-clinical or obscure cases in time to begin therapy before frank pellagra appears. E. L. S.

The Ground Floor

RECENTLY a representative of a large record-form and business machine company called on the secretary of the State Society.

"Do you think that compulsory sickness insurance legislation will pass?" he asked.

"Why?"

"Well we realize, of course," the representative replied, "that under such legislation there will be forms for every physician, every patient and voluminous records with record-keeping devices. We want to be in on the ground floor."

. . . . THE PRESIDENT'S PAGE . . . .

"The Broad Basis of . . ."

THE legislative bodies of both our State and Nation are now in session and matters of great import to our citizens will be under consideration by both bodies. You as citizens, with your community and clientele, will be affected either favorably or adversely by their action in whatever field of legislation they act or fail to act.

These elected law-making officers of the people's choice, like ourselves, are not all master minds, but as a whole represent Mr. Average Citizen, authorized to study and act on state and national problems. We believe they desire and need your assistance and advice in the performance of their duties, and that they are entitled to this aid.

As physicians, you are peculiarly adapted for this advisory service. Your daily duties bring you in confidential contact with people in all walks of life, and you come to know their needs as few are privileged. It is especially incumbent upon you to keep a watchful eye on legislation affecting public health, to study these proposed acts carefully, and transmit your thoughts promptly to your officers or Committee on Public Policy, that we may all be benefited by your advice and assistance in a thorough study and proper presentation to our law-making representatives.

We are not suggesting that you limit your thoughts to health legislation alone, as you are equally capable of service to your community in other fields of interest. As a citizen, your interest should extend beyond the field of medicine.

May we make our presentation not a basis of class legislation, but on the broad basis of public good and protection of all classes, and where it applies to medicine or public health, show the necessity of the continued need for unhampered progress of the profession in its scientific and public health work.

With the knowledge before us of the report of the Technical Committee on Medical Care to the Inter-Departmental Committee to Coordinate Health and Welfare Activities, the action of the National Health Conference, and the publicity following, we may expect many new minds attempting to solve medical and health problems of which they have little understanding, and concerning which they have been misled by propaganda and unreliable statistical reports. Also in other lines of law-making, you will find minorities pressing class legislation for special group privileges. Be alert.

Your Committee on Public Policy, and your officers re-affirm the former position of your Society, not to solicit votes either for or against any measure, but to aid and assist our legislators in a study of matters presented, that a just determination may be reached by their respective bodies which will be of the greatest benefit to our people. Be informed as to the identity of the Assemblyman and State Senator from your District; also of your Congressman and United States Senators and stand ready to serve. Be a patriotic red-blooded citizen of your community, State and Nation.

A E Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

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Mrs. Oliver M. Layton, Fond du Lac

Public Relations

By MRS. R. B. DRYER
Poynette

TOO much emphasis cannot be placed on the importance of public relations work within the Auxiliary according to the statement of Dr. Irvin Abell, president of the A.M.A., in his address at the San Francisco convention last June. He stated that, "Women should constitute the A.M.A.'s committee on public relations" and charged Auxiliary members "with the responsibility of educating themselves and then others on medical problems and achievements." Surely each member of our Auxiliary must feel this responsibility keenly because of the outstanding work special committees in the medical society have accomplished in studying conditions abroad and in our own State.

If we are to measure up to the sincere compliment of our state president, Mrs. Fitzgerald, when she said, "In our ranks are more than 1,000 women who are above the average in education and intelligence," we must enter wholeheartedly, but with poise and intelligence into the two main projects which face us; that of helping to influence and mould public opinion and that of furthering health education. We must feel that we owe this responsibility, not only to ourselves as doctors' wives, but to the medical profession of our State.

"Sickness Insurance in Europe" by Mr. J. G. Crownhart is now in book form and may be obtained from the State Medical Society for the cost of printing, $1 a copy. Recommend this book to your friends and see that it is placed in your public and high school libraries. Remember this is authentic information which the doctors of the State, through Mr. Crownhart, have compiled for the public so that the public may learn the facts and be aware of the dangers and pitfalls which may face them in this problem of sickness insurance.

Still another powerful instrument for public instruction which we must utilize is that of placing speakers before lay groups. Last year about 120 speakers were on programs through the efforts of public relations committees. This year it is anticipated that there will be even more demand from the public to hear the opinions of the doctors who are definitely making an effort to better the distribution of medical care in the State and improve medical economics generally where the need is indicated.

A well informed local physician who can address, rather informally, a group of lay people who know and respect him seems to us the ideal way to offer this instruction. Dr. A. E. Rector, president of the State Medical Society, says, "There is no physician whose personal experience in the practice of medicine does not give him a rich background for the presentation before a lay audience of some of the problems involved in practicing sound, and therefore personalized, medicine." We hope that each local medical

society will cooperate with us in establishing a speakers' bureau to meet this requirement of small groups such as P. T. A.'s, women's clubs, etc. The importance of these small group meetings must not be under-estimated for this is another way to give the public, again quoting Doctor Rector, "the knowledge that will enable them to make an unbiased appraisal of the benefits or dangers that lie in the concrete proposals that will be presented to them in the months and years to follow." For large open meetings of 100 or more the state secretary's office has offered to supply speakers. Last year these open meetings proved very successful and we hope that you will sponsor at least one such meeting this year.

Our second aim, the promotion of health education, may be forwarded in two ways,—by the radio and by speakers on health topics.

At the present time the State Medical Society is broadcasting fifteen-minute health programs over five radio stations in the State. It has been suggested that these broadcasts are not reaching a large enough percentage of the public and "this service could be extended to reach a far greater number of radio stations of the State." Auxiliary members have been asked to help in this project. Public relations chairmen, in cooperation with the county medical societies, should interest local stations in forwarding this program. Many stations will welcome this opportunity as a certain percentage of their programs must be educational. The state secretary's office will furnish the records, many of them dramatized, and will also furnish on request trial records and needles. This is an opportunity in which we may well enlist our best efforts.

The State Board of Health will, as in the past years, cooperate in supplying speakers on health topics for lay organizations. Film strips have been added this year and a wide range of subjects is available. In arranging for these speakers or films it is necessary to give adequate advance notice. Doctor Fernan-Nunez, chairman of the committee on cancer, will again be glad to make speakers available through the spring months during the cancer drive.

We hope that each county president will appoint a public relations chairman in this work for the year. Of course she cannot carry through alone, but will be able to guide and suggest ways that her group may best work to promote these aims.

A Message From Mrs. Fitzgerald

To the Members of the Auxiliary:

The Woman's Auxiliary to the California Medical Association has a Creed which says: "Loyalty and cooperation our motto, service and unity our goal." Careful consideration of these words brings home to us the gravity of our responsibility as Auxiliary members. We have said again and again that there is no limit to the potential strength of an informed, loyal, and cooperative auxiliary working with the medical society to see that the public is taught to safeguard its health and, in time of illness, receives the highest type of medical service. Whatever stands in the way of these aims is of concern to every man and woman who is interested in the art of healing.

Throughout the country state legislatures are in session, and countless bills on countless subjects are being brought before these bodies for deliberation. Outstanding among them are those dealing with the practice of medicine; this is due largely to the growing health consciousness of the American people. Among the bills may be some safeguarding the practice of medicine; others may jeopardize the interests of organized medicine. Our part here is to assist in every possible way but ONLY when requested to do so by our Advisory Council. However, as thinking women we should always be informed of what is taking place; we must learn what legislation is under consideration and what stand is being taken by the medical profession concerning this legislation. Equipped with correct information our value as interpreters of the viewpoint of organized medicine to the general public is enhanced immeasurably. Self education and the instruction of others has been one of the prime objects of our organization since its inception. Now we must pursue that objective if we are to justify the faith placed in us by our medical societies.

Most counties are preparing to participate in intensive immunization work. The Auxiliary may assist the doctors very definitely in this field; conveying children to the centers where the work is to be done, assisting doctors at the centers, keeping records,—these are tasks which might well be undertaken by auxiliary members who are always interested in helping solve the health problems of their own communities.

Our organization throughout the State is growing in a satisfactory manner. Since the September meeting three new county auxiliaries have been organized, bringing the total number to twenty-seven. There are, obviously, many county medical societies which have no auxiliary. Some day, perhaps, there

will be no county society without its secondary group, but this will take time. Since it is not the policy of the Auxiliary to proselyte, that condition will come about only when the existing groups will have made their value so apparent that all medical societies which have no auxiliary will ask for such an organization. In the meantime let us build up our membership in the established groups, aiming at 100 per cent. Your committee chairmen and your officers stand ready to help at any time and in any way; please do not hesitate to call upon them. Your president, too, holds office only to serve you. She wishes it were possible to attend at least one meeting of each county auxiliary during the year, and she will be happy to visit as many as time and weather permit. Working together, then, in loyalty, every member of every county auxiliary cooperating with her fellow-members, and counties uniting to form the state organization, we cannot help attaining our goal of service.

MRS. ROBERT E. FITZGERALD,
President

Brown—Kewaunee—Door

The Woman's Auxiliary to the Brown-Kewaunee-Door County Medical Society held an open meeting on December 1 in the Crystal Ballroom of the Hotel Northland, Green Bay. Mr. J. G. Crownhart, secretary of the State Medical Society of Wisconsin, addressed the group, his subject being "Sickness Care for Wisconsin." About 125 women attended, including Auxiliary members and representatives from about twenty other women's organizations in the city. Mr. Crownhart was introduced by Dr. P. R. Minahan of Green Bay. The meeting was arranged by Mrs. M. H. Fuller, public relations chairman.

Dane

The Woman's Auxiliary to the Dane County Medical Society met on January 11 at the University Club, Madison. Luncheon was served at one o'clock. Hostesses were the Mesdames J. S. Supernaw, C. A. Harper, Stanley Briggs, C. K. Schubert, and H. Kent Tenney.

At the business meeting it was voted to donate $10 to the Chinese Aid Council for nursing and medical supplies. Mrs. Stanley Briggs, the new president, announced the appointment of the following committee chairmen for 1939: Hygeia, Mrs. Benjamin Brindley; program, Mrs. J. G. Crownhart; parliamentarian, Mrs. Harold Marsh; historian, Mrs. M. Trautmann; press, Mrs. Peter Duehr; publicity, Mrs. A. W. Bryan; social, Mrs. Homer Krehl; membership, Mrs. Fred Kundert; telephone, Mrs. Stuart McCormick; and loan closet, Mrs. W. S. Middleton.

Following the business meeting bridge was played, Mrs. A. C. Stehr receiving first prize and Mrs. C. W. Aageson second. There were twenty-five in attendance.

Kenosha

Holding their first meeting of the year, members of the Woman's Auxiliary to the Kenosha County Medical Society met on January 3 at the home of Mrs. Paul Pifer of Kenosha. She was assisted by Mesdames Leonard Rauen, Edgar Andre, C. N. Cresswell, and J. P. Graves. Under the direction of Mrs. Henry Murphy, a Professor Quiz contest was conducted.

Reports were given on the work of the various committees for the last year, as well as that of the hospital committee during the Christmas season.

Milwaukee

A tea and musicale in honor of the new officers was given Friday, January 13, at the Astor Hotel by the Woman's Auxiliary to the Medical Society of Milwaukee County. More than 100 members were present.

Preceding the formality of passing the receiving line, the lobby hostess committee with Mrs. C. J. Becker, chairman, and Mesdames E. F. Barta, N. Warren Bourne, R. O. Brunkhorst, John Dundon, John J. Froelich, E. J. Habbe, John Huston, and J. M. Jekel introduced new members to the membership.

After the new officers had had the privilege of meeting Auxiliary members, Mrs. Robert E. McDonald, president, introduced Mrs. Arno Fromm, music chairman, who had arranged a varied and inspirational program. A group of village folk dances was given by five pupils of Sylvia Orth. Miss Lillian Rahn, violinist, played two violin solos, and Mrs. Fromm sang Mexican and Spanish songs with piano accompaniment.

The president read the names of the new committee chairmen and co-chairmen, which appear at the conclusion of this article. Mrs. Harry Zurheide, Hygeia chairman, announced that Mrs. Harry Heeb, state Hygeia chairman, had selected February 17 as Hygeia Day for the State. To cooperate in making this project of the circulation of Hygeia a success, the Woman's Auxiliary to the Medical Society of Milwaukee County is giving a benefit card party at the Tripoli Temple on February 17.

During the social hour which followed the business meeting, tea was served. Mesdames Robert E. Fitzgerald, William Jermain, A. R. F. Grob, Harry Heeb, and Arno Langjahr poured. The members of the social committee were Mesdames William H. Studley, chairman; L. A. Bernhard and R. D. Champney, co-chairman; and V. L. Baker, Frank Darling, Jr., D. D. Frawley, John Hitz, James Murphy, and J. H. Reynolds.

The names of the new officers of the Woman's Auxiliary to the Medical Society of Milwaukee County appeared in the January issue of this Journal. The committee appointments for 1939 are as follows:

Social
Mrs. William H. Studley, chairman
Mrs. L. A. Bernhard, co-chairman
Mrs. R. D. Champney, co-chairman

Program
Mrs. J. J. McGovern, chairman
Mrs. John F. Blair, co-chairman

Music
Mrs. Arno Fromm, chairman
Mrs. George Kelly, co-chairman

Lobby hostess
Mrs. Charles J. Becker, chairman
Mrs. Julius Sure, co-chairman

Press and publicity
Local
Mrs. Alexander Montgomery, chairman
Mrs. T. A. Judge, co-chairman
State
Mrs. Gerald H. Friedman

Hygeia
Mrs. Harry Zurheide, chairman
Mrs. Henry Smith, co-chairman
Mrs. William Jermain, co-chairman

Flower and courtesy
Mrs. J. P. Conway, chairman
Mrs. Elwood Mason, co-chairman

Historian
Mrs. Ralph Sproule

Membership
Mrs. Jack L. Kinsey, chairman

Budget
Mrs. R. G. Washburn, chairman

Visiting nurse
Mrs. J. M. Jekel, chairman
Mrs. U. A. Schlueter, co-chairman

Education
Mrs. W. A. Joseph, chairman

Public relations
Mrs. C. D. Partridge, chairman
Mrs. Paul A. Lee, co-chairman

Convention
Mrs. William Liefert, chairman
Mrs. Ralph D. Bergen, co-chairman
Mrs. E. F. Barta, co-chairman

Archives
Mrs. E. M. Lawler

Philanthropic
Mrs. J. J. Adamkiewicz, chairman
Mrs. C. D. Partridge, co-chairman

Telephone
Mrs. A. L. Bork, chairman
Mrs. William B. Walton, co-chairman

Polk

Mrs. George B. Noyes, chairman of press and publicity of the Woman's Auxiliary to the Polk County Medical Society, has reported that a meeting of that organization was held at Clear Lake on December 15. Following dinner at the Badger Hotel a business meeting was held at the home of Dr. and Mrs. Loren Campbell.

The following officers were elected for 1939: President, Mrs. H. C. Caldwell; president elect, Mrs. A. N. Nelson; secretary, Mrs. Karl Johnson, and treasurer, Mrs. W. A. Meilicke.

Racine

The January meeting of the Woman's Auxiliary to the Racine County Medical Society was held on the tenth at the home of Mrs. J. F. Henken of Racine. Serving with Mrs. Henken as hostesses were Mrs. H. B. Beeson, Mrs. Frank Pope, and Mrs. Charles Browne. Following the business meeting Mrs. F. W. Merriman reviewed "We Married an Englishman" and "All This and Heaven Too."

Sheboygan

Mrs. Robert E. Fitzgerald, president of the Woman's Auxiliary to the State Medical Society of Wisconsin, addressed members of the Woman's Auxiliary to the Sheboygan County Medical Society at their monthly meeting and tea held at the home of Mrs. Fred Nause, Jr., on January 11. In her talk Mrs. Fitzgerald traced the history of the organization, and explained that its aim is health education.

Following the business meeting the guests were entertained at tea, with Mrs. Theodore Gunther presiding. Mrs. Paul Mason also assisted as a hostess.

At the February meeting Mrs. Gunther will review the book, "The Horse and Buggy Doctor."

Walworth

The Walworth County Medical Society met at the Colonial Inn in Darien on January 10. The wives of the physicians had been invited to attend, and following the dinner Mrs. Robert E. Fitzgerald, president of the Woman's Auxiliary to the State Medical Society of Wisconsin, discussed the organization of an Auxiliary in Walworth County. She described the purposes and ideals of this group and the work which is undertaken in the dissemination of information for the betterment of public health.

The officers who were elected are: President, Mrs. S. G. Meany, East Troy; president elect, Mrs. E. D. Sorenson, Elkhorn; treasurer, Mrs. J. A. Rawlins, Elkhorn; and secretary, Mrs. Walter Mauthe, Whitewater.

Society Proceedings

Brown—Kewaunee—Door

At its meeting on December 15 at the Beaumont Hotel, Green Bay, the following physicians were elected to serve the society as officers for the coming year:

President—L. E. Dockry, Kewaunee
Vice-President—E. G. Nadeau, Green Bay
Secretary-Treasurer—T. S. Burdon, Green Bay

Chippewa

The Chippewa County Medical Society met on January 24 at the Hotel Northern, Chippewa Falls. Guest speakers of the evening were Dr. H. C. Hinshaw and Dr. J. L. Emmett of Rochester, Minnesota. They spoke on "Recent Advances in the Treatment of Pneumonia," and "Management of Urinary Calculi," respectively.

Columbia—Marquette—Adams

The Columbia-Marquette-Adams County Medical Society met on January 10 at St. Mary's Hospital in Columbus. Dinner was served to members of the society and the woman's auxiliary. Dr. A. E. Rector, Appleton, president of the State Medical Society, was a guest at the meeting. Dr. E. W. Mason, Milwaukee, gave the address of the evening. His subject was "Treatment of Pneumonia with Serum."

Dane

The Dane County Medical Society met at the Loraine Hotel, Madison, on January 10. Forty-five members were present. Dr. Reginald Jackson, Madison, gave an illustrated talk on "Surgery of the Colon." Dr. P. J. Clark and S. B. Pessin, both of Madison, presented a case report.

Dr. J. S. Supernaw, Madison, was appointed chairman of the county society's committee on cancer. Drs. Ben L. Boynton, Edwin R. Nelson, Maurice H. Seevers and Walter J. Urben were elected to membership in the society.

Dodge

The Dodge County Medical Society met on January 26 in Beaver Dam. Dr. A. L. Banyai of the Muirdale Sanatorium, Wauwatosa, addressed the group on "The Diagnosis of Early Tuberculosis."

Douglas

The Douglas County Medical Society met on January 4 at the Hotel Superior in Superior. Dinner was served at 6:30 p. m. and thereafter the members heard an address by Dr. Benjamin Davis of Duluth, Minnesota, on the subject of "Head Injuries."

COUNTY SOCIETIES WITH 100% MEMBERSHIP

Crawford Green

Eau Claire—Dunn—Pepin

On January 30 the members of the Eau Claire-Dunn-Pepin County Medical Society held a dinner meeting at the Hotel Eau Claire in Eau Claire. A scientific program was presented during the evening as follows: "The Remote Vascular Lesions of Pregnancy Toxemias," by Dr. J. L. McKelvey, Minneapolis, Minnesota, and "The Mechanism of Renal Hypertension," by Dr. George Fahr, Minneapolis, Minnesota.

Fond du Lac

The Fond du Lac County Medical Society held a dinner meeting on December 22 at the Hotel Retlaw, Fond du Lac. An address was presented by Dr. Harold W. Shutter, Milwaukee, on "The Office Treatment of Gynecological Conditions."

On January 26, the society met in Fond du Lac to hear an address by Dr. J. B. MacLaren, Appleton, on "Skull Fractures." The meeting was attended by a large number of local members as well as several members of the Winnebago County Medical Society.

Jefferson

The Jefferson County Medical Society has elected officers for the coming year as follows:

President—Dr. L. H. Nowack, Watertown
Vice-President—Dr. C. J. Brewer, Jefferson
Secretary-Treasurer—Dr. L. Gueldner, Fort Atkinson
Delegate—Dr. W. S. Waite, Watertown
Alternate Delegate—Dr. G. Eck, Lake Mills

Kenosha

The following Kenosha physicians have been elected by the Kenosha County Medical Society to serve as officers for the coming year:

President—A. F. Ruffolo
Vice-President—T. W. Ashley
Secretary—H. L. Schwartz
Delegate—George C. Schulte
Alternate Delegate—W. C. Stewart

La Crosse

The La Crosse County Medical Society met on December 13 at the Hotel Linker in La Crosse. A duck dinner was served at 6:30 p. m., following which a scientific program was presented. Dr.

J. Grafton Love, Rochester, Minnesota, was the guest speaker. His subject was "Protrusion of Intervertebral Disks."

On January 17 the members held another meeting in La Crosse. Fifty-one members attended this meeting and heard a talk by Dr. Ovid Meyer, Madison, on "Hemorrhagic Diseases."

Langlade

The members of the Langlade County Medical Society have elected the following Antigo physicians as officers for 1939:

President—C. E. Zellmer
Vice-President—R. J. Portman
Secretary-Treasurer—R. J. Portman

Manitowoc

Dr. T. A. Teitgen, Manitowoc, secretary of the Manitowoc County Medical Society, reports that members of the society met on December 15 at Maple Crest Sanatorium, Whitelaw, as the guests of the institution's superintendent, Miss Freda Breaker, and its medical director, Dr. J. M. Kelley.

Dr. A. E. Rector, Appleton, president of the State Medical Society gave a talk outlining the work of the State Society. Mr. J. C. Gamroth, Madison, state compensation director of the W. P. A., presented an address on the status of the W. P. A. employee and his relation to the doctor. Dr. W. H. Oatway, Jr., Madison, assistant professor at the Wisconsin General Hospital, spoke on "Recent Advances in Chest Surgery."

Milwaukee

The Medical Society of Milwaukee County met on January 13 at the Milwaukee Athletic Club, Milwaukee. Dr. Charles R. Austrian, associate professor of medicine, John Hopkins University, Baltimore, Maryland, delivered the Lippitt Memorial Lecture. His subject was "Chronic Non-Tuberculous Pulmonary Infections." Dr. Forrester Raine, Milwaukee, spoke on "Detection of Lung Abscesses." Three hundred members of the society were present at the meeting. Following the scientific program a social hour was enjoyed.

Outagamie

The Outagamie County Medical Society met on January 19 at the Conway Hotel in Appleton. Following a 6:30 p. m. dinner, the members heard Dr. J. B. MacLaren, Appleton, speak on "Skull Fractures."

Pierce—St. Croix

The Pierce-St. Croix County Medical Society met in Hudson on December 15 at 7 p. m. At a business meeting Dr. Ernest M. Drury, New Richmond, was elected to membership in the society. Dr. F. W. Lynch, St. Paul, Minnesota, was the speaker of the evening, his subject being "Treatment of Common Skin Disorders."

Portage

The Portage County Medical Society met at St. Michael's Hospital in Stevens Point on January 11. Eighteen members were present at the meeting. Movies showing the performance of a subtotal thyroidectomy and a hemorrhoidectomy were presented. Dr. Merritt Jones, Wausau, addressed the members on "Back Injuries."

Racine

Dr. Beatrice O. Jones, secretary of the Racine County Medical Society, reports that officers elected to serve the society for 1939 are as follows:

President—Dr. Erick von Buddenbrock
Secretary—Dr. Beatrice O. Jones
Delegate—Dr. R. M. Kurten
Alternate Delegate—Dr. T. C. Hemmingsen

At a meeting of the society on January 19, at the Elks Club in Racine, the members heard an address by Dr. Adrien Verbrugghen, assistant clinical professor of surgery, Rush Medical College, Chicago, on the subject of "Brain Abscess."

Rock

The Rock County Medical Society met in the Monterery Hotel, Janesville, on January 24. Following a dinner, served at 6:30 p. m., addresses were presented as follows: "Specific Treatment of Pneumonia," by Dr. J. M. Ruegsegger, department of internal medicine, University of Cincinnati; "Nonspecific Treatment of Pneumonia," by Dr. W. S. Middleton, dean of the University of Wisconsin Medical School, Madison. Sixty-two of the society's seventy-eight members attended the meeting. Nineteen physicians from Green and Winnebago counties atended the meeting as guests.

Shawano

At a meeting of the Shawano County Medical Society on January 19, the following physicians were elected officers for the next year:

President—E. E. Evenson, Wittenberg
Vice-President—A. A. Cantwell, Shawano
Secretary-Treasurer—F. L. Litzen, Gresham
Censor—E. L. Schroeder, Shawano
Delegate—A. A. Cantwell, Shawano
Alternate Delegate—F. L. Litzen, Gresham

Sheboygan

The Sheboygan County Medical Society met in Kohler on December 29. At 7 p. m. the members were guests of the Kohler Company at dinner. Mr. Herbert Kohler, president of the Kohler Company, addressed the members and invited them to return next summer for a study of the Kohler plant from the viewpoint of medical safety. Dr. A. H. Heidner, West Bend, councilor for the Fifth District of the State Medical Society of Wisconsin, attended the meeting and gave a short talk.

A scientific program was presented, Dr. Fred Fitz of Northwestern University, Chicago, being the main speaker. He discussed "Industrial Medicine."

Walworth

At the January meeting of the Walworth County Medical Society in Darien the following physicians were elected officers for the coming year:

President—J. W. Doughty, Delavan
Vice-President—E. D. Hudson, Lake Geneva
Secretary-Treasurer—C. J. Brady, Lake Geneva

Waukesha

At a meeting of the Waukesha County Medical Society on January 4, the following physicians were elected to serve as officers during 1939:

President—J. F. Wilkinson, Oconomowoc
Vice-President—C. A. Wood, Waukesha
Secretary-Treasurer—J. D. Wilkinson, Oconomowoc

Dr. S. G. Higgins, Milwaukee, was the guest speaker. Doctor Higgins who recently spent several months in India showed a motion picture film of that country and discussed his experiences there.

Winnebago

The Winnebago County Medical Society met in Neenah on January 12. Dr. J. W. Gale, University of Wisconsin Medical School, Madison, spoke on "Empyema." Another speaker at the meeting was Dr. A. E. Rector, Appleton, president of the State Medical Society.

Ninth Councilor District

The Ninth Councilor District of the State Medical Society of Wisconsin met on January 12 at Wausau. The following program was presented:

"Acute Osteomyelitis in Children," Dr. L. C. Pomainville, Wisconsin Rapids

"Water Balance," Dr. H. H. Fechtner, Wausau

"Roentgen Diagnosis of Diseases of the Esophagus and Stomach," Dr. L. W. Paul, Department of Radiology, University of Wisconsin, Madison

Milwaukee Gastroenterological Society

The Milwaukee Gastroenterological Society held its monthly meeting at the Milwaukee Athletic Club on December 14. Dr. Frank Mackoy presented a paper, "The Early Recognition of Neoplasms in the Cardiac Region of the Stomach."

Milwaukee Neuro-Psychiatric Society

The Milwaukee Neuro-Psychiatric Society held a joint meeting with the Milwaukee Psychological Club on January 26 at the University Club, Milwaukee. Following a 6:30 p. m. dinner, the following program was presented:

Samuel J. Beck, Ph. D., Michael Reese Hospital, Chicago, "The Rorschach Method and the Structure of the Personality."

"Four Neighbors," a film prepared by the Judge Baker Guidance Center, Chicago, depicting the work of a child guidance clinic.

ADVISE YOUR PATIENTS . . .

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday
WEAU, Eau Claire—1:45 p.m., Monday, Wednesday and Friday
WHBY, Green Bay—7:15 p.m., Monday and Wednesday; 7:30 p.m., Thursday
WLBL, Stevens Point—11:15 a.m., Wednesday
WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday

Milwaukee Oto-Ophthalmic Society

The Milwaukee Oto-Ophthalmic Society met on January 10 at the University Club, Milwaukee. Dinner was served at 6:30 p. m. after which the members were addressed by Dr. Hans Brunner, former chief of the Alexander Clinic, Vienna, Austria. He discussed "Infections of the Paravertebral Space."

Milwaukee Pediatric Society

The Milwaukee Pediatric Society has elected the following Milwaukee physicians as officers for the coming year:

President—Helen J. Zillmer
Vice-President—S. F. Morgan
Secretary-Treasurer—Samuel E. Kohn

Milwaukee Society of Clinical Surgery

At the annual meeting of the Milwaukee Society of Clinical Surgery, January 24, the following physicians were elected officers for 1939:

President—Karl Schlaepfer
President-Elect—L. D. Smith
Junior Past President—William J. Carson
Secretary—E. O. Gertenbach
Treasurer—R. W. Roethke
Executive Committee—Karl Schlaepfer, L. D. Smith, E. O. Gertenbach, William J. Carson, R. W. Roethke, Theodore Burbach and F. C. Christensen

Following the election of officers and business meeting a scientific program was presented as follows: "The Science of Surgery," by Dr. W. J. Carson, Milwaukee; "Nupercaine Spinal Anesthesia in General Surgery," by Dr. Karl Schlaepfer, Milwaukee; "Gastrectomy," by Dr. L. W. Hipke, Milwaukee.

News Items and Personals

Dr. Casimir F. Park, Milwaukee, has been appointed clinical physician of the Bureau of Contagious Diseases and School Hygiene, according to a recent announcement made by Dr. John P. Koehler, Milwaukee Health Commissioner.

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Dr. D. J. Taft, Tomah, spoke on his experiences in government medical service in Panama at a meeting of the Tomah Rotary Club on January 4.

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Dr. Florence E. McCann, Milwaukee, spoke on "The Highways and Byways to Health," before the Cudahy Woman's Club on January 9.

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Dr. Stephen F. DeFazio, Kenosha, addressed the Catholic Junior League of Kenosha on January 9. His subject was "The Common Cold."

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The staff of Waukesha Municipal Hospital recently chose the following Waukesha physicians to serve as officers for the coming year:

President—W. B. Campbell
Vice-President—M. J. Werra
Secretary—H. F. Sydow

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St. Mary's Hospital, Superior, has elected the following officers for 1939:

President—W. H. Schnell
Vice-President—J. R. McNutt
Secretary—T. J. Doyle

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Dr. Addie M. Schwittay of the Jackson Clinic, Madison, gave a talk on contagious diseases and their prevention at a recent meeting of the Waterloo Parent-Teacher Association.

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Dr. C. F. Dull, Richland Center, has been appointed county health physician for Richland county.

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Dr. W. W. Kelly, Green Bay, was named president of the State Board of Health at a meeting of the Board on January 6. Dr. Stephen Cahana, Milwaukee, was chosen vice-president. Dr. C. A. Harper, Madison, was re-appointed to serve as secretary.

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Dr. Michael Kasak, Wauwatosa, director of mental clinics at the Milwaukee county institutions, is now in charge of the hospital for mental diseases and the hospital for the chronic insane, replacing Dr. A. F. Young who recently retired on pension. The Milwaukee county civil service commission will hold examinations soon for the permanent appointment of a superintendent of the combined institutions.

Pneumonia Control Conference Committee Appointed by President Rector.—Following a request from the State Board of Health of Wisconsin, through Dr. C. A. Harper, State Health Officer, that the State Medical Society of Wisconsin set forth advice in the matter of a pneumonia control program, the Council of the Society authorized the appointment of a special committee to confer with officers of the State Board of Health for the formulation of such a program. Dr. A. E. Rector, Appleton, president of the State Society, has appointed the following physicians to serve on the committee: Dr. A. J. Patek, Milwaukee; Dr. T. J. Snodgrass, Janesville; and Dr. A. G. Koehler, Oshkosh. The program will relate specifically to the distribution of typing facilities and pneumonia serums.

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Dr. T. B. McCord, Richland Center, will not move to Prairie du Chien as stated in the news section of the Wisconsin Medical Journal in January. The report that he would change his residence reached the headquarters of the State Medical Society via newspaper items which had no basis in fact.

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Dr. Peter Midelfart, after spending a year taking postgraduate work in Oslo, Norway, has returned to the United States and joined the staff of the Midelfart Clinic, Eau Claire, founded by his father, the late Christian Midelfart.

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Dr. R. D. Bergen, Milwaukee psychiatrist, addressed an audience of over 125 people in Waukesha on January 12. His talk dealt with psychiatric problems.

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A grant of $3,300 was made January 15 to the University of Wisconsin Medical School by the National Foundation for Infantile Paralysis, New York.

The allotment was one of several made to universities in the country, totalling $140,990. The fund is to be used for scientific research and for prevention and treatment of after-effects of infantile paralysis.

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During the month of January Mr. J. G. Crownhart, secretary of the State Medical Society of Wisconsin, spoke on various phases of sickness care to the following groups: January 4, Kiwanis Club and Rotary Club, Columbus; January 14, Minnesota State Medical Association, St. Paul; January 17, A. A. U. W. Kenosha (public meeting); January 18, Woman's Auxiliary, Waukesha County Medical Society (public meeting); January 19, Seventh Councilor District Dental Society and Milwaukee County Dental Society, Milwaukee; January 21, College Club, Madison, and Regional Bar Meeting, Fond du

Lac; January 28, the City Club, Milwaukee, and January 30, Wayne County Medical Society, Detroit, Michigan.

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According to newspaper clippings received in the offices of the State Medical Society, the following Wisconsin physicians were among those speaking recently on various aspects of socialized medicine:

Alf Gundersen, La Crosse: American Association of University Women, La Crosse, on January 13.

L. J. Moriarty, Two Rivers: Manitowoc Junior Chamber of Commerce Auxiliary, January 9.

A. H. Heidner, West Bend: Kiwanis Club of Cedarburg, January 16: Kiwanis Club of West Bend, January 3.

C. D. Neidhold, Appleton: Lions Club of Appleton, January 9.

H. H. Kleinpell, Prairie du Chien: League of Women Voters, Prairie du Chien, January 10.

W. T. Clark, Janesville: American Association of University Women, Janesville, January 11.

F. G. Connell, Oshkosh: Neenah Club, Neenah, January 9.

C. G. Dunst, Milwaukee: Chemistry Club of Washington High School, December 21.

O. A. Stiennon, Green Bay: Kiwanis Club of Green Bay, January 3.

F. E. Butler, Menomonie: Rotary Club of Menomonie, January 5.

The staff of the La Crosse Hospital at its annual meeting for the election of officers named the following physicians as officers for the coming year:

President—Dr. A. A. Solberg, Coon Valley
Vice-President—Dr. R. L. Alvarez, Galesville
Secretary-Treasurer—Dr. W. H. Remer, Chaseburg

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The Bureau of Nursing Education, State Board of Health, has appointed Dr. Millard Tufts, Milwaukee, to represent the State Medical Society of Wisconsin on the Committee on Nursing Education.

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Dr. Tom Spies, associate professor of medicine, University of Cincinnati College of Medicine, spoke on "Recent Advances in the Study of Pellagra," at a meeting of the University of Wisconsin Medical Society on January 10. Mention of Doctor Spies' talk is made in an editorial in this issue. See page 120.

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Dr. Milton Trautmann of the State Board of Health, Madison, gave a talk on communicable diseases at the meeting of the Tenth District Wisconsin State Nurses Association, January 10.

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Dr. Samuel Wick of the Milwaukee Hospital for Mental Diseases spoke on the work of the psychiatrist at a joint meeting of the Wisconsin Occupational Therapy Association and the Wisconsin Society of Mental Hygiene, held in the auditorium of the Marquette University School of Medicine, January 17.

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At a meeting of the staff of St. Joseph's Hospital on January 9, the following Marshfield physicians were elected officers for 1939: Dr. Karl H. Doege, chief of staff; Dr. G. L. McCormick, vice-chief of staff; and Dr. F. A. Boeckman, secretary. All are members of the Marshfield Clinic staff which also elected officers recently as follows:

President—R. P. Potter
Vice-President—W. G. Sexton
Treasurer—William Hipke
Secretary—Lyman A. Copps

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New Appointments to State Board of Medical Examiners.—With the appointment on December 30, 1938, of Drs. George R. Reay, La Crosse, and H. W. Howe, Racine, to replace Drs. Alvin G. Koehler, Oshkosh, and Henry O. McMahon, Milwaukee, on the State Board of Medical Examiners, the membership of the Board is now, according to the Governor's office, as follows:

Dr. Henry Gramling, Milwaukee (Secretary)
Dr. C. H. Cremer, Cashton
Dr. H. W. Howe, Racine
Dr. Adam J. Gates, Tigerton
Dr. D. R. Searle, Superior
Dr. Geo. R. Reay, La Crosse
Dr. H. H. Christofferson, Colby
E. C. Murphy, D. O., Eau Claire

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Dr. W. S. Middleton, Madison, has been reappointed to serve on the State Soldier's Rehabilitation Board for the term ending June 25, 1941.

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Dr. Michael W. Ward, Bangor, was appointed village president on January 13.

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Dr. R. H. Stiehm, Madison, served as one of the postgraduate instructors in the course on tuberculosis given at the University of Minnesota's Center for Continuation Study.

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Medical Corps of U.S. Navy Offering Internship and Commissions.—The Medical Corps of the United States Navy offers a number of internships and commissions to graduates of Class "A" medical schools who have completed or are about to complete an internship in a civilian hospital. Examinations will begin on May 8, 1939, and applications should be on file at least one month prior to that date. Detailed information may be secured by writing the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

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The 68th Annual Meeting of the American Public Health Association will be held in Pittsburgh, Pa., October 17–20, 1939, with headquarters at the

William Penn Hotel. Dr. Reginald M. Atwater, Executive Secretary, in announcing the dates, calls attention to the important issues facing the public health profession and predicts a year of great expansion in the responsibilities of health officers and health workers generally.

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American College of Surgeons Announces Meeting.—Dr. George Crile, chairman of the Board of Regents, American College of Surgeons, has announced a sectional meeting of the College on March 22, 23 and 24, for the States of Indiana, Illinois, Iowa, Michigan, Ohio and Wisconsin. The meeting will be held in the Claypool Hotel, Indianapolis, Indiana.

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Harvard School of Public Health, June 12-17, 1939

The Faculty of the Harvard School of Public Health offers a short course of lectures, clinics, and demonstrations on the virus and rickettsial diseases, with special emphasis on their public health significance, to be held at the School during the week of June 12–17, 1939. Lectures on the etiology, epidemiology, and methods of control of these diseases, given by members of the Faculties and by former students of the Harvard School of Public Health and of the Harvard Medical School, will occupy five mornings. Special clinics and demonstrations will be given each afternoon. In some instances these demonstrations will be continued through the week, so that all the members of the symposium can attend. On the last morning, a panel discussion will be held on the three main topics presented in the symposium.

The fee for the course will be $25.00, payable at any time up to June 12. Enrollment, however, should be arranged before June 1, as facilities for many of the clinics and demonstrations are limited. The lectures will be published later in a single volume, which will be sent to each person who has registered for the course.

Further information may be had by writing to the Secretary of the School of Public Health, 55 Shattuck Street, Boston, Massachusetts.

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Examinations to Be Held

American Board of Obstetrics and Gynecology.—The general oral, clinical and pathological examinations for all candidates, Part II examinations (Groups A and B), will be conducted by the entire Board, meeting in St. Louis, Missouri, on May 15 and 16, 1939, immediately prior to the annual meeting of the American Medical Association. Notice of time and place of these examinations will be forwarded to all candidates well in advance of the examination dates.

Candidates for reexamination in Part II must request such reexamination by writing the secretary of the Board before April 1, 1939. Candidates who are required to take reexaminations must do so before the expiration of three years from the date of their first examination.

Application for admission to Group A, May 1939, examinations must be on file in the office of the secretary of the Board by March 15, 1939.

Application blanks and booklets of information may be obtained from Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, Pa.

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American Board of Ophthalmology.—The American Board of Ophthalmology announces that henceforth its examinations will be divided into two parts. Candidates whose applications are accepted will be required to pass a written examination which will be held simultaneously in various cities throughout the country approximately sixty days prior to the date of the oral examination. This examination will include all of the subjects previously covered by the practical and oral examinations.

Oral examinations will be held at the time and place of the meeting of the American Medical Association and of the American Academy of Ophthalmology and Oto-Laryngology, and occasionally in connection with other important medical meetings. The oral examinations will be on the following subjects: External diseases, ophthalmoscopy, pathology, refraction, ocular motility, and practical surgery. Only those candidates who pass the written examination and who have presented satisfactory case reports will be permitted to appear for the oral examination.

Examinations scheduled for 1939: Written: March 15 and August 5. Oral: St. Louis, May 15; Chicago, October 6.

Applications for permission to take the written examination March 15 must be filed with Mr. John Green, Secretary of the Board, 6830 Waterman Avenue, St. Louis, Missouri, not later than February 15. Application forms and detailed information may be secured from Mr. Green.

BIRTHS

A daughter, Julia Joan, to Dr. and Mrs. W. C. Kleinpell, Madison, on January 3.

A son, Joseph Francis, to Dr. and Mrs. E. A. McKenna, Antigo, December 30.

A son, James Golden, to Dr. and Mrs. James Curtin, Milwaukee, December 19.

A son to Dr. and Mrs. A. D. Spooner, Milwaukee, on December 18.

MARRIAGES

Dr. Harold O. Schneider, Monroe, and Miss Frances Louise Warner, Lincoln, Nebraska, on January 7.

Dr. Mary Ellen Neville, Milwaukee, and Mr. Edward Bielefeld, Milwaukee, on December 31.

Dr. Charles N. Lewis, Madison, and Miss Mildred Lee, Madison, on December 30.

Dr. Francis H. Kehlnhofer, Wauwatosa, and Miss Mildred Moldenhauer, Lake Geneva, on January 7.

DEATHS

Dr. Hugh McCormick, New Auburn, died suddenly of a heart attack on December 17, 1938. Doctor McCormick was born in Canada in 1866. He was graduated from the University of Toronto in 1892 and two years later began the practice of medicine in New Auburn, then called Cartwright. He remained active in practice and in the civic affairs of his community up to the date of his death.

Doctor McCormick is survived by his widow and one daughter.

Dr. J. E. Donnell, Cuba City, died on January 21 following an operation. He was sixty-three years of age at the time of his death. In 1907 Doctor Donnell was graduated from the Illinois Medical College. He practiced his profession in Cuba City from 1907 to 1927. He then sold his practice and went to New York City, Philadelphia and Vienna, Austria, where he took postgraduate work in the treatment of eye, ear, nose and throat diseases. On his return to Cuba City in 1930 he specialized in treating those diseases.

Doctor Donnell was a World War veteran, having served in the medical corps of the army. He was a member of the Grant County Medical Society, which society he served as president in 1934. He was also a member of the State Medical Society of Wisconsin and of the American Medical Association.

Dr. Thomas B. Keyes, Butternut, died in Lake Bluff, Illinois, October 2, of myocarditis. He was sixty-five years of age at the time of his death. Doctor Keyes was graduated from the Albany Medical College in 1895. Shortly thereafter he began the practice of medicine in Chicago. From 1917 to 1928 he practiced in Butternut, returning to that village in 1937.

Doctor Keyes was well known for his work in the study and prevention of tuberculosis. He was a member of the Price-Taylor County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association.

He is survived by his widow and one daughter.

Dr. James J. Cavaney, Milwaukee, died at his home on December 29. He was eighty-four years of age. In 1879 he was graduated from Rush Medical College. He practiced medicine in Florence and Portage before moving to Milwaukee in 1886. He retired from active practice two years ago.

Doctor Cavaney was a member of the Medical Society of Milwaukee County, being one of nine physicians honored by that Society in 1934 for more than fifty years of service. He was a member of the State Medical Society of Wisconsin and a Fellow of the American Medical Association.

Surviving him are his widow, two daughters and one son.

Dr. Frederick Poppe, Pulcifer, died on January 3 at his home. He was eighty-eight years old and had practiced medicine in Pulcifer for over forty years.

Doctor Poppe was born in Norway and received his medical education in that country. He came to this country in 1880, practicing in Nelsonville for two years before moving to Pulcifer.

He is survived by one daughter and two sons.

Dr. A. R. Wittman, Merrill, died suddenly on January 11 at his home. Doctor Wittman, who was born in 1859, was a graduate of Rush Medical College, receiving his medical degree from that institution in 1888. From 1891 to the date of his death he remained in active practice in Merrill. He was three times mayor of Merrill and served that city in other capacities as well, including that of health commissioner. He was considered an authority on Indian relics of which he had an extensive collection.

He is survived by four sons and one daughter.

Dr. Lewis C. Tisdale, Milwaukee, died January 13 of a heart attack. He was born in 1878. In 1901 he received his medical degree from the Wisconsin College of Physicians and Surgeons. Doctor Tisdale, who specialized in surgery, practiced in Milwaukee for over thirty years.

He was a member of the Medical Society of Milwaukee County and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association. He is survived by his widow.

Dr. John F. Hastings, Kenosha, died suddenly of a heart attack on January 18. He was born in 1877. He was graduated from the Michigan College of Medicine in 1906. Doctor Hastings, who specialized in surgery, had practiced his profession in Kenosha for many years.

He was a member of the Kenosha County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association.

Surviving him are his widow, three sons and a daughter.

Dr. George R. Mitchell, Madison, died at his home on December 31. He was ninety years of age. He was graduated from the Detroit Homeopathic Medical College in 1872. He practiced his profession in Richland Center for many years before moving to Madison.

Doctor Mitchell was a veteran of the Civil War. He is survived by three daughters and a son.

Dr. Thomas F. Shinnick, Beloit, died at his home on January 29 of heart disease. He was born in 1873 in Watertown. He was graduated from Rush Medical College in 1899. Always very much interested in high school and college athletics, Doctor Shinnick served as physician to Beloit teams for several years. He held the rank of major in the United States army and served in a French base hospital during the World War.

Doctor Shinnick was a member of the Rock County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his wife and a son, Dr. Thomas Shinnick, Jr., Madison.

SOCIETY RECORDS

New Members

G. J. Kelm, Muskego.
Emmett F. Guy, 152 W. Wisconsin Ave., Milwaukee.
J. E. Bercey, 606 W. Wisconsin Ave., Milwaukee.
G. R. Hammes, Seneca.
G. M. Sargeant, Prairie du Chien.
D. G. Stankus, Prairie du Chien.
C. W. Andrews, Waupaca.
L. F. Corry, Weyauwega.
L. M. Boxer, 3822 W. Vliet St., Milwaukee.
E. H. Sutter, 1335 W. Madison St., Milwaukee.
W. L. Stetner, 5000 W. Chambers St., Milwaukee.
A. J. Sanfelippo, 1437 E. Brady St., Milwaukee.
R. H. Slater, Marion.
R. B. Pelkey, Coleman.
A. J. Hertzog, Luther Hosp., Eau Claire.
H. C. Huston, Luther Hosp., Eau Claire.
E. L. Campbell, 920 Tower Ave., Superior.
G. W. Huber, Minocqua.

Changes in Address

A. F. Young, Wauwatosa, to 1533 N. 57th St., Milwaukee.

Minutes of the Council; Milwaukee, January 7, 1939

1. Call to Order and Roll Call

The January meeting of the Council was called to order by the Chairman at 9:45 a.m., Saturday, January 7, 1939, in the Library of the University Club of Milwaukee. A quorum was declared present. Those attending were: Councilors Bowen, Pope, Clark, Pippin, Heidner, Gavin, Jegi, Krahn, Christofferson, Butler, Johnson, Lettenberger, Blumenthal, Lambert; President Rector; President-Elect Arveson; Speaker of the House Sisk; Past President Sargent; Joseph F. Smith, Wausau, Delegate to the American Medical Association; Dr. Reginald Jackson, Madison, past president and member of the Committee on Public Policy; Secretary Crownhart; Assistant Secretary Larson.

It was moved by Jegi–Clark that the proceedings of the last two Council meetings as published in the December issue of the Wisconsin Medical Journal be approved; carried unanimously.

2. Election of Chairman of the Council

The president presiding, it was moved by Blumenthal–Pope that he be instructed to cast a unanimous ballot for Dr. S. E. Gavin to succeed himself as Chairman of the Council; carried unanimously.

3. Election of Secretary

The Chairman presiding, it was moved by Heidner–Christofferson that the Chairman be instructed to cast a unanimous ballot for Mr. J. G. Crownhart to succeed himself as Secretary of the Society and of the Council; carried unanimously.

4. Election of Treasurer

Chairman Gavin suggested that a vote by ballot be taken for treasurer to succeed Dr. Rock Sleyster, resigned. (Chairman Gavin announced that Dr. Sleyster was out of the city and read a letter from him expressing his regret in being absent from this meeting.) Chairman Gavin appointed Councilors Pope and Jegi to act as tellers. A vote by ballot was taken. The chairman announced the election of Dr. Stanley J. Seeger, Milwaukee, as treasurer of the State Medical Society and the Council.

5. Appointments by the Chairman of the Council

A. Three members of the Council to the Auditing Committee of the Council for a term of one year.

Chairman Gavin appointed Councilors Christofferson, Krahn and Blumenthal to act on the Auditing Committee.

B. Two members of the Council (with the president, chairman of the Council, secretary and treasurer) to constitute the Executive Committee of the Council, for a term of one year.

Chairman Gavin reappointed Councilors Heidner and Lambert to act on this committee. Later, Chairman Gavin suggested that he be given authority to appoint one additional member to this committee because of inconvenience caused by the absence of one or more members at their meetings. It was moved by Clark–Pippin that he be given such authority; carried unanimously. Chairman Gavin accordingly appointed Councilor Blumenthal as the additional member of this committee.

6. A. Proposal for appointment of special committees (pending convening of the 1939 House of Delegates) on the subjects of Pneumonia and Tuberculosis

It was moved by Heidner–Jegi that the president appoint committees on the above subjects. Carried unanimously. It was then moved by Pope–Butler that these men be men actually working "in the field;" carried unanimously. The president was instructed to appoint the two above committees.

B. Proposal that the Council authorize the secretary to prepare and submit to the House of Delegates an amendment to the By-Laws recreating the Committee on Health and Public Instruction, and as subcommittees thereunder, all committees dealing with specific and single problems in the field of public health

The secretary discussed this matter at some length, explaining the recommendation and its desired results, and added that these subcommittees

would be re-created each year rather than making them permanent appointments. Further discussion followed by Heidner, Krahn, Lambert and the secretary. It was moved by Krahn–Jegi that such amendment to the By-Laws be drafted and submitted to the 1939 House of Delegates for action; carried unanimously.

7. The Cardiac Case in the Orthopedic School

There was discussion by Councilors Clark and Jegi on the subject, and the secretary suggested that this matter could be included in the Bulletin on Poor Relief, etc., to be published after the legislative session.

8. Bulletins to Members

With relation to bulletins to members, a "Medical Blue Book," etc., after discussion by Councilors Butler, Heidner, Lettenberger, Blumenthal, Jegi, Gavin, Clark, Bowen, Rector and Krahn, the following motion was made by Butler–Pope:

> "That one issue of the Wisconsin Medical Journal each year be used expressly for the purpose of setting forth to the membership the laws of the State of Wisconsin pertaining to medical practice, services and facilities of the State institutions and of the State Medical Society, publication of the entire membership of the Society with addresses, explanation of income tax, poor relief, pension, and W. P. A. laws."

9. Consideration of the 1939 Budget

SUGGESTED BUDGET FOR 1939

(After review by the Executive Committee)

Foreword

The dues for 1939 were established by the House of Delegates at $15. An assessment of $8 was then added. The suggested budget, therefore, is divided into two parts,—that referring to revenues and expenditures under the normal dues and secondly, that referring to revenues and expenditures under the assessment.

The Normal Budget—Income

With a slight increase of members in 1938 over 1937 we will end the calendar year with 2,400 members.

Income from 2,375 members in 1939 at $15	$35,625
Interest on $12,000 bonds in general fund	300
Total anticipated normal income	$35,925

The Normal Budget—Expenditures

1. Salaries

J. G. Crownhart	$9,000	
G. B. Larson	3,000	
Office staff	5,940	
Extra help	200	
Treasurer's accounting	150	
Increase allowance	120	
	$18,410	18,410

Note.—Mr. Crownhart's salary was established on Jan. 1, 1936. Mr. Larson's was increased by $12.50 per month on Jan. 1, 1938 and by $12.50 per month on July 1, 1938.

The budget for the Treasurer's accounts is reduced from $300 to $150 made possible by a consolidation of the accounting to be handled in the Secretary's office after Jan. 1, 1939. The extra help item is reduced from $300 to $200.

2. Office expenditures

Rent	$1,212	
Telephone and telegraph	750	
Office supplies	450	
Bulletins to members	450	
Postage and printing	1,800	
Stationery and postage, officers	250	
Fixtures and upkeep	400	
Books and periodicals	150	
Special services	400	
	$5,862	5,862

Note.—Rent. There has been an increase in rent of $72 for the year. This is the first increase following two reductions secured during the depth of the depression. The increase cannot be avoided having in mind that present quarters are already in the oldest office building in the city.

Telephone-telegraph. The basic service charge is $30 per month. An additional $30 per month for all long distance and telegrams seems the lowest possible having in mind the frequency of emergencies that cannot adequately be met by special deliveries. The budgeted item of $750 is $250 under the cost of 1938.

Office supplies. Last year this item was budgeted at $800. The present figure of $450 represents a saving of $350.

Bulletins to members. In the course of the year there is occasion to send bulletins to the entire membership on such items as panel listing, etc. The budgeted figure of $450 permits of the printing and mailing of 3 or 4 such bulletins in 1939.

Postage and printing. This item actually cost close to $2,000 in 1938. The budgeted amount of $1,800 appears to be the lowest possible to handle the normal mail of the central office. Over half of this item is required for first class postage only in answering an average of 60 to 75 inquiries a day.

Stationery-postage for officers. Each year we supply 500 sheets of stationery and 500 stamped envelopes for the Council on Scientific Work and 250 sheets of stationery and 200 stamped envelopes for each newly elected Councilor in addition to 500 sheets of stationery and 400 stamped envelopes for the President and a smaller number for the President-Elect. In 1938 this item was budgeted at $240 but cost $341.76. With economies it is believed that the service can be continued for $250.

Fixtures and upkeep. In each of the past several years this item has been budgeted at $600. The present suggestion is $400. We will need one new typewriter; service for maintenance of condition of seven machines costs an

average of $150. We need on the average one new file per year and the budgeted item appears to be the lowest consistent with operating economy.

Books and periodicals. In recent years this item has been budgeted at $300. The present budgeted figure of $150 represents a 50 per cent reduction. The purpose is to secure books and periodicals for the central office and members of the Council on important and pending items that cannot be secured free and yet are essential to an understanding conduct of the Society's affairs.

Special services. This item includes the annual audits of the accounts of the Secretary and the Treasurer; the banking expenses; workmen's compensation insurance; public liability insurance, and like special services. The budgeted item of $400 is $150 less than actual expenditures in 1938.

3. Health and Public Instruction

A. The Weekly Press Service to daily and weekly papers		
Wisconsin Press Association	$312	
Postage for daily papers	88	
Printing and paper	60	
B. Radio		
Records and needles	300	
Mailing and express	150	
	$910	$ 910

Note.—Weekly Press Service. The Wisconsin Press Association has a mailing service to its 250 member weekly papers. The stated item of $312 represents the cost of using this preferred service for the mailing of our weekly press releases to their member papers. The cost is lower than if we did our own mailing.

We also send our releases to the daily papers of the State at a postage cost of $88.00.

The printing and postage item is for the mimeograph paper (20,000 sheets) used in sending these releases.

Radio. We now transcribe three fifteen minute records per week. These are used on WHA, Madison; WEAU, Eau Claire; WHBY, Green Bay, and WEMP, Milwaukee. In addition, WLBL, Stevens Point, uses one transcribed program per week. The first item on the budget represents the cost of the records and needles and the second item represents the cost in sending these records to the stations and their return.

4. Secretaries' Conference 900

This is the item of several years' standing for a one-day program for secretaries of the component county medical societies. In the past this conference has been most profitable in informing the secretaries of material for programs; the pending projects of the State Society in which county society participation is essential to success; and discussion of such matters as membership, etc. We pay expense of rail travel and the luncheon. The budget represents the average cost in past years.

5. The Wisconsin Medical Journal 1,200

This item was reduced by $50 a month as of October first last.

6. Annual meeting 1,500

This is the required minimum appropriation over and above receipts from exhibit space.

7. Hygeia 250

This is the single continuing item on the budget approved one year in advance. It covers presentation of Hygeia to state officers.

8. Delegates to A. M. A. 225

The State Society pays rail and pullman fares to and from the meeting. This year the meeting is at St. Louis. We send three delegates.

9. Legal Services 1,800

The State Society prepares contracts between county medical societies (where arrangements can be perfected) and local relief authorities for provision for sickness care of those on public assistance. These contracts are in accordance with the charter law of the State Medical Society and must be in a form approved by, and actually bear the signature of, the Secretary of the State Society. Secondly, the State Society answers legal questions relating to the conduct of the business of component county medical societies. This is a most essential service. Third, the legal service is employed to advise officers of the State Society itself and finally, to answer questions raised by members wherein the question raised is of importance to substantially the entire membership. The budgeted item can never be determined definitely in advance of unknown demands or emergencies but is less than the amount established a year ago.

10. President's expense 500

Acting upon the request of the Delegates four years ago the Council has established this item partially to recompense the President for his expense of travel and long distance.

11. Council and committees 1,500

This is $200 less than the amount used in 1938. With four Council meetings a year and fifteen active committees the item cannot be reduced without curtailing present activities of the Society.

12. Insurance on Secretary 280

By direction of the Council the life of the Secretary was insured on Feb. 12, 1935, in the amount of $10,000 payable on his death to the Society. The current cash value of this policy is $388.

13. Travel of Secretary for 1939 900

14. Auxiliary 100

This is an appropriation to assist the Auxiliary in view of its less than self-sustaining budget.

15. Social Security tax 1939

State	$567	
Federal	150	
	$717	717

The State Society has now been held subject to the Social Security tax. This item cannot be reduced and does not include the employee's share under the Old Age Pensions Act

Total normal budget	$35,054
Free surplus on basis of estimated income	$ 871

Assessment Budget—Income

This assessment of $8 was established by unanimous vote of the Delegates.

On the same basis of 2,375 members the income would be $19,000.

Assessment Budget—Proposed Expenditures

1. Social Security Taxes, possible penalties and legal and accounting services in determination ..... $ 2,360.67

Some 18 months ago the Society asked for a determination of its status under the then new Social Security Law. All required reports and affidavits were drawn and submitted and subsequently, when the records were lost by the government, were resubmitted. We have now been advised that the State Society is subject to the law. Back taxes (1936, 1937, 1938) and penalties (if imposed) must be paid during 1939 and will amount (plus $250 in fees) to the possible maximum figure stated. This item cannot be reduced in the budget, but will be non-recurring.

2. Income Tax 500

Despite the fact that the charter of the State Society declares its scientific purposes and that it shall be forever exempt from taxation, and despite the fact that it has never heretofore been considered as a taxable corporation, the Federal Income Tax Division has just held that it is so subject during the entire period in which its medical defense service was operative, 1911 to 1937. The Council itself and its Executive Committee has already instructed counsel to endeavor to secure by informal action a change in this ruling. The tax service of Ernst and Ernst is assisting counsel. The cost of determining whether a change of ruling can be obtained by methods less than formal court action (including costs of establishing basic accounting figures from old records as nearly as can be determined) are estimated at $500 as stated above.

3. Radio 1,560

Upon endorsement of the Committee on Health and Public Instruction and the Reference Committee on Resolutions, in establishing the assessment budget, the Delegates voted to include this item to provide for (a) expansion of a partially dramatized service to several other stations in the State and (b) for the then essential services of a full time office girl to handle the replaying of the records before mailing, typing of the announcements and express service.

4. Committee on Public Policy 8,600

5. Voluntary Sickness Insurance Trials 1938–9 5,200

Mr. Larson has been assigned to these trials on a full-time basis. His salary appears under "salaries" in the normal budget but in any determination of the Society's investment in these trials, it should be included at its full amount, namely $3,000

Travel, Mr. Larson at $175 per month plus $300 expended Oct. 1–Dec. 31, 1938	2,400
Counsel in framing legal contracts for service	600
Printing of forms	400
Reserve for extra administrative overhead expense	1,800
Total	$8,200
Minus salary in normal budget	3,000
Net amount to be met from assessment budget	$5,200

Note.—The first plan is scheduled for Douglas County centering in Superior. A second plan is contemplated in Milwaukee and discussion for a third trial is under way in a second southern county. Mr. Larson thus becomes in fact a traveling man and it is anticipated that the budgeted amount of $175 a month for travel will be required throughout 1939.

The second item under section 5 above is in connection with the legal framing of the contracts for the given trials. The Superior document framed to protect the participating physicians is some thirty or more typewritten pages in length. It is not hard to set forth either a general description of a plan or to arrive upon a gentleman's agreement, but to set forth the intent and basic and essential detail in what amounts to an insurance contract is something that requires great care by competent counsel. The indicated figure of $600, based upon our actual experience in Douglas County, is an absolute minimum figure.

To conduct a trial without forms to gather data upon which the trial can be judged has been the outstanding failure elsewhere. To secure against such fatal failure in our own trials, we plan to furnish identical forms compiled by Mr. Larson after study with insurance actuaries and counsel. This expense, therefore, will be met from our own funds. The $400 allotted is based on printer's computations and may be low rather than high.

The final item is one of $1,800 for extra administrative overhead expense. The Arveson Committee and subsequently the Delegates, declared that in operating trials we should not charge against their operating over-

head a larger than required expense occasioned by the fact that we had to have the same basic overhead expense for the limited number in a given trial that might otherwise have been spread over a large number of participants. The reserve of $1,800 is created, therefore, to take up the difference between a true operating expense and that additional amount per capita occasioned because we are operating on an experimental basis. The amount allotted for this purpose in the budget is $1,800 which is a figure that is half that originally estimated by Mr. Larson as needful for this purpose.

Total of assessment	19,000
Total of assessment budget	18,220.67
Unappropriated	$ 779.33

Final Budget Summary

Surplus, bond account		$12,000.00
Normal budget		
Income	$35,925.00	
Expenditures	35,054.00	
Unappropriated	$ 871.00	871.00
Assessment budget		
Income	19,000.00	
Expenditures	18,220.67	
Unappropriated	$ 779.33	779.33
Anticipated surplus December 31, 1939		$13,650.33

The secretary discussed the Treasurer's Report for 1938, in the absence of the treasurer, and then explained Items 1 and 2 (Salaries and Office Expenditures) of the Budget for 1939. After discussion of these items by Heidner, Lambert and Bowen, it was moved by Lambert–Bowen that the Budget be discussed and acted upon item by item. There followed considerable discussion of Item 1, in the devotion of full-time service of Mr. Larson to insurance trial plans; this discussion was participated in by Councilors Bowen, Pippin, Sargent, Butler, Heidner, Lambert, Rector, Johnson, Sisk, Clark and Lettenberger.

Action on Normal Budget

It was moved by Sargent–Butler that Item 1, Salaries, be approved as set forth in the Order of Business; carried unanimously.

It was moved by Clark–Jegi that Item 2, Office Expenditures, be approved as set forth in the Order of Business; carried unanimously.

It was moved by Heidner–Jegi, after discussion by the secretary, that Item 3, Health and Public Instruction, Sub-Item "A", Weekly Press Service, be approved as set forth; passed unanimously.

It was moved by Lettenberger that Sub-Item "B" of Item 3, be deleted in its entirety, this being Radio, records and needles, mailing and express. Further discussion by Pippin, Sisk, Heidner, Sargent, Krahn and Christofferson. It was then moved by Krahn–Christofferson that Sub-Item "B" be adopted; carried unanimously.

(The meeting recessed at 12:15 and dinner was served in the same room, the meeting resuming at 2:00 p.m., Councilor Sproule present.)

Item 4 of the Budget for 1939, Secretaries' Conference, was discussed by Sisk, Lettenberger, Heidner, Lambert, Krahn, Bowen and Jegi. It was then moved by Jegi–Lambert that this item be approved as set forth; carried.

It was moved by Sargent–Christofferson that Item 5, The Wisconsin Medical Journal, be adopted as set forth; carried unanimously.

It was moved by Blumenthal–Butler–Pope that Item 6, Annual Meeting, be adopted as set forth; carried unanimously.

It was moved by Bowen–Jegi that Item 7, Hygeia, be adopted as set forth; carried unanimously.

It was moved by Sargent–Butler that Item 8, Delegates to the American Medical Association, be adopted as set forth; carried unanimously.

It was moved by Krahn–Pope that Item 9, Legal Services, be adopted as set forth; carried unanimously.

It was moved by Heidner–Clark that Item 10, President's Expense, be adopted as set forth; carried unanimously.

It was moved by Jegi–Bowen that Item 11, Council and Committees, be adopted as set forth; carried unanimously.

After some discussion, it was moved by Lambert–Jegi that Item 12, Insurance on Secretary, be adopted. Further discussion followed; carried unanimously for adoption.

It was moved by Clark–Butler that Item 13, Travel of Secretary, be adopted as set forth; carried unanimously.

After some discussion of Item 14, Auxiliary, it was moved by Krahn–Sargent that a vote be taken on this item. An oral vote was taken and the "Ayes" carried for adoption of Item 14.

After explanation by the secretary of Item 15, Social Security Tax, 1939, it was moved by Pope–Jegi that the item be approved as set forth; carried unanimously.

Upon call for a motion for adoption of the normal budget as a whole, it was moved by Pope–Jegi that it be approved; carried unanimously.

Action on Assessment Budget

Item 1. Social Security Taxes. It was moved by Christofferson–Heidner that this item be adopted as set forth in the Order of Business; carried unanimously.

Item 2. Income Tax, Accountants' Services. It was moved by Blumenthal–Butler that this item be adopted as set forth; carried unanimously.

Item 3. Radio. It was decided to re-title this item as "Public Health Education," deleting the word "Radio." There was discussion of the item by Sisk, Heidner, Secretary Crownhart, Lambert, Clark, Pope, Rector, Pippin and Krahn. It was moved by Lambert–Pope that the title of Item 3, "Radio," be changed to "Public Health Education;" passed unanimously.

It was moved by Sargent–Heidner that Item 3 be retained under its new title in regard to "Economic and social matters pertaining to the health of the people and the care of the sick." Carried unanimously.

At this point Councilor Sproule submitted a resolution adopted by the Medical Society of Milwaukee County for consideration by the State Medical Society:

> "The Medical Society of Milwaukee County recommends that the Council of the State Medical Society of Wisconsin consider the establishment of a Public Relations Council to offset much of the adverse publicity now confronting medicine and to bring out the true side of medicine's story."

Discussion followed, it being the impression of Councilor Lettenberger that the request of the Medical Society of Milwaukee County was not that the State Society be asked to employ assistance, but that the State Society be asked to approve employment of such a person by the Medical Society of Milwaukee County. A full discussion followed, after which it was stated by the Chairman of the Council that the subject matter would lie on the table to permit (1) ascertaining the exact desires of the Medical Society of Milwaukee County, and (2) a report from the secretary after thorough investigation of the subject matter. The chairman further stated that should action be essential prior to the next meeting of the Council, the subject matter would be further discussed by the Executive Committee and their recommendations submitted to the Council for mail ballot.

Item 4. Committee on Public Policy. It was moved by Christofferson–Krahn that this item be adopted; carried unanimously.

Item 5. Voluntary Insurance Trials, 1938–39. Mr. Larson gave a detailed report of the progress of the Society in furthering trial plans in the field of Voluntary Sickness Insurance. There followed general discussion of the subject. Krahn–Christofferson moved adoption of Item 5; Sargent offered amendment to motion to the effect that a progress report similar to the one given on this date be given at the March Council meeting; motion carried unanimously.

It was moved by Pippin–Heidner that the Assessment Budget as a whole be approved as set forth; carried unanimously.

10. The Treasurer's Accounts

It was moved by Jegi–Clark that authorization be given for maintaining the treasurer's books in the secretary's office in Madison, except for a simple cash accounting procedure in the treasurer's office; carried unanimously.

It was moved by Clark–Butler that the secretary be given authority to transfer such funds as were left in the hands of the out-going treasurer, Dr. Rock Sleyster, into the hands of the newly elected treasurer, Dr. Stanley J. Seeger; carried unanimously.

It was moved by Sargent–Blumenthal that from this date until further notice, Treasurer Seeger have full authority to sign checks for the State Medical Society of Wisconsin in his capacity as treasurer; carried unanimously.

11. Applications for listing on the approved list of Orthopedic specialists to conduct Crippled Children's Clinics

It was moved by Lettenberger–Bowen that Drs. A. C. Schmidt and Harry B. Sadoff, both of Milwaukee, be approved for acceptance on the approved list; carried.

12. Nominations for Life Memberships

After submission of the names of Dr. J. L. Callahan (La Crosse), Dr. W. W. Gregory, (Stevens Point), Dr. J. A. Bach, (Milwaukee), Dr. H. P. Haushalter (Milwaukee), there was considerable discussion of the bestowal of life memberships in the manner in which they had been bestowed in the past. It was moved by Sproule–Krahn that all names submitted at this meeting, as well as all names submitted in the future, should be passed upon by the Executive Committee of the Council. It was suggested by Councilor Sproule that the motion include the requirement that the Executive Committee set up certain requirements for life membership; Councilor Krahn expressed his approval of the amendment as a second. Motion carried. It was then moved by Sargent–Krahn that no further life memberships be granted until further action is taken by the House of Delegates; passed unanimously.

13. County Society Charter

The matter of a county medical society surrendering its charter was discussed, and the circumstances prevailing in the matter. Sisk discussed the recommendations of the Special Committee to Study the Distribution of Health Service and Sickness Care as pertaining to such a situation. Further discussion followed by Pope, Heidner, Bowen, Clark, Christofferson and Lambert.

14. Committee on Public Policy

Secretary Crownhart read from actions taken at the meeting of this committee on the evening preceding this Council Meeting:

The Committee on Public Policy endorses for presentation at this session of the legislature the needs of the State's institutions in the field of the insane and feeble-minded, for a personnel and medical personnel and equipment that will permit them to discharge in fact the humanitarian obligations assumed by the State.

The Committee on Public Policy further endorses legislation to restore the salary of the State Health Officer; to re-create the County Public Health Committee in accordance with the recommendations of the Sub-Committee on Health and Disability of the Citizens Committee on Public Welfare; to remove the salary limitations on the Deputy State Health

Officers, and the use of such funds as may be essential to secure under free choice of physician an assured, sound sickness care for the medically indigent who, under the terms of the law, must look to divisions of civil authority for the delivery of a legally promised service.

The Committee on Public Policy recommends the introduction of legislation on an experimental basis to secure sickness care for those "blighted areas" of the State, as outlined in the report of the Special Committee to Study the Distribution of Health Service and Sickness Care in Wisconsin.

The Committee on Public Policy seeks the cooperation of the Wisconsin Pharmaceutical Association in the enactment of suitable legislation to protect the public health in the use of hypnotic drugs.

The Committee on Public Policy re-asserts the opposition of the Society to compulsory sickness insurance; proposals in effect licensing insurance practice now illegal; and that cult legislation introduced in previous sessions.

The Committee on Public Policy is in accord with the rule of the State Board of Medical Examiners in the matter of accepting credentials of physicians from foreign countries.

Finally, the Committee on Public Policy announces that it will study all proposals in the field of public health and recommends to the Council approval and support for all that in its estimation will accomplish a true and permanent advance in the interests of the citizens of this State.

It was moved by Sproule–Christofferson that the above resolution be adopted; carried unanimously.

15. Hospital Insurance Report

At this point a brief report was given by the secretary of the activities of the Joint Conference Committee on Hospital Insurance, and the proposed plan for Wisconsin.

The meeting adjourned at 6:20 p.m.

J. G. Crownhart,
Secretary.

Approved:
S. E. Gavin,
Chairman of the Council.

President Roosevelt Proposes National Health Plan to Congress

PRESIDENT Roosevelt on January 23 delivered to Congress the following message proposing a national health program:

In my annual message to the Congress I referred to problems of health security. I take occasion now to bring this subject specifically to your attention in transmitting the report and recommendations on national health prepared by the Inter-departmental Committee to Co-ordinate Health and Welfare Activities.

The health of the people is a public concern; ill health is a major cause of suffering, economic loss, and dependency; good health is essential to the security and progress of the nation.

Health needs were studied by the committee on economic security which I appointed in 1934 and certain basic steps were taken by the Congress in the Social Security Act. It was recognized at that time that a comprehensive health program was required as an essential link in our national defenses against individual and social insecurity. Further study, however, seemed necessary at that time to determine ways and means of providing this protection most effectively.

In August, 1935, after the passage of the Social Security Act, I appointed the Inter-departmental Committee to Co-ordinate Health and Welfare Activities. Early in 1938, this committee forwarded to me reports prepared by their technical experts. They had reviewed unmet health needs, pointing to the desirability of a national health program, and they submitted the outlines of such a program. These reports were impressive. I therefore suggested that a conference be held to bring the findings before representatives of the general public and of the medical, public health, and allied professions.

More than 200 men and women, representing many walks of life and many parts of our country, came together in Washington last July to consider the technical committee's findings and recommendations and to offer further proposals. There was agreement on two basic points: The existence of serious unmet needs for medical service; and our failure to make full application of the growing powers of medical science to prevent or control disease and disability.

I have been concerned by the evidence of inequalities that exist among the states as to personnel and facilities for health services. There are equally serious inequalities of resources, medical facilities and services in different sections and among different economic groups. These inequalities create handicaps for the parts of our country and the groups of our people which most sorely need the benefits of modern medical science.

The objective of a national health program is to make available in all parts of our country and for all groups of our people the scientific knowledge and skill at our command to prevent and care for sickness and disability; to safeguard mothers, infants and children; and to offset through social insurance the loss of earnings among workers who are temporarily or permanently disabled.

The committee does not propose a great expansion of federal health services. It recommends that plans

be worked out and administered by states and localities with the assistance of federal grants-in-aid. The aim is a flexible program. The committee points out that while the eventual costs of the proposed program would be considerable, they represent a sound investment which can be expected to wipe out, in the long run, certain costs now borne in the form of relief.

We have reason to derive great satisfaction from the increase in the average length of life in our country and from the improvement in the average levels of health and well-being. Yet these improvements in the averages are cold comfort to the millions of our people whose security in health and survival is still as limited as was that of the nation as a whole fifty years ago.

The average level of health or the average cost of sickness has little meaning for those who now must meet personal catastrophes. To know that a stream is four feet deep on the average is of little help to those who drown in the places where it is ten feet deep. The recommendations of the committee offer a program to bridge that stream by reducing the risks of needless suffering and death, and of costs and dependency, that now overwhelm millions of individual families and sap the resources of the nation.

I recommend the report of the inter-departmental committee for careful study by the congress. The essence of the program recommended by the committee is federal–state co-operation. Federal legislation necessarily precedes, for it indicates the assistance which may be made available to the states in a co-operative program for the nation's health.

Income Tax Provisions Affecting the Medical Profession

I. FEDERAL

LIABILITY TO FILE

Returns must be made to the collector of internal revenue of the district in which the individual affected resides, before March 15, 1939, at which time the tax is due and payable. In the event the taxpayer desires to pay his tax on the installment basis, the first installment of one quarter of the tax is due on March 15, 1939, and a quarterly installment every three months thereafter; namely, June 15, September 15 and December 15. An extension of the time for filing a return can be had for reasonable cause. Application for extension should be filed with the collector of internal revenue in the district in which the applicant resides. Such application should be made before March 15 under oath on Form 1134, copies of which may be obtained from the aforesaid collector of internal revenue.

Responsibility for making these returns is vested in the individual. As will be noted from reading the paragraphs following, liability to make a return depends not on whether one has a tax to pay, but on the amount of his reportable income.

All persons deriving incomes from a business or profession, or both, are required to file their return upon Form 1040 (the large form). This form is also used by persons reporting an income of $5,000 or over, regardless of the nature of its source. The small form, or 1040A, is for persons who secure their incomes from wages, salaries or interest alone, and where the gross amount is less than $5,000.

The large form, or 1040, will be mailed to all Wisconsin physicians by the collector of internal revenue. If such blank is not received, apply to the collector of internal revenue of the district in which you reside.

Every person having a *gross* income of $5,000 or more must file a return, regardless of the amount of his *net* income or of his marital status. Where a husband and wife living together have an aggregate *gross* income of $5,000 or more, they must file separate returns, or a joint return, regardless of the amounts of their joint or individual *net* incomes.

All of the following persons *must* file a return where their *gross* income was less than $5,000: (1) every unmarried person and every married person not living with husband or wife, whose *net* income was $1,000 or more; (2) every married person living with husband or wife, whose *net* income was $2,500 or more. Where the aggregate *net* income of husband and wife, living together, was $2,500 or more, each may make an individual return or they may unite in a joint return.

The normal tax rate for the calendar year 1938 under the Revenue Act of 1938 is 4 per cent on the *net* income in excess of exemptions and credits. Surtaxes, which are graduated, are applicable only to those individuals whose net incomes (after deduction of personal exemptions and the credit for dependents, but no other credits) exceed $4,000.

If the marital status of a taxpayer changes during the taxable year, the personal exemption shall be an amount which bears the same ratio to $1,000 as the number of months during which the taxpayer was single bears to twelve months, plus an amount which bears the same ratio to $2,500 as the number of months which the taxpayer was married and living with husband or wife, or was the head of a family, bears to twelve months. For this purpose a fractional part of a month shall be disregarded unless it amounts to more than half a month, in which case it shall be considered as a full month. Changes in the credit for dependents allowed a taxpayer are apportioned in like manner.

EARNED INCOME CREDIT

A credit against net income, for the purpose of the normal tax only, is allowed by the 1938 law, calculated at 10 per cent of the earned net income. All net income up to $3,000 is considered to be earned net

income regardless of its source, and the maximum earned net income that may be considered is $14,000. Thus the maximum earned income credit allowable against net income for the purposes of the normal tax is 10 per cent of $14,000 or $1,400.

Earned net income is defined as the excess of the amount of earned income over the sum of deductions and expenses properly chargeable against or allocable to the earned income. Under the statute earned income means "wages, salaries, professional fees, and other amounts received as compensation for personal services actually rendered." In a professional occupation the taxpayer may include as earned income all professional fees even though assistants perform the services, provided the clients are those of the taxpayer.

DETERMINATION OF INCOME

The term *gross* income as applied to a physician includes the total compensation received by him during the taxable year for professional services, in whatever forms such compensation may be paid, plus the amount received in interest, rent, dividends, securities, or from the transaction of any business conducted by such physician.

The term *net* income as applied to a physician means the *gross* income computed under the above definition less allowable deductions for professional expenses. What constitutes allowable deductions will be considered in detail in the subsequent paragraphs.

The term *deduction* as applied to a physician means any amount allowable as a professional expense. Various classes of deductions are treated in detail below.

The terms *personal exemption* and *credit for dependents* have reference to the amounts allowed because of one's civil status or family obligations. These matters are treated in full detail in paragraphs 22 and 23 of the instruction sheet.

ITEMS NOT REPORTABLE AS INCOME

The following items are not required to be reported because they are exempt from taxation. Allowances received under the War Risk Insurance Act; gifts, bequests, devises and inheritances; dividends on stock of federal reserve banks, land banks and intermediate credit banks; dividends from corporate earnings accumulated prior to March 1, 1913; amounts received through health, accident or workmen's compensation insurance, and damages received by the taxpayer for illness or injuries suffered by him; life insurance proceeds paid by reason of death of the insured (where a policy matures during life the amount of the proceeds, in excess of the net premiums paid, is taxable income); state court jury fees; corporate stock dividends of the same kind as previously held by the taxpayer in the issuing county; and compensation paid to its officers and employees by a state or political subdivision thereof for services rendered in connection with the exercise of an essential governmental function of the state or political subdivision; pensions and compensation received by veterans from the United States, and pensions received from the United States by the family of a veteran for services rendered by the veteran to the United States in war-time.

Interest on the following obligations is wholly exempt, but while excluded from taxation must nevertheless be reported on the proper schedules on the 1938 returns: Obligations of a state or political subdivision thereof, Treasury bills and certificates of indebtedness, Treasury notes, deposits in Postal Savings banks, and obligations of the United States issued on or before September 1, 1917, or obligations of United States possessions.

Interest on obligations of the H.O.L.C., Federal Farm Mortgage Corporation, and United States Housing Authority and dividends from federal savings and loan associations (subject to surtax, however, if surtax income exceeds $4,000) is exempt from the normal tax, but is subject to the surtax.

Interest from Treasury bonds, including United States Savings bonds, is exempt from the normal tax, but is subject to the surtax except for exemption to the extent of the interest received on the first $5,000 of principal of such bonds. Example.—Taxpayer holds $10,000 in principal of Treasury bonds, equally divided between issues bearing interest at 3 per cent and 4 per cent. He may claim exemption from surtax as to the interest received on the $5,000 of 4 per cent Treasury bonds.

CAPITAL GAINS AND LOSSES

The provisions of the 1938 Act relating to taxation of gains and deduction of losses from sales or exchanges of capital assets differ from those in any prior law. Capital gains and losses of individuals are divided into two classes:

(1) *Short-term* capital gains and losses by which are meant those resulting from sale or exchange of capital assets held for not more than eighteen months;

(2) *Long-term* capital gains and losses by which are meant those from sale or exchange of capital assets held for more than eighteen months.

The following percentages of gain or loss recognized are to be taken into account in computing net income:

Short-term: 100 per cent if the asset has been held for not more than 18 months;

Long-term: 66⅔ per cent if held for more than 18 months and not more than 24 months;

50 per cent if held for more than 24 months.

The law also provides for alternative methods for computation of the tax in the case of net long-term capital gains or losses, but these are not applicable until the net income of the individual exceeds $40,000.00.

These new provisions are as yet untested either before the Federal Treasury Department or in the

courts, and are of a highly involved character. It is recommended that any physician who made sales or exchanges of capital assets during the past year consult with his attorney, or accountant, or write for assistance to the office of the Collector of Internal Revenue at Milwaukee, before completing his 1938 return. (See paragraph 10, instruction sheet.)

The following general points may be noted, however:

1. The term "capital assets" as defined in the 1938 Act excludes property used in a trade or business which is subject to allowance for depreciation, such as a building or equipment. Thus if improved real estate has been sold during 1938, only the land may be included under Schedule "F" of form 1040, dealing with sales or exchanges of capital assets, the building itself to be shown separately under Schedule "G".

2. If any securities issued by any corporation, including stocks, rights, bonds, debentures and other evidences of corporate indebtedness are ascertained to be worthless and are charged off within the taxable year, the loss resulting therefrom shall be considered as a loss from the sale or exchange of capital assets *as of the close of the taxable year.*

3. Individuals not involved in the sale or exchange of any capital or other assets during 1938 need have no concern over these capital gains or losses provisions, but as professional men, will make their return on the same form, 1040.

PERSONAL EXEMPTIONS AND CREDIT FOR DEPENDENTS

In the case of a single person, a personal exemption of $1,000 is allowed as a deduction from net income subject to tax. In the case of the "head of a family" or of a married person living with husband or wife, a personal exemption of $2,500 is allowed. If a husband and wife living together make separate returns, the personal exemption may be taken by either of them or divided between them, but may not exceed $2,500 in the aggregate.

A credit of $400 is allowed for each person, other than husband or wife, dependent upon and receiving his *chief* support from the taxpayer, if such dependent person is under eighteen years of age, or is incapable of self-support because mentally or physically defective.

GREEN SHEET

The Commissioner requires the filing of a duplicate income tax return (green sheet). This will be made available to the proper state and municipal tax authorities when requested, but is not available to the public. A $5 fine may be imposed for failure to file a duplicate return.

INFORMATION AT SOURCE

Every person making payments of salaries, wages, interest, rents, commissions, or other fixed or determinable income of $1,000 or more during the calendar year 1938, to an individual, a partnership, or a fiduciary, is required to make a return on Forms 1096 and 1099 showing the amount of such payments and the name and address of each recipient, except that a return need not be made for payments of salaries or other compensation for personal services aggregating less than $2,500 made to a married individual. These forms will be furnished by any collector of internal revenue upon request and must be forwarded to the Commissioner of Internal Revenue, Sorting Section, Washington, D. C., in time to be received not later than February 15, 1939.

DEDUCTIONS

Deductions which will be allowed on the tax return, some of which are peculiar to physicians, are listed below. The number given after each heading refers to the paragraph numbering on the pages following. The paragraphs explain in detail how to arrive at the deductions and depreciation.

With reference to depreciation allowable, the rate of depreciation not only depends on the prospective life of the property when acquired but also on the particular conditions under which the property is used as reflected in the taxpayer's operating policy.

A. INDEX TO DEDUCTIONS

Automobiles, 1.
  Depreciation.
  Insurance, 1, 11(b).
  Maintenance.
  Repairs.
  Salary of chauffeur.
Bad debts, 2.
Bandages, 4.
Depreciation.
  Automobiles—25 per cent annually on cost price, 1.
    Classification includes snowmobiles and other motive equipment.
  Instruments, 4.
    10 per cent annually on cost of surgical instruments and general equipment; 10 per cent on cost of x-ray equipment.
  Medical library, 3.
    10 per cent annually of cost price.
  Office equipment, 5.
    10 per cent annually of cost price.
Dues, 7.
Equipment, 4.
  Both long and short-lived.
Fire losses, 11(d).
  Professional equipment and other property.
Insurance premiums.
  Automobile, 1.
  Malpractice, 11(b).
  Professional equipment, 11(b).
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Lawsuits, 11(a).
Library, 3.
Licenses, 8.

Medical meetings, 9.
Medical supplies, 4.
Office expenses, 5.
  Heat, light, supplies, telephones, water, short-lived office equipment, annual depreciation on furnishings and fixtures.
Office rental, 6.
Professional dues, 7.
  County Society.
  State Society.
  Special societies as:
    College of Surgeons.
    College of Physicians.
  Any other paid in interest of profession.
Professional subscriptions, 7.
Salaries, 10.
Scientific meetings, 9.
Sale of spectacles, 11(e).
Taxes and licenses, 8.
  Alcohol license.
  Automobile license.
  Gasoline and oil taxes.
  Narcotic tax.
  Occupational tax.
  Professional equipment and materials taxes.
  Reregistration fees.
  Social security taxes.
  State income tax.
  State unemployment compensation tax.
Theft of professional equipment, 11(d).
Traveling expenses, 9.
  Both professional calls and scientific meetings.
Wages and salaries, 1, 10, 11(c).
  Chauffeur, 1.
  Clerk, 10.
  Laboratory assistant, 10, 11(c).
  Maid, 10.
  Nurse, 10.
  Stenographer, 10.
  Any other employee rendering service in connection with taxpayer's practice or in the care and treatment of patients, 10.

B. EXPLANATION OF DEDUCTIONS

1. Automobiles

The cost of operation and maintenance of an automobile used in making professional visits is deductible. These costs include gasoline, oil, tires, insurance, repairs, garage rental, chauffeur's wages and depreciation. If the same car is used for both professional and personal purposes, only such part of the maintenance and depreciation as arises out of the use for professional purposes is deductible. Sums spent for taxi, bus, or railroad fare, while on professional calls, are deductible.

Depreciation is based upon the estimated useful life of the car. If that period be four years, 25 per cent depreciation based on cost price may be taken annually for four years. What has been said with respect to automobiles applies to other motive equipment.

2. Bad Debts

If the physician's books are kept according to the "Cash Receipts and Disbursements" system, he may not charge off any unpaid debts because "if his books are kept according to this system, he is only reporting as gross income those accounts which have proved to be good and therefore bad accounts cannot be deducted because they have already been excluded."

If the books are kept upon an "accrual basis" (that is, on the basis of expenses actually incurred and payable even though not yet paid, or income earned although not yet collected), it is permissible to charge off all debts which have been definitely ascertained to be worthless, and have been charged off on the books or records, during the fiscal year covered by the report. *We urge all members who may be keeping accounts on the "accrual basis" to secure permission to change to a cash basis.*

3. Library

Most physicians maintain a professional library. Taken as a whole it is doubtful whether the useful life of such a library exceeds ten years. Accordingly annual depreciation equal to 10 per cent of the cost of such library may be deducted.

4. Medical Supplies and Instruments

Medicines used in the physician's office to treat patients, bandaging, laboratory materials, and all other medical supplies required for the operation of a physician's office may be deducted as necessary expenses, as may equipment, the life of which is less than one year. The average useful life of surgical instruments and equipment generally is now estimated at ten years which means that 10 per cent of the cost may be taken as annual depreciation. X-ray equipment may be depreciated at 10 per cent of cost annually.

5. Office Expense

General office expense is deductible. Among the principal items are heat, light, office supplies, telephone, rentals, water, office equipment having a useful life of a year or less, and depreciation on office furnishings and fixtures. Ten per cent of original cost is a reasonable average depreciation rate for office equipment, furnishings and fixtures.

6. Office Rent

If a physician pays rent to another person for office space, he is permitted to deduct the amount from his gross income. This includes regular office space in a rented home provided office hours are maintained there. Where a physician maintains his offices in a rented home he may deduct as rental expenses only that proportion of the total rent paid which his office space bears to the entire house. If he owns his home and maintains an office in it, he cannot claim a deduction for office rent.

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7. Professional Dues

Dues paid to professional associations to which a physician belongs in the interest of his profession are deductible. Subscriptions to all medical journals or scientific publications are likewise deductible.

8. Taxes and Licenses

Any taxes paid upon materials required in professional work are exempt. All licenses which the physician is required to take out may be deducted. This includes the license to prescribe alcohol, narcotic license, automobile license, local occupational and reregistration taxes, state taxes on gasoline and motor oil for professional use of car, state income taxes paid, payments made under the Wisconsin unemployment compensation act and payments made by the physician as an employer under Titles VIII and IX of the Social Security Act.

9. Traveling Expenses

Traveling expenses necessary for professional visits to patients are deductible. Traveling expenses in bona fide attendance upon scientific meetings are deductible. The expenses of attending postgraduate medical courses are *not* deductible, however.

10. Wages and Salaries

Deductions are permitted for the salary of a nurse, laboratory assistant, stenographer or clerical worker employed in the office so long as the duties of such persons are in connection with the physician's professional work. Wages paid to maids taking care of the office and answering the telephones are also deductible, as are any sums paid employees for services rendered in connection with the taxpayer's practice, or the care and treatment of patients.

11. Miscellaneous

(a) Expense of Defending Malpractice Suits—Expenses incurred in the defense of a suit for malpractice are deductible as business expense. Expenses incurred in the defense of a criminal action, however, are not deductible.

(b) Insurance Premiums—Premiums paid for insurance against professional losses are deductible. This includes insurance against damages for alleged malpractice, against liability for injuries by a physician's automobile while in use for professional purposes, and against loss from theft of professional equipment, and damage to or loss of professional equipment by fire or otherwise. Under professional equipment is to be included any automobile belonging to the physician and used for strictly professional purposes.

(c) Laboratory Expenses—The deductibility of the expenses of establishing and maintaining laboratories is determined by the same principles that determine the deductibility of other corresponding professional expenses. Laboratory rental and the expenses of laboratory equipment and supplies and of laboratory assistants are deductible when, under corresponding circumstances, they would be deductible if they were part of a physician's general office expense.

(d) Losses by Fire, Theft, etc.—Loss of and damage to a physician's equipment by fire, theft or other cause, *not compensated by insurance or otherwise recoverable*, may be computed as a business expense and is deductible, provided evidence of such loss or damage can be produced. Such loss or damage is deductible, however, only to the extent it has not been made good by repair and the cost of repair claimed as a deduction. Deductions may likewise be taken for loss of or damage to *nonprofessional* property of a physician caused by fire, flood, theft or otherwise, *where not compensated for by insurance or otherwise.*

(e) Sale of Spectacles—Oculists who furnish spectacles, etc., may enter as income, money received from such sales and deduct as an expense the cost of the article sold. Entries on the physician's account books should, in such cases, show charges for services separate and apart from charges for spectacles.

II. STATE

The information set forth below has been submitted to and approved by Mr. Joel S. Hendrickson, Supervisor of Income Tax Division of the Wisconsin Tax Commission.

LIABILITY TO FILE

Returns of 1938 income must be made to the assessor of incomes of the district in which the taxpayer resides, on or before March 15, 1939. A written extension of the time in which to file may be granted for cause, but may not exceed thirty days.

Every person, including minors from eighteen to twenty-one years of age, who received a net income of $800 or more, if single, and $1,600 or more, if married, must file a return whether notified to do so or not. The income of an emancipated minor under eighteen years should be included in the return of his father.

The normal tax, which is graduated, varies from 1 per cent on the first $1,000 of net income to 7 per cent on net incomes in excess of $12,000. The teachers' retirement fund surtax is based on one sixth of normal taxes after deducting $37.50 from the net normal tax.

In general, the definitions contained in the preceding federal income tax digest are applicable as well to state taxes.

INSTRUCTIONS ON THE FILING OF SEPARATE INCOME TAX RETURNS FOR HUSBAND AND WIFE

Section 71.09 (4) (c) requiring that the incomes of husbands and wives be combined for assessment purposes has been held unconstitutional by the United States Supreme Court. To give effect to

this decision the Tax Commission has adopted the following regulations:

1. Wives must file a separate return on Form 1B or 1W if they have income of their own, but in case they have no income no return need be filed.

2. In the event that both husband and wife have income and file separate returns, the personal exemption of $17.50 for the head of a family may be divided between the two according to their own choice, that is to say, the husband may claim it all, or the wife may claim it all, or they may divide it between them as they see fit.

3. The income of children under eighteen years of age shall be included in the return of the husband, widow or head of a family and the personal exemption for such children or dependents shall be allowed to the husband or may be divided between him and his wife as they may elect, or shall be allowed to the widow having such children. The exemption allowed to the head of a family, other than a widow or widower, supporting children under the age of eighteen shall be limited to a deduction of $17.50 from the tax.

PERSONAL CREDITS AND EXEMPTIONS

The statutes themselves are so clear as to personal exemptions, credits for dependents, and the date determining the personal status of a taxpayer for income tax purposes that they are quoted here in full.

"71.05 *Exemptions.*

(1) There shall be exempt from taxation under this chapter income as follows, to wit:

(a) Pensions received from the United States.

(b) All inheritances, devises, bequests and gifts received during the year.

(c) All insurance received by any person or persons in payment of a death claim by any insurance company, fraternal benefit society, or other insurer, except insurance paid to a corporation or partnership upon the policies on the lives of its officers, partners or employes.

(2) There shall be deducted from the tax after the same shall have been computed according to the rates in section 71.06, a personal exemption for natural persons as follows:

(a) For an individual, eight dollars.

(b) For husband and wife or head of a family, seventeen dollars and fifty cents. For the purposes of this chapter, the term 'head of a family' means a natural person who maintained a household and supported therein himself and one or more persons who were dependent upon him for support; but no additional exemption shall be allowed for those dependent upon the head of a family except in case of a widow or widower supporting children under the age of eighteen years.

(c) For each child under the age of eighteen years who is actually supported by and dependent upon the taxpayer for his support, an additional four dollars.

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(d) For each additional person, except persons defined in subsection (2) (c) of section 71.05, who is actually supported by and entirely dependent upon the taxpayer for his support an additional four dollars, except in case of head of a family. In computing taxes and the amount of taxes payable by persons residing together as members of a family, the income of * * * each child under eighteen years of age shall be added to that of the husband or father, or if he be not living, to that of the head of the family and assessed to him except as hereinafter provided. The taxes levied shall be payable by such husband or head of the family, but if not paid by him may be enforced against any person whose income is included within the tax computation.

(e) If the status of the taxpayer, insofar as it affects the personal exemption for dependents, changes during the taxable year, the personal exemption shall be apportioned, under rules and regulations prescribed by the tax commission, in accordance with the number of months before and after such change. For the purpose of such apportionment a fractional part of a month shall be disregarded unless it amounts to more than a half month, in which case, it shall be considered as a month."

1937 LEGISLATIVE CHANGES

Among the changes in the income tax statutes enacted or continued by the 1937 Wisconsin legislature are four which are summarized here because of their applicability to many physician taxpayers.

1. *Change of Personal Exemption During Year.* If the status of a taxpayer changes during the taxable year, insofar as it affects the personal exemption for dependents, the personal exemption should be apportioned in the manner set out in Sec. 71.05 (2)(e), Statutes, above quoted. Thus, if a dependent is born or dies during the taxable year, or a child reaches the age of eighteen years, any of these three changes is subject to apportionment or proration, according to the month in which such change occurred. This amendment does not change the former rule as to residence, in which the rule of apportionment had previously been established. The personal exemption for marital status is controlled by the facts of such status as of the last day of the tax year.

2. *Determination of Gain or Loss on Stock Sales.* Where the taxpayer sells a stock which he has acquired in different lots and at different times, and he is able to identify the lots sold, the following two rules apply in computing the normal tax:

a. If shares acquired subsequent to January 1, 1934, are sold from lots acquired at different dates, or at different prices, the basis for determining gain or loss, shall be the cost of the specific shares sold.

b. The basis for determining gain or loss on sales of shares acquired prior to January 1, 1934, shall be the average cost of all such shares of the same stock, determined in accordance with the regulations of the Tax Commission in effect on January 1, 1934.

The Commission's rules on averaging costs are long and rather involved, and are not being printed in the instruction blank attached to the income tax form. Any questions on sales of this character should be addressed to your District Income Tax Assessor, or to the Income Tax Division of the State Tax Commission at Madison.

3. *Sixty Per Cent Surtax Continued to 1939.* The legislature continued the 60 per cent emergency surtax for the calendar or fiscal year 1938. These are to be computed as before by the taxpayer on the same return with the normal tax, and are subject to somewhat different exemptions than the normal tax. Full instructions appear on the 1938 tax return.

4. *Capital Gains and Losses Computations.* Capital gains or losses are to be computed for 1938 in the same manner as heretofore for 60 per cent surtax purposes. Full deductions will be found in the instruction sheet and the tax return, both as to the percentage of gain or loss recognized and as to computation of the tax.

In the computation of gains or losses for the purpose of the emergency surtax, a new subsection provides that in determining the period for which the taxpayer has held stock if a sale is made from lots acquired at different dates or at different prices, and the identity of the lots cannot be determined, the sale shall be deemed to have been made from the earliest acquisitions of such stock.

DEDUCTIONS

A. Statute

The statute is so explicit on what constitutes allowable deductions of major items of expense that it has seemed advisable to insert portions of it for the aid of physicians making state returns.

"71.04 *Deductions from incomes of persons other than corporations.* Persons other than corporations, in reporting incomes for purposes of taxation, shall be allowed the following deductions:

(1) Payments made within the year for wages or other compensation for services actually rendered in carrying on the profession, occupation or business from which the income is derived. But no deduction shall be made for any amount paid for services actually rendered in the carrying on of the profession, occupation or business from which the income is derived unless there be reported the name and address and amount paid each person to whom a sum of seven hundred dollars or more shall have been paid for services during the assessment year. No deduction shall be allowed under this section for any amounts expended for personal, living or family expenses.

(2) The ordinary and necessary expenses actually paid within the year in carrying on the profession, occupation or business from which the income is derived, including a reasonable allowance for depreciation by use, wear and tear of the property from which the income is derived * * *

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(3) Losses actually sustained within the year and not compensated by insurance or otherwise, provided that no loss resulting from the operation of business conducted without the state, or the ownership of property located without the state, may be allowed as a deduction, and provided further that no loss may be allowed on the sale of property purchased and held for pleasure or recreation and which was not acquired or used for profit, but this proviso shall not be construed to exclude losses due to theft or to the destruction of the property by fire, flood or other casualty. No deduction shall be allowed under this subsection for any loss claimed to have been sustained in any sale or other disposition of shares of stock or securities where it appears that within thirty days before or after the date of such sale or other disposition the taxpayer has acquired (otherwise than by bequest or inheritance) or has entered into a contract or option to acquire substantially identical property and the property so acquired is held by the taxpayer for any period after such sale or other disposition.

(4) Dividends, except those provided in section 71.02 (2) (b) 2 and 3, received from any corporation conforming to all of the requirements of this subsection. Such corporation must have filed income tax returns as required by law and the income of such corporation must be subject to the income tax law of this state. The principal business of the corporation must be attributable to Wisconsin and for the purpose of this subsection any corporation shall be considered as having its principal business attributable to Wisconsin if 50 per cent or more of the entire net income or loss of such corporation after adjustment for tax purposes (for the year preceding the payment of such dividends) was used in computing the average taxable income provided by chapter 71 * * *

(5) Interest paid within the year on existing indebtedness; provided, the debtor reports the amount so paid, the form of the indebtedness, together with the name and address of the creditor. But no interest shall be allowed as a deduction if paid on an indebtedness created for the purchase, maintenance or improvement of property, or for the conduct of a business, unless the income from such property or business would be taxable under this chapter.

(6) Taxes other than inheritance and special improvement taxes upon the property or business from which the income hereby taxed is derived paid by such persons during the year, including therein taxes imposed by the state of Wisconsin or the United States government as income taxes; provided, that such portion of the deduction for federal income taxes as may be allowable shall be confined to cash payments made within the year covered by the income tax return; and provided further, that deductions for income taxes paid to the United States government shall be limited to taxes paid on net income which is taxable under this chapter; and provided further that income taxes imposed by the State of Wisconsin shall accrue for the purposes of this subsection only in the year in which such taxes are assessed.

(7) Contributions or gifts made within the year to the state or any political subdivision thereof for exclusively public purposes, or to any corporation, community chest fund, foundation, or association operating within this state, organized and operated exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals, no part of the net income of which inures to the benefit of any private stockholder or individual, to an amount not in excess of ten per centum of the taxpayer's net income of the calendar or fiscal year as computed without the benefit of this subsection.

* * *

(10) Amounts contributed for the given period to the unemployment reserve fund established in section 108.16 of the statutes, but not the amounts paid out of said fund.

* * *

(12) Any and all sums not to exceed eight hundred dollars paid by any person whose total income shall be three thousand dollars or less by way of alimony to a former spouse and not to exceed four hundred dollars each for the support of minor children under any order or decree of any court."

B. Index to Deductions

This index is designed to assist the physician in ascertaining what deductions are allowable. The number given after each heading refers to the paragraph numbering on the pages following. The paragraphs explain in detail what deductions and depreciation are allowable.

Automobiles, 1.
  Depreciation.
  Insurance, 1, 4.
  Maintenance.
  Professional use.
  Repairs.
  Salary of chauffeur.
Bad debts, 2.
Bandages, 9.
Conventions, 8.
Depreciation.
  Automobiles—25 per cent annually of cost price, 1.
  Instruments, 9.
    10 per cent annually of cost price of surgical instruments and general equipment; 10 per cent on x-ray equipment.
  Medical library, 6.
    10 per cent annually of cost price.
  Office equipment, 10.
    10 per cent annually of cost price.
Dividends received, 3.
Dues, 12.
Equipment.
  Office, 10.
  Professional, 9, 16(a).

Fire, loss by, 7.
Instruments, 9.
Insurance premiums, 4.
  Automobile, 1.
  Malpractice, 4.
  Professional equipment, 4.
Interest paid, 5.
Laboratory materials, 9, 16(a).
Lawsuits, 16(b), 16(d).
Library, 6.
Licenses, 13.
Losses, by fire, flood, theft, suit, etc., 7, 16(d).
Medical convention, 8.
Medical supplies, 9.
Miscellaneous, 16.
Office expenses, 10.
  Heat, light, supplies, telephone, water, short-lived office equipment, annual depreciation on furnishings and fixtures.
Office rental, 11.
Postgraduate studies, 14.
Professional conventions, 8.
Professional dues, 12.
  County Society.
  State Society.
  Special societies as:
    College of Surgeons.
    College of Physicians.
  Any other paid in interest of profession.
Professional subscriptions, 6.
Salaries, 15.
Sale of spectacles, 16(c).
Scientific meetings, 14.
Subscriptions, 6.
Taxes and licenses, 13.
  Automobile licenses.
  Federal income and social security taxes.
  Import duties, etc.
  Personal property taxes.
  Professional license fees.
  Real property taxes on office owned and used by taxpayer in practice.
  Wisconsin income taxes and surtaxes paid.
  Wisconsin unemployment taxes.
Theft, loss by, 7.
Traveling expenses, 14.
  Both professional calls and scientific meetings.
Wages and salaries, 15.
  Chauffeur, 1.
  Clerk, 15.
  Laboratory assistant, 15, 16(a).
  Maid, 15.
  Nurse, 15.
  Stenographer, 15.
  Any other employee rendering service in connection with taxpayer's practice or in the care and treatment of patients, 15.

C. Explanation of Deductions

In several instances below, references are made to numbered paragraphs of the federal portions of this digest. Such references make it unnecessary

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to recopy explanatory paragraphs applicable equally to the making of state and federal returns.

1. **Automobiles** (See federal digest, 1).

2. **Bad Debts** (See federal digest, 2).

3. **Dividends Received.** Cash or property dividends received from a corporation's surplus accumulated since January 1, 1911, are deductible by the persons receiving the dividends, if the following requirements are fulfilled:

(a) The corporation paying the dividend must have filed a Wisconsin income tax return for the year preceding the payment of the dividend.

(b) The income of the corporation paying the dividend must have been subject to the Wisconsin income tax law for the year preceding the payment of the dividend.

(c) The principal business of the corporation paying the dividend must have been attributable to Wisconsin for the year preceding the payment of the dividend.

If 50 per cent or more of the entire net income or loss of a corporation, after adjustment for income tax purposes, for the year preceding the payment of a dividend, was used in computing the taxable income of such corporation, it will be considered that the principal business of such corporation was attributable to Wisconsin.

Note: Stock dividends do not constitute taxable income. Liquidating dividends do not constitute taxable income until the taxpayer has recovered his cost of the stock so held. Any amounts received in liquidation in excess of the taxpayer's cost constitute taxable income.

4. **Insurance Premiums.** Premiums paid for insurance against professional losses are deductible. This includes insurance against damages for alleged malpractice, against liability for injuries by a physician's automobile while in use for professional purposes, and against loss from theft of professional equipment, and damage to or loss of professional equipment by fire or otherwise. This further includes premiums for various forms of insurance on the building owned and used in connection with the practice, or a fair proportion thereof where the building is also a home. Under professional equipment is to be included an automobile belonging to the physician and used for strictly professional purposes.

5. **Interest Paid.** Interest paid within the tax year on existing indebtedness may be deducted, provided that the debtor reports the amount so paid, the form of indebtedness, and the name and address of the creditor. No interest is allowed as a deduction if paid on indebtedness created for the purchase, maintenance or improvement of property, or for the conduct of a business, unless the income from such property or business is taxable under the Wisconsin law.

Interest paid on state and federal income taxes is deductible, but interest paid on fines levied for violations of law is not allowable as a deduction.

Interest paid by an individual on indebtedness created for the purpose of acquiring a home is deductible from gross income. Likewise, interest paid by an individual on money borrowed to pay personal debts, such as hospital bills and other family obligations, is considered a proper deduction from gross income.

Interest paid by an individual on money borrowed for the purpose of securing an education is allowable even though other expenses of obtaining such education are not allowable.

6. **Library.** A fair rate of depreciation on the physician's library may be deducted covering wear and tear sustained through use. In determining the rate, however, obsolescence may not be considered since the Wisconsin income tax law does not recognize losses in value due to such causes. The fact that medical books become out of date during the course of ten years cannot be considered in determining the rate of library depreciation. An annual depreciation of 10 per cent of the cost of such library seems reasonable, however.

Costs of subscriptions to scientific medical journals essential to keep the physician abreast with the progress of his profession are deductible.

7. **Losses by fire, etc.** Loss of and damage to a physician's equipment and other property, used by him in connection with carrying on his professional practice, by fire, theft or other cause, not compensated by insurance or otherwise recoverable, may be computed as a business expense, and is deductible, provided evidence of such loss or damage can be produced. Such loss or damage is deductible, however, only to the extent that it has not been made good by repair and cost of repair claimed as a deduction. Losses on business conducted on property located outside the state are not deductible.

Losses on automobiles, aircraft, summer homes, motor boats, furniture, etc., purchased and held for pleasure are deductible from gross income when sustained because of theft, fire, flood, or other casualty. Losses on property used for both pleasure

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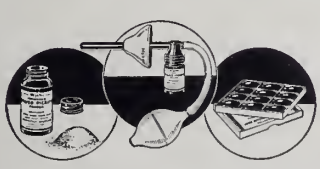

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and practice are deductible only to the extent that such property was used in the practice, unless such losses were sustained through fire, flood, other casualty, or theft, in which cases the entire loss is deducted.

8. **Medical Conventions.** Ordinary and necessary expenses incurred in attending medical conventions of professional scientific societies necessary to enable the physician to carry on his profession, are deductible.

Costs of attending professional conventions must be strictly limited to the necessary cost and expense directly attendant upon such conventions. The type of professional convention here contemplated is confined to such as are, as a general rule, ordinarily and generally attended by persons of the same professional standing as the taxpayer, as necessary to the maintenance and carrying on of their regular practice and profession.

9. **Medical Supplies and Instruments** (See federal digest, 4).

10. **Office Expenses** (See federal digest, 5).

11. **Office Rental.** If a physician pays rent to another person for office space he is permitted to deduct the amount from his gross income. This includes office space in a rented home, provided office hours are maintained. Where a physician maintains his offices in the home which he occupies as a residence, he may, if the home is rented, deduct as rent that proportion of the total rent paid which the value of his office space bears to the rental of the entire premises; and if he owns the residence, he may deduct the proper share of expenses attributable to the space so occupied, including taxes, depreciation, insurance, water, light, heat, repairs and general upkeep.

12. **Professional Dues.** Professional dues paid to professional associations to which the physician may belong in the interest of his profession may be deducted.

13. **Taxes and Licenses.** All taxes and licenses incident to the professional scope of the physician may be deducted. The following taxes would be deductible by any physician:

(a) Real property taxes paid on office owned by him and used by him in his practice.
(b) Personal property taxes paid on his apparatus and equipment.
(c) Wisconsin income taxes and surtaxes paid.
(d) Federal income and profits taxes paid on net income subject to tax under the Wisconsin income tax law are deductible in

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the year in which actually paid in cash. That portion of a federal surtax based on dividends not subject to the Wisconsin income tax is not deductible, however.

(e) All license fees incident to his profession.

(f) Automobile licenses on automobiles used exclusively in the practice of his profession. See paragraph 1 supra.

(g) Import or tariff duties and business, license, privilege, excise, and stamp taxes, are deductible if incurred in connection with the carrying on of the taxpayer's practice and profession.

(h) All social security taxes paid by the physician under Titles VIII or IX in his capacity of employer and the amount paid by him under the Wisconsin unemployment compensation act.

14. **Traveling Expenses** (See federal digest, 9).

15. **Wages and Salaries** (See federal digest, 10, and state digest 16(e) below).

16. **Miscellaneous.**

(a) Laboratory Expenses (See federal digest, 11(c)).

(b) Legal expenses incurred in the defense of a suit for malpractice are deductible as business expense. Expenses incurred in the defense of a criminal action, however, are not deductible.

Legal expenses incurred in connection with the operation of a taxpayer's profession are proper deductions unless such business is conducted in violation of the law.

(c) Sale of Spectacles (See federal digest, 11(e)).

(d) Unclassified. Payments required to be made for damages growing out of the carrying on of the profession such as injury to property, interference with property rights, breach of contract, and libel are deductible from gross income.

Miscellaneous expenses which are incurred in producing taxable income and are allowable deductions include the following: fees paid to auditors, tax experts, and lawyers in connection with income tax matters, welfare work expense incurred in keeping up the morale in an organization.

(e) Informational Returns. All salaries, wages, fees and other compensation, whether paid to employees or to independent contractors, such as attorneys or accountants, which exceed $700 in the case of any individual must be reported on Form 9a. This form should be filed with the return; otherwise the payment is not deductible on tax return. This note applies particularly to paragraphs 15, 16(b) and 16(d) above.

The Journal Bookshelf

Gould's Pocket Pronouncing Medical Dictionary. By Geo. M. Gould, A.M., M.D. Revised by C. V. Brownlow. Ed. 11. One thousand pages. Price, flexible, washable fabric, $2; with thumb index, $2.50. Philadelphia: P. Blakiston's Son & Co., 1939.

The 1938 Year Book of Obstetrics and Gynecology. Edited by J. B. DeLee, A.M., M.D., professor of obstetrics, University of Chicago Medical School, and J. P. Greenhill, B.S., M.D., F.A.C.S., professor of obstetrics and gynecology, Loyola University Medical School, Chicago. Six hundred and seventy-two pages, well illustrated. Price, cloth, $2.50. Chicago: Year Book Publishers, 1939.

Surgical Pathology of the Diseases of the Mouth and Jaw. By A. E. Hertzler, M.D., professor of surgery, University of Kansas. Two hundred and forty-eight pages, 206 illustrations. Price, cloth, $5. Philadelphia: J. B. Lippincott Co., 1939.

Trauma and Internal Disease: A Basis for Medical and Legal Evaluation of the Etiology, Pathology, Clinical Processes Following Injury. By F. W. Spicer, A.B., M.D., F.A.C.P. Five hundred and ninety-three pages, forty-three illustrations. Price, cloth, $7. Philadelphia: J. B. Lippincott Co., 1939.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Synopsis of Clinical Laboratory Methods. By W. E. Bray, B.A., M.D., professor of clinical pathology, University of Virginia; director of clinical laboratories, University of Virginia Hospital. Ed. 2. Four hundred and eight pages with fifty-one text illustrations and seventeen color plates. Price, cloth, $4.50. St. Louis: The C. V. Mosby Company, 1938.

This book is a brief presentation of the methods used in clinical pathology. There is nothing unusual in it and only a few changes from the previous edition. It is a fairly good book for laboratory technicians and medical students. There are other books of more value to the practitioner, however. There are so many books in this field that one can scarcely keep track of them. This book adds nothing to the field. J. K. S.

The American Illustrated Medical Dictionary: A complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry, nursing, veterinary science, biology, medical biography, etc. By W. A. N. Dorland, A.M., M.D., F.A.C.S., Lieut.-Colonel, M.R.C., U.S. Army; member of the Committee on Nomenclature and Classification of Diseases of the American Medical Association; editor of the American Pocket Medical Dictionary. In collaboration with E.C.L. Miller, M.D., Medical College of Virginia. Ed. 18, revised and enlarged. Sixteen hundred and seven pages with 942 illustrations, including 283 portraits. Price, cloth, $7 net; thumb indexed, $7.50 net. Philadelphia: W. B. Saunders Company, 1938.

Five thousand new words justify a new dictionary in any man's language. When it is in a field so rapidly changing and therefore so controversial as medicine, the need for an adequate setting of limits is imperative.

Dorland's "American Illustrated Medical Dictionary" uses the standard terminology adopted by various scientific bodies such as the American Medical Association, the Society of American Bacteriologists, the American Chemical Society. B.N.A. veterinary and dental terms are included. The usual dictionary features of definition, pronunciation, etymology, capitalization and abbreviations are commendably simple yet complete. The medical historian will note the historical aspect of words, the 283 portraits of physicians which are indexed in the front, and the biographic sketches. The "Index to the Tables" also given in the front is invaluable. Unusually generous are the encyclopedic anatomic tables and chemical formulas. There are seven pages of dosage tables and thirty-two pages of special tests.

Such a dictionary is a "must" in every medical student's and every medical practitioner's library. G. R.

Pediatric Symptomatology and Differential Diagnosis. By Sanford Blum, A.B., M.S., M.D., head of department of pediatrics and director of the research laboratory, San Francisco Polyclinic and Post Graduate School. Five hundred pages with twenty-nine illustrations including one color plate. Price, cloth, $5. Philadelphia: F. A. Davis Company, 1938.

The reviewer gains the impression that this book has been written without sufficient reference to recent literature on the diseases of infancy and childhood. Many important subjects such as anhydremia and athrepsia are discussed too briefly. Many other diagnostic problems such as chronic intestinal indigestion, acrodynia, undulant fever, and bacillary and amebic dysentry are omitted. In a text stressing differential diagnosis the discussion of diabetes mellitus contains no reference to the great importance of differentiating diabetic coma from insulin shock. The chapters on endocrine disturbances, with the exception of a fairly complete discussion of diseases of the thyroid gland, are very brief and of no practical value to the practitioner. Orthopedic

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conditions encountered frequently in childhood are given very little consideration. The author discusses only congenital club feet, congenital dislocation of the hip and osteomyelitis. Early diagnostic signs of diseases such as rickets, scurvy and congenital dislocation of the hip are not stressed although the text is characterized by a very detailed discussion of the more advanced signs of disease.

The illustration of the x-ray findings in rickets, in a three year old child, is not characteristic of that disease but is more suggestive of scurvy and osteoporosis.

The author states that congenital atresias of the upper intestinal tract are rarely diagnosed during life and that in infantile tetany the prognosis is "on the whole not good." Both of these remarks are misleading and certainly not substantiated in practice for many atresias in the newborn may be relieved by operative intervention, and tetany responds readily to therapy with calcium and vitamin D. K. B. Mc D.

Maternity Care in a Rural Community. By Maxwell E. Lapham, M.D., assistant professor of obstetrics. School of Medicine, Tulane University, Louisiana. Sixty-five pages. Price, in paper cover, twenty-five cents. New York: The Commonwealth Fund, 1938.

This report of maternal care in a rural community is a very important one, for the statistics are well worth studying and the adequacy of the service rendered patients in the rural community is also well worth analysing. I recommend this brief report to anyone interested in maternal care in a rural community. It is an excellent report. R. E. C.

Diseases of the Nose, Throat and Ear. By W. Wallace Morrison, M.D., clinical professor and chief of clinic, Department of Otolaryngology, New York Polyclinic Medical School and Hospital. Six hundred and seventy-five pages with 334 illustrations. Price, cloth, $5.50 net. Philadelphia: W. B. Saunders Company, 1938.

This textbook is a well defined and well organized outline of nose and throat diagnosis and technique. Aimed at aiding the student as well as the professional reader, its style is simple and direct. The illustrations are all diagrammatic and adhere to time-tried procedures. It is especially recommended for students because of its moderate price. J. E. D.

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- ☐ Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245
- ☐ Laryngoscope, 1935, XLV, 149-154
- ☐ N. Y. State Jour. Med., 1935, 35-No. 11, 590
- ☐ Laryngoscope, 1937, XLVII, 58-60

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COMMENTS ON TREATMENT

(Continued from page 119)

arsenical therapy must be approached with great caution in these groups, the reports to date indicate a better tolerance for Mapharsen than for neoarsphenamine.

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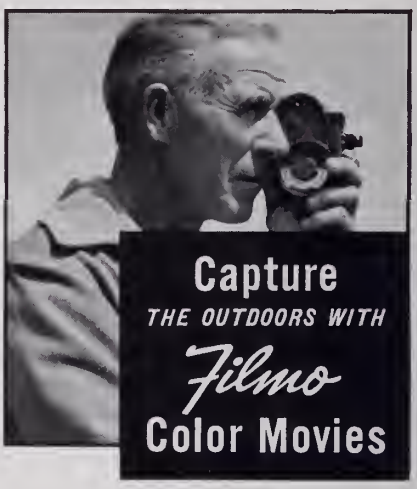

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● An outstanding accomplishment of American Biochemical research has been the chemical identification—by degradation and by synthesis—of thiamin or pure vitamin B_1 (1). Thus, another dietary essential long known by its physiologic functions has been identified chemically, in this instance as a quaternary thiazole.

This discovery is of the most basic importance in the field of vitamin B_1 research. Determination of the chemical nature of this factor permits not only explanation of certain previously known facts concerning vitamin B_1, but in addition, has opened new fields of research. One of these is already concerned with the development of a reliable chemical method for estimation of thiamin which will be generally applicable to foods.

At present, quantitative determination of vitamin B_1 necessarily requires the use of one of the several bioassay methods available for that purpose. None of these is entirely satisfactory (1, 2). Perfection of a chemical method for quantitative measurement of thiamin in foods would add greatly to our knowledge of its occurrence in nature, as well as permit more comprehensive studies of factors which might influence the stability of vitamin B_1 in foods. We have a relative paucity of such data relating to vitamin B_1 when the available information on vitamin C is considered.

It should also be stated that the synthesis of thiamin—which is now produced on a commercial basis—has already provided the clinician with a most useful diagnostic tool. Administration of the pure vitamin in cases of suspected thiamin deficiency, with notation of the therapeutic response, constitutes the most trustworthy means of detecting avitaminosis B_1. After the diagnosis has been confirmed and the immediate deficiency corrected by administration of thiamin, it is desirable that future adequate supply of vitamin B_1 be obtained through dietary readjustments (1).

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(1) 1938. J. Amer. Med. Assn. 110, 727.
(2) 1938. Ibid. 111, 927.
(3)a. 1936. J. Nutrition 11, 383.
b. 1936. J. Amer. Diet. Assn. 12, 231.
(4)a. 1932. J. Nutrition 5, 307.
b. 1932. Ind. Eng. Chem. 24, 457.

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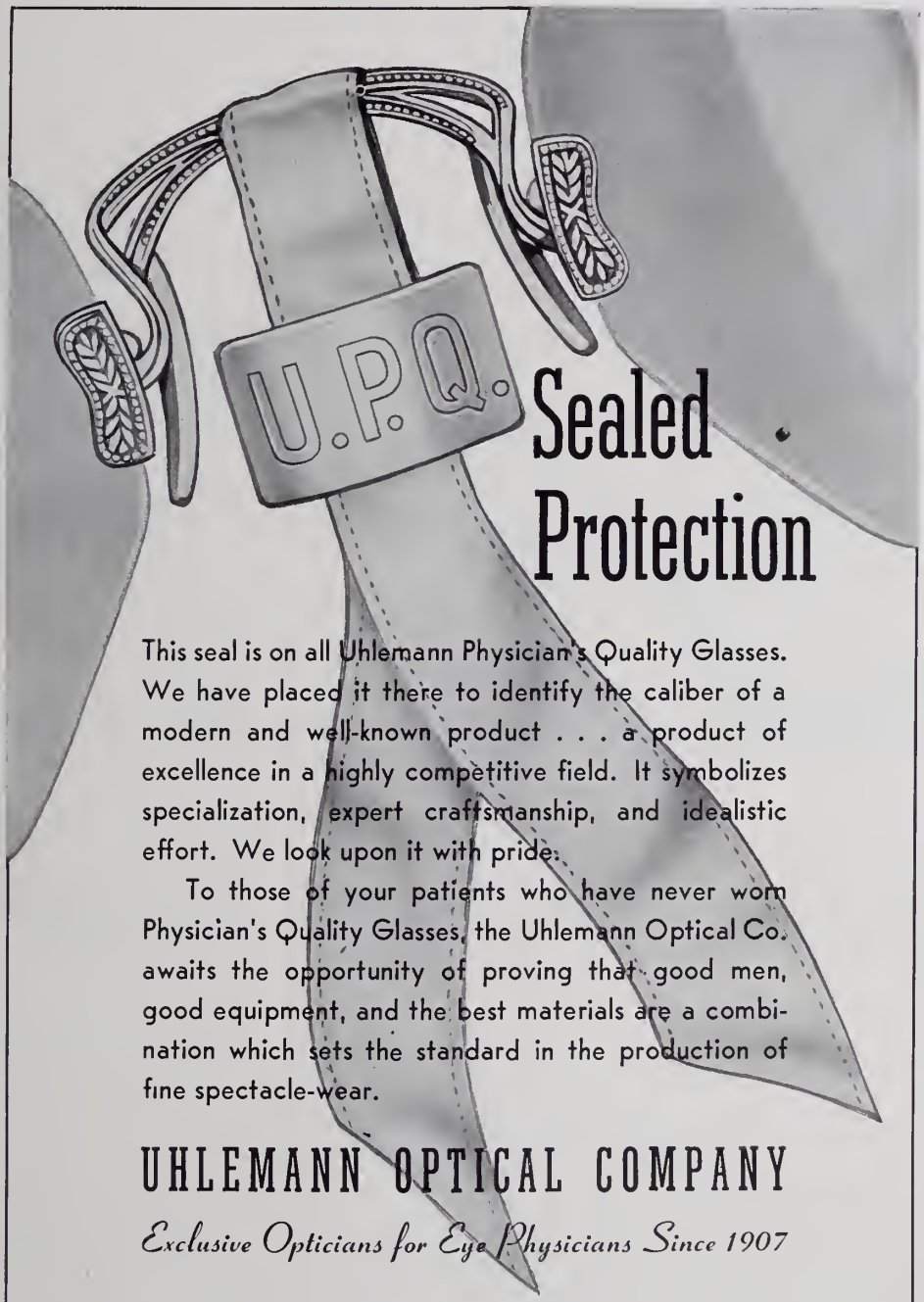

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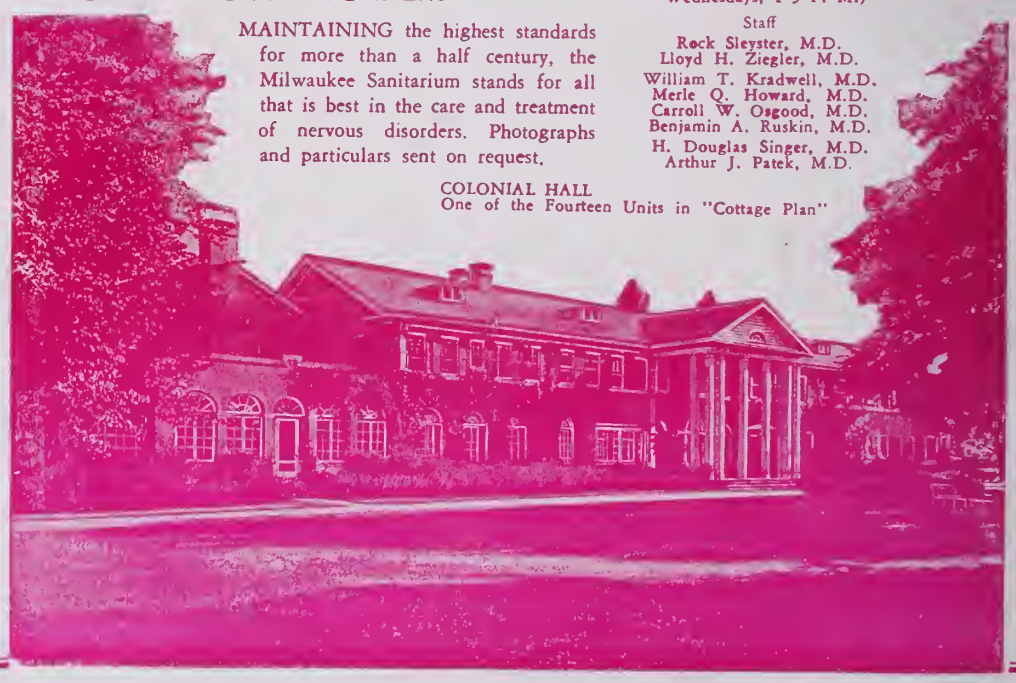

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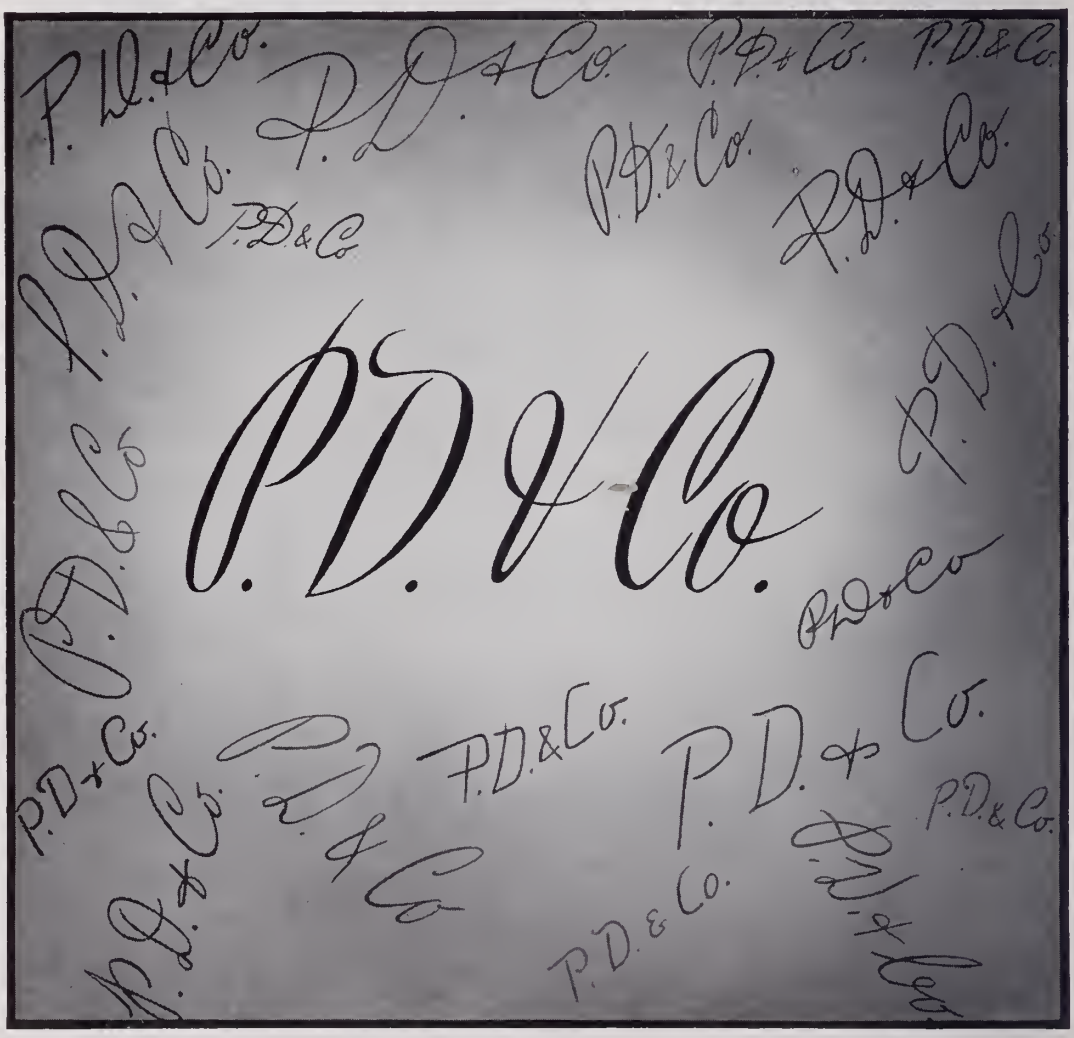

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1. Piness, G., Miller, H. and Alles, G. A.—Clinical Observations on Phenylaminoethanol Sulphate, *J. A. M. A.*, 94:790, 1930.
2. Bertolet, J. A.—Benzyl Methyl Carbinamine Carbonate, *Med. J. and Rec.*, 136:75, 1932.
3. Byrne, H. V.—The Use of Benzyl-Methyl-Carbinamine-Carbonate in the Treatment of Rhinitis, *New Eng. J. Med.*, 209:1048, 1933.
4. Scarano, J. A.—Rapidity of Shrinkage and Immediate and Secondary Reactions Following Local Applications of Ephedrine and Benzedrine, *Med. Rec.*, 140:602, 1934.
5. Wood, E. L.—A New Drug for Treatment of the Eustachian Tube and Middle Ear, With an Apparatus for Its Use, *Arch. Otolaryng.*, 21:588, 1935.
6. Giordano, A. A. S.—Benzyl Methyl Carbinamine (Benzedrine), *Penna. Med. J.*, 39:20, 1935.
7. Sulman, D.—Certain Conditions in Which a Volatile Vasoconstrictor Has Proved of Particular Value, *Med. Times*, 63:374, 1935.
8. Scarano, J. A. — The Gross Changes Produced in the Nose by Benzedrine Inhalation, *Med. Rec.*, 143:161, 1936.
9. Scarano, J. A. and Coppolino, J. F.—The Use of Benzedrine Vapor in Children, *Arch. Ped.*, 54:97, 1937.
10. Bertolet, J. A.—Benzedrine in Paranasal Sinusitis, *Clin. Med. and Surg.*, 44:25, 1937.
11. Vollmer, E. S.—Use of the Benzedrine Inhaler for Children, *Arch. Otolaryng.*, 26:91, 1937.

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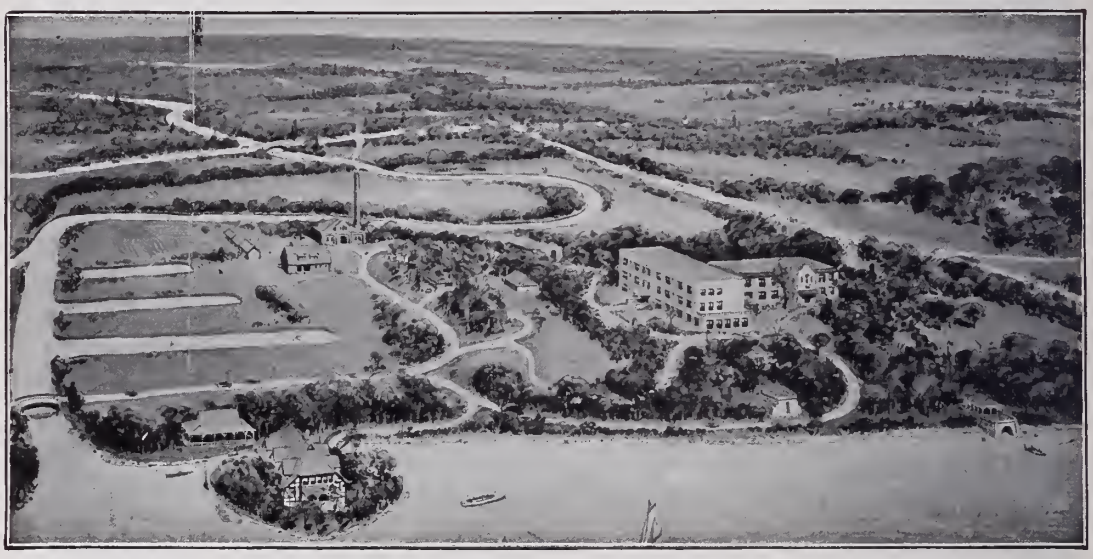

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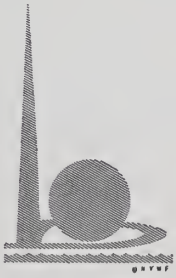

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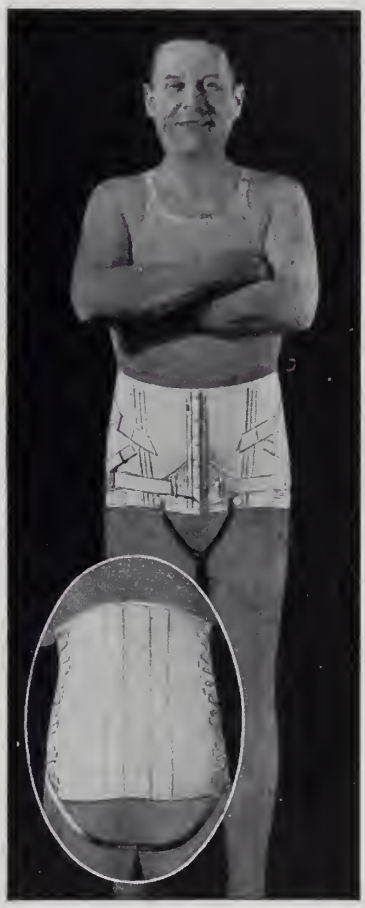

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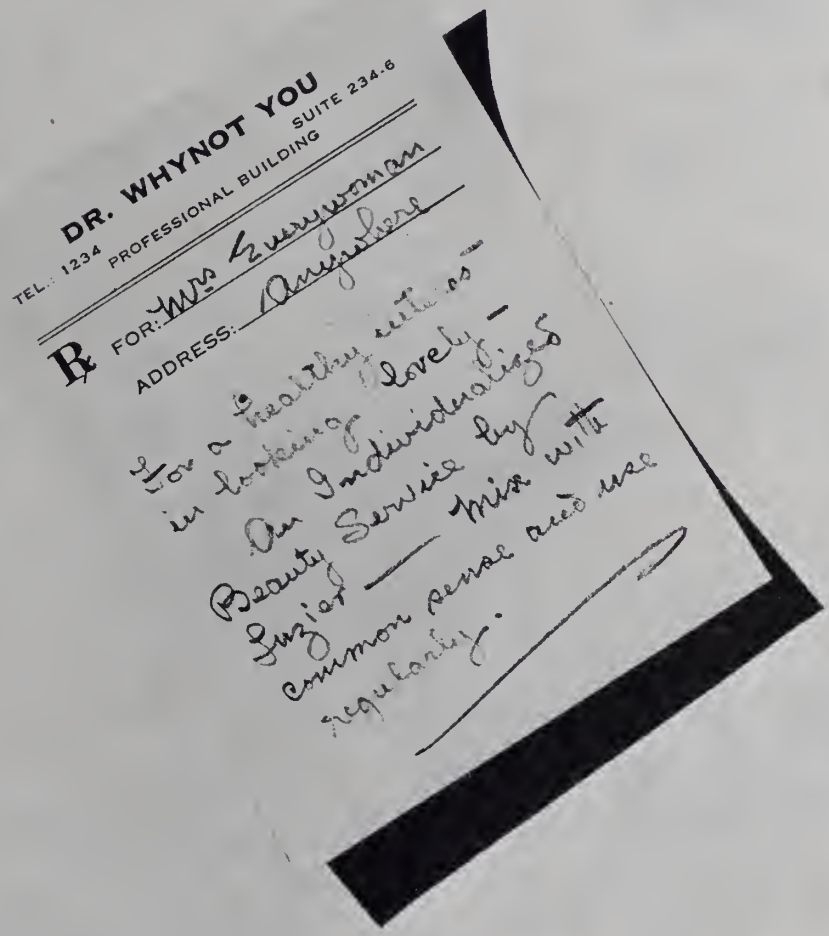

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Office Treatment of Eye Injuries*

By WILLIAM L. BENEDICT, M. D.
Rochester, Minn.

MINOR injuries of the eye that can be cared for in the office may be classified into three groups: (1) abrasions and lacerations of the lids or of the conjunctiva, and penetrating injuries of the eyeball from sharp or pointed articles such as scissors, penknives, needles, nails and sticks; (2) injuries caused by flying particles of metal, sand, abrasives, hot cinders, insects and other small objects that strike the eye at a relatively high speed; and (3) injuries caused by chemicals, gases, gunpowder and irritants of one kind or another.

It is essential in all cases of injury to determine as quickly and as accurately as possible the nature of the agent that caused the injury and the extent of the injury. Comprehensive examination of the injury and of the eye is imperative. In cases of laceration of the eyebrows or eyelids, one should ascertain whether or not a foreign body is embedded in the tissues. Deep cuts about the face made by shattered glass usually are not seriously infected and, after a thorough mechanical cleaning, wounds may be sutured, to close by first intention. If the eyeball has been injured, a careful note should be made of the site of the injury, particularly whether the zone about the cornea has been penetrated. The wounds should be examined carefully for the presence of fragments of glass, metal, or other foreign material. To aid in this examination, one should resort to roentgenograms in all cases of severe injury, not only to determine the presence of foreign material, but to note fragmentation of bones of the orbit. In many cases of automobile injury, superficial examination is not sufficient.

In all cases of injury the cornea should be inspected carefully with a magnifying glass for superficial scratches or abrasions. The cornea should first be anesthetized with a few drops of a 0.5 per cent solution of pontocaine, or with a 2 per cent solution of cocaine, followed by instillation of a 1 per cent solution of potassium fluorescein. After one minute, the potassium fluorescein solution should be washed off carefully with physiologic saline solution and the cornea immediately inspected. Any abrasion or scratch will be indicated by a deep green stain which cannot be washed away.

Penetrating injuries of the eyeball are always serious, inasmuch as they may produce a marked reduction in vision even though the eyeball does not become infected. Stab wounds of the cornea, made by scissors, knives, wire, steel tacks, or nails, often injure the lens, as a result of which traumatic cataract develops and, frequently, distortion of the pupil with anterior synechiae. Such wounds close quickly and very seldom are infected. If prolapse of the iris into the wound occurs, the eye should be cleansed with boric solution and an antiseptic ointment or solution should be applied, the eye covered with a pad, and the patient sent to the hospital where the care of a specialist is available. Foreign bodies should be removed as soon as possible, under aseptic precautions. Pieces of steel, gravel, cinders and other foreign bodies that become embedded in the cornea should be carefully removed by sterile instruments after the instillation of a few drops of a local anesthetic. In removing foreign bodies, particularly those that have been in the cornea for some hours, great care should be taken to see that all necrotic tissue in the region of the foreign body is carefully curetted away. Unless the eye shows some irritation, it is not necessary

* From the Section on Ophthalmology, The Mayo Clinic. Presented before the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938.

to use a cycloplegic. If, however, the injured eye should show irritation, a cycloplegic, such as a 2 per cent solution of homatropine, may be used to keep the pupil dilated so as to prevent adhesions and allay the tendency to iritis.

It is often difficult to judge the extent of the eye injury by superficial examination. Large conjunctival hemorrhage may occur from a slight injury, or indeed without any injury whatever. On the other hand, penetration of the eyeball by a foreign body such as a piece of steel from a hammer head may show little or no external evidence of injury. It is essential that a careful history be taken, as it is not infrequent for patients to neglect to speak of the most important items leading up to the injury. In one case I found a portion of a match stick, 1 cm. long, lying free in the upper cul-de-sac. This patient had complained of an abnormal amount of secretion about the eye for four months and had received treatment at the hands of several doctors, none of whom, however, had taken occasion to inspect the deeper recesses of the fornix. Another patient who complained of continued hypersecretion was found to have a fragment of glass embedded in the upper part of the orbit where it had lodged some months before as a result of an automobile accident. Neither of these patients had spoken of an accident and they had not suspected that a foreign body might be the cause of their symptoms.

It is not uncommon to find spears of grass, husks of grain, beards from rye or wheat, pieces of twig or leaf resting in the upper cul-de-sac of the conjunctiva and causing local irritation. It should be a part of every examination, first to anesthetize the eye, and then to evert the upper lids so as to expose completely all portions of the conjunctival sac. Foreign bodies may be found where they are least expected. I recall one case in which the patient came to the clinic because of a chronic ulcer of the cornea near the limbus. The ulcer had been treated for three weeks without progress. In the center of the ulcer was a cup-shaped husk of small grain with the sharp edge downward so that it could not be worked away. After removal of the grain husk the ulcer promptly healed.

Any patient who gives a history of minor injury to the eye which could possibly come from a flying fragment of steel should never be dismissed until a roentgenogram has been made. It is not uncommon to find by roentgenograms pieces of metal in eyes that were injured many months to several years previously and in which the presence of the foreign body has not been suspected. Foreign bodies that have recently entered the eye frequently may be removed by magnet. However, pieces of copper, brass, or other nonmagnetic metals frequently are the cause of injury and their removal becomes a matter of serious concern. Such an accident takes the patient out of the run of office practice, and hospitalization is required for proper management.

Lacerations and Infections

Lacerations of the cornea are sometimes caused by cuts from broken eye glasses, and occasionally from a knife or scissors, in such a way that the eye is not otherwise damaged. Extensive lacerations of the conjunctiva may be repaired by suturing, but small lacerations of the bulbar conjunctiva need not be sutured. Incisions through the cornea that are linear usually are closed by the stiffness of the tissue, so that the wound does not gap. Unless the wound is held open by incarceration of the iris, the margins of the lacerated cornea will be united within a few hours and the aqueous chamber reformed. If incarceration of the iris occurs, iridectomy may be done, preferably before the wound closes. If the wound is clean, the eye should be protected by a soft cotton pad and the patient kept quiet until the wound heals. Any injured eye that shows a scratch or abrasion of the cornea as a result of injury should be protected from the air, not only for comfort, but to prevent exposure to infection.

The treatment of infected wounds is not strictly an office procedure. Small foreign bodies embedded in the cornea set up a local tissue reaction which results in softening of the area immediately adjacent, and infection frequently involves the necrotic tissue. It is therefore advisable to treat such an area with some antiseptic. Tincture of iodine, 10

per cent silver nitrate solution, or phenol may be applied by means of a small cotton applicator to the wound. The eye must then be thoroughly irrigated with physiologic saline solution and a protective dressing applied. To permit an open wound of the cornea to go without a protective dressing is to invite disaster.

Prophylactic doses of foreign proteins, however, may prevent local infection or even sympathetic ophthalmitis. Foreign bodies that penetrate the eye at great velocity are sterilized by their own speed and seldom give rise to infected wounds. Injuries caused by knives, scissors, nails, or slow-moving agents may become infected, although the ratio of infection to injuries of the eye is gratifyingly low. Fulminating infection following injury to the eye usually leads to panophthalmitis and loss of the eyeball. Low-grade infections, however, may be successfully combated. Probably the best method of treatment consists in the use of foreign proteins sufficient to give a thermal reaction of 1 to 3 degrees above normal. Patients requiring such treatment should of course be hospitalized. The agent used to give the fever must be selected according to the patient's age and his probable reaction. Intramuscular injection of milk, 5 to 10 cc., is always a safe procedure, as idiosyncrasy to milk by intramuscular injection is very rare. The most commonly used agent is triple typhoid vaccine, administered intravenously in doses of from 5 to 100 million bacteria. A prophylactic dose of 25 million bacteria given intravenously in any case of injury to the eye usually will prevent a serious reaction and will mitigate the severity of infection. Continued irritation after injury, or further signs of infection are indications that foreign protein treatment should be continued. I have been gratified to see well-established intra-ocular infections cleared up by the continued use of foreign protein therapy over a period of six to ten weeks.

Burns

Burns of the eye fall into two categories: The most serious burns of the eye are caused by caustic chemicals such as lye, lime, ammonia, sulphur dioxide, and other fluids or gases used in refrigeration units. Sulphur compounds of the kind used in industry or in cosmetics also cause severe and permanent damage to the eye. Basic reagents usually cause more severe damage to the eye than acid reagents. It is not necessary to go into the reasons for the difference in the extent of reaction to chemical injury, but what may appear to be a rather superficial burn by a basic agent may turn out to be much more serious than expected, whereas burns from acid may be less severe than would appear on first inspection. In any event, a serious burn of the eye from chemicals calls first for continued irrigation with tepid water. There is not much likelihood of being able to counteract the chemical effect by using irrigating fluids of an opposite reaction. However, severe ammonia burns may be irrigated with a solution that contains a harmless amount of acid, for instance lactic acid or vinegar. For irrigation of acid burns one may use sodium chloride or sodium carbonate solution. In case of severe burns of the lids, picric acid is helpful. A 2 per cent ointment of picric acid with butyn, prepared by Abbott under the name of "butesin picrate," is a convenient preparation to apply inside the eyelids. Burns of the eye from hot metal heal surprisingly quickly and with only minor scars. The cornea may be burned by a curling iron, sparks from a pipe or cigarette, or from the splashing of hot metal, such as babbit or moulding compounds, from which complete recovery without loss of function frequently follows. While the immediate injury is very painful, the prognosis is quite good. Under a few drops of cocaine solution I have removed solid casts of molten metal from between the lids and from the surface of the cornea, yet within a few days all traces of the injury had disappeared. In such cases it is necessary only to remove the foreign body and to apply a mild analgesic and antiseptic ointment such as butyn, metaphen, or pontocaine ointment.

Care must be taken that the margins of the lids do not become adherent. They may be separated by a generous quantity of a thick ointment or, if necessary, by a thin

layer of oiled silk. Severe burns of the conjunctiva and cornea are caused by concentrated tear gas; they are best treated by instillation of a local anesthetic and use of an ointment with a heavy base, such as boric acid ointment.

General Comments

Minor injuries of the eye, when first seen by a general physician, require very careful attention if serious consequences are to be prevented. A careful examination of the eye requires a test of visual acuity, a rough test of the field, and inspection by concentrated light and magnifying glasses. An ophthalmoscopic examination is desirable but not always necessary. Eye dressings should be made of soft, long-fibered cotton and enclosed in a layer or two of fine gauze mesh, so that the cotton fibers cannot get into the eye. Irrigations should be copious, because mechanical cleanliness is of more importance than antisepsis. A saturated solution of boric acid and a quantity of physiologic saline solution should be kept on hand for this purpose.

Very few special medicaments are required, but I would recommend the following: A 4 per cent solution of cocaine; epinephrine, 1:1,000; "metaphen 2500;" and homatropine solution, 2 per cent. Because of the convenience, ointments in ophthalmic tubes are very useful. I would recommend butyn-metaphen ointment; pontocaine ointment, 0.5 per cent; scopolamine, 0.5 per cent; butesin picrate; and White's ointment.

Type Determination of Pneumococci

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WITH the increasing use of therapeutic serum in the treatment of pneumococcic pneumonia, the typing of pneumococci is becoming a more important procedure and more laboratories are undertaking this work. Until recently, in many laboratories examinations were made for types 1, 2 and 3 only, since these were the types most commonly encountered and therapeutic sera were available for types 1 and 2 only. The differentiation of the higher types was of greater epidemiological than clinical importance. Therapeutic serum is now available for all types of pneumococci. Consequently, the identification of the higher types of pneumococci is of clinical importance, as well as of epidemiological significance.

Until the introduction of the Neufeld "Quellung" technic, examinations for pneumococci were commonly made by mouse inoculation or cultural methods, followed by typing by the Sabin slide agglutination method. Although these methods are still of value under some conditions, the Neufeld technic is more rapid and is sufficiently simple to be practical even in small laboratories. In any of these tests, certain difficulties frequently arise, but usually they can be eliminated by careful consideration of the materials and technic used.

Specimens

Type of specimen.—Chest fluid, spinal fluid, blood, pus, or cultures may be used for pneumococcus type determination, but in early pneumonias, sputum or throat swabs are most commonly used.

Collection.—The importance of obtaining a good specimen cannot be over-emphasized. In a specimen containing only saliva, the possibility of finding pneumococci is very slight and if a pneumococcus is found, it is probably a mouth or throat contaminant and not the cause of the pneumonia. A report from the laboratory on such a typing will be misleading and may prevent further examinations which might reveal the true causative organisms.

The sputum specimen submitted should consist of material coughed from the lung or bronchus with as little mouth contamination as possible. It is not necessary to have a large amount of sputum. While ½ to 1 cc. is desirable if a mouse is to be inoculated in addition to the Neufeld typing, a smaller amount will suffice. With proper collection and handling, a satisfactory examination

generally can be made if only a few flecks of mucus can be obtained. In cases where sputum cannot be obtained, as in infants and small children, coughing can usually be induced by touching the throat with a sterile swab and enough mucus collected on the swab for examination.

Sputum should be collected in a clean, preferably a sterile, bottle without disinfectant. Frequently, the bottles used for collecting sputum to be examined for tubercle bacilli contain a disinfectant. If the specimen is to be examined for pnuemococci, the disinfectant should be emptied and the bottle washed with sterile water or alcohol. The disinfectant renders the specimen unsatisfactory for mouse inoculation or culture and may interfere with the capsular swelling.

Throat swabs should be submitted in dry, sterile tubes.

Transportation.—Prompt delivery of the specimen to the laboratory is important both from the standpoint of the value of the laboratory report to the patient and of the accuracy of the examination. Pneumococcus typing should be considered by the laboratory as an emergency procedure and the report submitted to the doctor as early as is consistent with accuracy. This usually will be within two to three hours after the specimen is received, and the serum therapy, if it is to be used, can be instituted at once. However, in a few cases there may be a delay in the laboratory report caused by the occasional variability of the test which may require repetition or additional study to confirm or supplement the first results.

Pneumococci rapidly die off and are autolyzed when kept in a moist state such as in sputum. Sputum may be used for culture or mouse inoculation up to twenty-four hours and for capsular swelling somewhat longer. The limit of satisfactory use has not been definitely established and probably varies with the character of the sputum, but a negative report on a specimen forty-eight or more hours old should be questioned and the examination should be repeated if it is still indicated. Whenever there is an unavoidable delay in delivering the specimen to the laboratory, it should be kept in the refrigerator to delay over-growth of other organisms as well as autolysis.

Dried pneumococci, although unsatisfactory for culture or mouse inoculation, may be used for Neufeld typing, and it has been suggested that the doctor make smears of sputum on glass slides and send them, instead of sputum, to the laboratory. In this case the smears should be made of the mucous parts of the sputum and at least a dozen slides should be submitted. Except in unusual circumstances, this method does not seem advisable for routine examination.

Neufeld Typing

This reaction is based on the fact that in the presence of the anti-serum specific for the type, the capsule of a pneumococcus becomes swollen and definite in outline.

Serum. A rabbit serum of high titre specifically prepared for diagnostic purposes is used. Neither therapeutic nor diagnostic agglutinating horse serum is satisfactory. The swelling titre should be at least 1:15 to allow for the serum to be mixed in groups of five or six sera and still have sufficient antibody to show the reaction. These sera may be obtained combined into six mixtures of from three to six sera each for preliminary typing and as monovalent sera for each of thirty types (type 26 having been combined with type 6 and type 30 with type 15). These sera may be kept in the refrigerator for several years without appreciable loss of efficiency.

Method.—Some of the specimen should be smeared on a slide, stained by Gram's stain, and examined for the presence and approximate number of Gram positive diplococci resembling pneumococci so that one may know what to expect in the Neufeld preparation. This will show also if there are other organisms present which may be significant in case pneumococci are not found. The mistake should not be made, however, of attempting to distinguish definitely between pneumococci and streptococci by morphology alone since all lancet-shaped diplococci are not pneumococci nor are all pneumococci lancet-shaped. Contrary to a common belief, some pneumococci may form chains of eight to ten organisms or more. A capsule stain

may also be made for further observation of the organisms present.

The technic of the test is as follows:

1. Select the mucous portions of the sputum and put a loopful on each of six glass slides. (This should be the small amount which would be contained within the loop and not a large flake of mucus which might cling to the loop.)

2. Add to each, two loopfuls of Loeffler's methylene blue.

3. Add to each of these, at least two loopfuls of the appropriate serum (groups A–F) and *mix thoroughly*. (Two separate loops may be used. One about 1 mm. in diameter for the sputum and one about 4 mm. in diameter for the stain and serum.)

4. Cover with a number 1 cover slip and examine with an oil immersion lens under reduced light.

If pneumococci are present, they will be seen as diplococci stained deeply with methylene blue. In the preparation containing the specific serum, they will be surrounded by swollen capsules, unstained, having a "ground glass" appearance and showing a definite limiting outline (fig. 1).

Fig. 1. The left circle shows a negative Neufeld reaction; the right a positive Neufeld reaction.

The size of these capsules varies greatly in the different types. Some, such as type 1 and 2, will show a capsule approximately as wide as the diameter of the organism, while others, such as type 3, will show a capsule two to three times as wide. The size of the capsule is of less importance than its definite outline.

If a reaction is noted in any one or more of the preparations containing mixed serum, a second series of preparations is set up using each of the monovalent sera contained in the mixture or mixtures showing the reaction. These preparations are examined as before and will show the specific type or types of pneumococci found in the specimen. If no reaction is observed, the slides should be set aside and re-examined after one hour or longer.

In some laboratories, examination is made for only those types of pneumococci for which therapeutic serum is available. In others, it is customary to make the preparations with one or two sera at a time and if a positive reaction is found, further examination is not made. This method will save time and in most cases is satisfactory. However, in some cases a mouth or throat contaminant may be found and the infecting organism may be missed. Whenever time and laboratory facilities will permit, it is advisable to examine for all types.

Common Causes of Error

1. *Insufficient serum for the quantity of sputum.*—It is difficult to specify the quantity of sputum to be used since a large amount of a thick sputum may be picked up with a small loop. A very small amount of sputum is needed for each preparation as only a few organisms with swollen capsules are needed for a positive diagnosis. The quantity recommended is the amount which would be contained within the loop. The quantity of serum should be *at least* twice the quantity of sputum. Type specific polysaccharides from disintegrated organisms in the sputum will absorb part of the serum. When the Gram stain shows a large number of pneumococcus-like organisms, a larger amount of serum will be required. Some authorities recommend the use of four to ten times as much monovalent and ten to forty times as much mixed serum as sputum to insure an excess of serum. We have had satisfactory results with the proportions which we have recommended, provided the preparations are well mixed, but when there is any doubt of the results, a larger quantity of serum should be used.

2. *Insufficient mixing of sputum and serum.*—The serum must come into direct contact with the organisms if it is to produce capsular swelling. Thick mucus flakes must

be broken up and thoroughly mixed with the serum so that the serum reaches organisms in all parts of the preparation. Very tenacious specimens of sputum may be macerated in saline to facilitate mixing.

3. *Insufficient time allowed for the reaction to take place.*—In chest fluids, mouse exudates, cultures, etc., the reaction will be noticeable almost immediately after the serum is added, but in thick pus or sputums time must be allowed for the serum to penetrate the material surrounding the organisms. This is especially true with the very tenacious sputum frequently produced in a type 3 pneumonia. The thicker the specimen, the more time should be allowed before a negative diagnosis is reported.

4. *Agglutination of the organisms.*—Occasionally when there are large numbers of organisms present, they will be agglutinated by the serum, and separate capsules will be indistinguishable except at the edges of the clumps. This is especially noted with type 3 pneumococci.

5. *Improper proportion of stain.*—The organisms should be stained a deep blue and the background of the preparation should be a pale blue. This gives a contrast which makes the unstained "quellung" easily detected. Too much stain may obscure the "quellung."

6. *Poor serum.*—This is not generally a problem in laboratories which purchase their serum in small quantities from good biological houses, yet it should be kept in mind in case unexplained difficulties arise. Laboratories which make their own sera should check the serum carefully for titre and for cross-agglutination reactions before it is used for diagnostic purposes.

7. *Improper use of microscope.*—Too much light may obscure the outline of the swollen capsule while too little light may cause the appearance of a halo around nonspecific organisms, which might lead to confusion.

Mouse Inoculation

A sputum which fails to type by the Neufeld method may be inoculated into the peritoneal cavity of a mouse. This will demonstrate the presence of pneumococci which were over-looked in the direct examination, or of pneumococci which are virulent for mice but for some reason failed to show a capsular swelling. This method also may be used to confirm the results found by the Neufeld reaction in cases where there is any doubt of the results.

Method.—About ¼ cc. of sputum—more or less depending on the number of organisms in the sputum—is macerated and suspended in enough sterile saline to make ½ cc. This is injected into the peritoneal cavity of a white mouse. After five to six hours, the mouse is killed and a stain made of the swabbings of the peritoneal cavity to determine the presence of and approximate number of organisms present. If pneumococcus-like organisms are present, the peritoneal cavity is washed out with sterile saline, the quantity used depending on the number of organisms present. Typing now can be done by either the Neufeld or the slide agglutination technic.

The presence of pus cells will not interfere with the Neufeld reaction but if a large number are present they may interfere with agglutination. They can be removed by centrifuging the suspension for a minute or two and the supernatant then can be used for agglutination. It should be diluted or concentrated as is necessary to give a fairly turbid suspension.

Sabin Slide Agglutination Method

This is similar to the microscopic Widal technic except that only one dilution of each serum or group of sera is used and the preparations are allowed to dry and are stained.

Serum.—The serum used may be either horse or rabbit serum. It is diluted according to the titre of the serum (usually 1:10). The proper dilution for each serum should be indicated on the label of the vial. These sera may be grouped in the same manner as for the preliminary Neufeld typing. If a positive agglutination is observed the test is repeated with the monovalent sera included in the mixture giving the reaction. In the case of mixed sera the final dilution of any one serum should be that indicated on the vial. The other sera in the mixture are considered as part of the dilution fluid. *Ex-*

ample: Three sera are to be combined, number 1 to be used in a 1:10 dilution, number 2 in a 1:10 dilution, and number 3 in a 1:5 dilution. One-tenth cc. of the number 1 serum, 0.1 cc. of number 2 serum, 0.2 cc. of the number 3 serum and 0.6 cc. of saline solution would give 1.0 cc. of the serum-saline mixture with each of the sera in its proper dilution.

Organism suspension.—This should be a fairly turbid suspension of organisms from the peritoneal cavity of a mouse, from chest fluid, spinal fluid, or from a broth culture.

Method.—1. Place a loopful of the suspension of organisms on a glass slide and mix well with a loopful of the appropriate serum. Repeat for each of the sera or serum mixtures to be tested.

2. Allow to dry without heat at room temperature. This should require four to five minutes.

3. Stain with methylene blue and examine under the oil immersion lens for agglutination.

Sources of Error

1. *Too rapid drying.*—Sufficient time must be allowed while the preparation is still moist for the agglutination to take place.

2. *Unsatisfactory suspension.*—If the organisms are too widely dispersed, the attraction may not be sufficiently strong to bring them together. On the other hand, if there are too many organisms, the serum may not be sufficient to sensitize all of the organisms.

3. *Spontaneous agglutination.*—When more than one serum is used, each serum serves as a control on the others. Spontaneous agglutination seldom occurs in freshly isolated pneumococci but occasionally one may be confused by a spontaneous agglutination of a streptococcus in pneumococcus sera.

4. *Incomplete agglutination.*—Various strains of pneumococci within a specific type vary in their agglutinability. Even when agglutination is incomplete, it may be considered specific if the other sera show no reaction.

5. *Cross agglutination.*—Cross reactions are more frequently encountered with horse serum than with rabbit serum. It is sometimes difficult to determine whether one has a double infection or a cross reaction. If all organisms are agglutinated, but to a different degree in both sera, it is probably a cross reaction. If only a part of the organisms are agglutinated in each case, a double infection is probable. This sometimes can be confirmed by the Neufeld reaction in which cross reactions are much less frequent. Final confirmation can be made by the isolation of colonies on chocolate or blood agar plates and testing of isolated colonies in each of the sera in question.

Specimens Other Than Sputum

1. *Throat swabs.*—These should be washed off well in a few drops of saline and a smear made to determine the number and kind of organisms present. If pneumococcus-like organisms are present, this suspension can be used for Neufeld typing or ½ cc. of saline solution can be added and the suspension injected into a mouse. If organisms are very rare, the swab may be cultured in broth for from four to six hours or longer, the organisms concentrated by centrifugation and used for type determination.

2. *Spinal fluid, chest fluid, etc.*—If organisms are sufficiently numerous, Neufeld typing may be done directly on the specimen. If too few, the organisms may be concentrated by centrifugation and used for either the Neufeld or agglutination technic.

3. *Pus.*—Pneumococci may be typed directly from pus by the Neufeld technic, or by either Neufeld or agglutination technic from a suspension of organisms, separated from a broth culture of the pus by centrifugation, and resuspended in physiological salt solution.

4. *Blood.*—Blood should be cultured in broth and observed frequently for growth. As soon as organisms appear, typing may be done by either method. Blood may be used for making poured agar plates to determine the extent of the bacteriemia.

Culture Media

Pneumococci will grow quite readily in stock glucose broth, but are rather rapidly autolyzed. A medium which we have found very satisfactory in supporting growth and

maintaining the virulence and specificity of the organisms is a beef heart infusion broth with no sugar added. The formula is as follows:

Beef Heart Phosphate Broth for Pneumococcus

Soak chopped beef heart in tap water in the proportion one pound to one liter overnight in the refrigerator.

Boil until meat clumps turn brown.

Strain through cheesecloth.

Test for carbohydrates. Good broth contains 1.2 to 1.3 mg. of total carbohydrate per cc.

Add 1.0 per cent Parke Davis peptone and 0.2 per cent disodium phosphate. Dissolve by boiling with broth.

Adjust reaction to pH 8.1 with sodium hydroxide. While the reaction is being adjusted keep broth at boiling point to bring down precipitate. Final reaction should be pH 7.4 to 7.7.

Filter through paper—(Cotton is sometimes placed below paper to keep it from breaking).

Tube or bottle and sterilize in autoclave at 15 pounds pressure for a half-hour.

Test for support of growth by inoculating several tubes with 0.2 cc. of the supernatant of blood broth cultures of several types of pneumococci. (We use types 1, 2, 3, 5, 9.) Compare density of growth at eighteen hours with known standards (such as meningococcus standards). Determine pH of eighteen-hour growth. Broths whose pH fall below 6.8 as a result of digestion by the organisms of the sugar in the media are unsatisfactory because pneumococci are injured by an excess of acid.

For agar—add 1.5 per cent agar to broth. Adjust pH after adding agar.

Chocolate agar plates, made by the addition of ½ cc. of blood to 10 cc. of beef heart agar while it is hot, are very satisfactory for the isolation of pneumococcus colonies from mixed cultures. On this medium the pneumococcus colony is a tiny, flat colony with a raised edge and a button in the center. The colony is surrounded by a marked green zone. (methemoglobin).

A very small number of pneumococci do not belong to any of the thirty-two types for which sera have been developed. To distinguish these from streptococcus viridans, organisms showing typical colonies can be isolated and tested for solubility in bile.

Interpretation of Results

The Neufeld reaction has several advantages over the older methods of examination: it requires less time; it gives fewer cross reactions; and the technic is sufficiently simple to be carried out in a small laboratory with little equipment. However, as in all biological reactions, the results do not always follow set rules, and the technician must treat each specimen in the light of possible variations. Frequently other examinations are valuable in clarifying these problems. In cases where the laboratory is not equipped to do satisfactory mouse inoculations or culture, help can be obtained from larger laboratories.

In all sputums from cases of pneumonia, smears should be made, stained and examined for acid fast bacilli (tubercle bacilli). In a small number of sputums there will be found more than one type of pneumococcus. This may indicate a mixed infection, in which case the relative importance of the organisms may be suggested by their proportionate numbers and by their usual virulence in human infections. On the other hand, if one is of a type frequently found in normal throats, such as types 3, 6 or 23, it may be a secondary organism and have little significance. This does not mean that these types, especially when occurring alone, may not be the cause of the pneumonia. Occasionally atypical organisms are found which give a specific capsular swelling but little if any agglutination. Other organisms may agglutinate but not show a capsular swelling. Whenever an organism which is thought to be a pneumococcus fails to show a specific reaction by one method, it may be possible to type it by the second method.

The result of mouse inoculation depends on the virulence of pneumococci for mice. If mouse virulence always corresponded to human virulence our problem would be easier. This, however, is not the case. The infecting organism may be missed because of its lack of virulence for mice, or too much significance may be attached to an organism which has a high mouse virulence and a low human virulence.

Summary

Specimens for pneumococcal type determination should be carefully collected and should be examined as early as possible.

Careful attention should be paid to proper proportions of specimen to serum.

Specimen and serum should be thoroughly mixed and sufficient time allowed for the specific reaction to take place.

If no reaction is found on direct examination, mouse inoculation or culture may reveal a pneumococcus which then can be typed.

Occasionally organisms which fail to show capsular swelling will show specific agglutination.

Cross reactions are less common in the Neufeld method than in the agglutination method of typing.

More than one type of pneumococci in a sputum may indicate a mixed infection, or one may be a secondary organism from the mouth or throat. Blood cultures, chest fluid, and spinal fluids seldom show more than one type of pneumococcus and this can be considered the infecting organism.

REFERENCES

1. Sabin, A.B.: Immediate pneumococcus typing directly from sputum by the Neufeld reaction. J.A.M.A. 100: 1584–1586 (May 20) 1933.
2. Sabin, A.B.: The "stained slide" microscopic agglutination test: application to (1) rapid typing of pneumococci; (2) determination of antibody. Proc. Soc. Exper. Biol. & Med. 26: 492–494 (March) 1929.
3. Walter, A.W.: Difficulties encountered in pneumococcal type determination. Am. J. Pub. Health 28: 54–60 (Jan.) 1938.

Comments on 1,010 Obstetrical Cases in Hospital and Home

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THE purpose of this report is to review in brief a series of 1,010 obstetrical cases occurring in country and town during the last twelve years. The patients were delivered in private practice under varying conditions, some in their homes and some in a small hospital. The cases are all my own, but represent in high degree a cross section of the obstetrical experience in the entire community over the same period of time. It may be of interest to record such a group of cases, since the majority of obstetrical reports come from the maternity services of large hospitals and cover a relatively shorter period of time.

Obstetrics in general practice still differs from obstetrics in the city maternity clinics with large staffs. In the present day, the general practitioner must often delegate responsibility to nurses or even less trained assistants, but, in the absence of the intervening interne, the care of mother and baby actually depends on the skill or lack of skill of one man. The general practitioner must enjoy and be particularly interested in obstetrics in order to attain a fair success in this field. He has an opportunity to cultivate to a high degree the art as well as the science of obstetrics. In this respect, he has much to learn from the man of the past generation, whose presence at the bedside, for instance, was often an effective substitute for our modern analgesic methods.

In this series of 1,010 deliveries, from which abortions and extremely premature deliveries have been omitted, there were 318 primiparas and 692 multiparas. Cesarean section was performed seven times. There were three maternal deaths and fifty-one infant deaths.

Maternal Mortality and Morbidity

One maternal death is ascribed to postpartum infection. In this case, cesarean section was performed late in a prolonged labor and the patient died of peritonitis eight days later.

A second maternal death was due to a fulminating eclampsia, and followed by few hours the manipulations of an accouchement forcé. This patient was an elderly multipara, and may have had a nephritic toxemia rather than a true eclampsia.

A third maternal death is ascribed to antepartum infection. Fatal pulmonary embolism occurred in the third stage of a delivery of premature twins. One of the twins was living, the other a macerated fetus. This was the only death from pulmonary embolism.

Postpartum infection.—Postpartum infection is apparently less frequent in our rural environment than in the large cities. In the deliveries by the vaginal route, there was but one classical case of severe puerperal fever. This patient recovered. There were two severe pelvic infections requiring long hospitalization: One appeared on the third day following delivery, and was later complicated by a pulmonary infection. The other, in a patient who was delivered of a dead syphilitic fetus, became fulminating after six weeks. Two secondary abdominal operations were necessary in this case. While there were no other alarming infections in the series, femoral phlebitis was encountered five times, both in operative and in spontaneous deliveries. Minor pulmonary emboli occurred as a result of pelvic thrombosis in a few instances.

Hemorrhage. — Antepartum hemorrhages of serious proportions were encountered in four patients. One was due to a placenta praevia in a primipara. Three hemorrhages of undetermined origin occurred in multiparas; they were due either to premature placental separation or to marginal placenta praevia.

Postpartum hemorrhage caused no deaths. It occurred alike in prolonged labors, operative deliveries and spontaneous deliveries. In four cases it was associated with retained placenta, which had to be removed manually.

Maternal injuries.—There were two third-degree lacerations, and one rectal tear without separation of the sphincter.

Toxemias.—In addition to the maternal death from toxemia with convulsions, earlier mentioned, there were three proved cases of eclampsia with recovery. Aside from these cases, there were no convulsions as far as I can recall, among the many toxemias which had a gradual onset during the third trimester of pregnancy.

Intercurrent disease.—Of the intercurrent infections, those of the urinary tract proved most troublesome, yet all but a few were handled without urological consultation. Pneumonia appeared, spontaneously, twice in the puerperal period, once antepartum. Chorea of pregnancy was seen in three women. Rheumatic heart disease was not uncommon, yet no severe decompensations developed. Notwithstanding the considerable number of stillbirths to be mentioned, only one patient could be shown to be syphilitic.

Infant Mortality and Morbidity

The fifty-one infant deaths may be classified as follows:

Stillborn before labor	21
Died in second stage or near second stage of labor	11
Obstetrical deaths after birth and later	19

Of the first group of stillbirths, two may be ascribed to eclampsia, two or three to the milder maternal toxemias, and a few to pyelitis of pregnancy. There were several fetal malformations incompatible with life, and one macerated syphilitic fetus. Yet a number of the twenty-one stillbirths are to me unexplained.

In the second group of eleven, the fetal heart tones were heard early in labor, but the babies could not be resuscitated after birth. Seven babies were definitely lost in breech deliveries, versions, and difficult forceps extractions. One unusual complication in this group of deaths was an impaction of the shoulders. The infant, who was the mother's eleventh child, was very large. Progress of the head was arrested below the spines, in spite of very hard uterine contractions. Delivery of the head was assisted by an easy low forceps. I was unable to deliver the shoulders until forty-five minutes later, after intentionally fracturing one humerus. Four more deaths in the second stage or near the end of the first stage of labor were apparently due to fetal asphyxia of unavoidable character, two in primiparas, and two in multiparas.

The third group of nineteen infant deaths, those occurring after birth, includes four from cerebral hemorrhage, as far as could be determined clinically. Two of these deaths followed rather precipitate spontaneous deliveries with hard uterine contractions and a short second stage. A fifth baby died of gonorrheal infection, with portal of entry in the eye; a sixth of pyloric stenosis, untreated surgically; a seventh, after breech delivery, died of an adrenal hemorrhage, proved at autopsy. Six additional babies, of which at least two lived more than six

months, had meningocele or cerebral defects. The remaining deaths, six in number, are ascribed to prematurity.

A comment may be in order at this point. I have an impression that the infant mortality remains at the same level year by year, and has not decreased with increasing experience on my part.

Of non-fatal disorders in the babies, hemorrhagic disease of the newborn was the most common, six cases having been treated. Of birth injuries, there were several transient facial paralyses, one transient brachial palsy, and two fractured clavicles. All the cesarean babies, fortunately, were healthy, and remained so.

General Discussion

I will touch briefly on some of the obstetrical problems encountered in my own locality.

Prenatal care.—In my experience, prenatal care has become easier in recent years because of better cooperation, especially on the part of the younger women. It is a great help at delivery to know something about the patient,—that the pelvis is normal, that there are no marked physical defects, that the blood pressure has been normal, that the blood picture is satisfactory.

Employment of office nurse.—Both in prenatal care and in the actual deliveries in the home, the assistance of an office nurse has been invaluable to me. She helps follow the patients, becomes familiar with individual problems and clinical manifestations. This nurse has nothing to do with the hospital deliveries. She is not present at every home delivery, but forms part of the team in the vigil of long labors and in the delivery of most of the primiparas outside the hospital. The competent assisting grandmother is becoming more and more rare.

The office nurse has full charge of the "bags," which are so arranged that either of us can reach into them in the dark without mistaking the ergot for the alcohol. The equipment carried is simplified as much as possible, but has been adapted to our needs on the basis of experience. Gloves, dressings, syringes, and instruments are pre-sterilized. Our materials are divided between two bags, that for spontaneous deliveries, and that for operative deliveries. Thus at the end of a long struggle, when operative delivery becomes necessary, one may open a new bag and proceed at once with fresh supplies, and a complete set of sterile instruments. For second stage analgesia, chloroform must often be used. Whenever possible, ether is substituted for the induction of actual anesthesia. An electric battery headlight provides good illumination for operative delivery and for the repair of lacerations, and in many cases obviates the need for using kerosene lamps. Another article which I carry always, lest impatience conquer better judgment, is a pack of cards for games of solitaire.

Technic in home deliveries.—In the conduct of spontaneous deliveries in the home, it has not been found possible to follow the technic of draping with sterile sheets and leggings. After draping, the patient or a helpful relative usually contaminates the drapes before the baby is born, and one then has a false sense of security. For the same reason, sterile gloves are not slipped on until one can be sure of the color of the baby's hair. We keep away from the vulva as much as possible, except for shaving and other preparation. Vaginal examinations are substituted for rectal only in case of extreme doubt as to the presentation, or to determine whether dilatation is complete for forceps delivery. Episiotomies are performed both in the hospital and outside, but are not done routinely. Fresh gloves and towels are used for the repair of lacerations.

Except for the cesarean operations, breech deliveries and two or three podalic versions, all of the operative deliveries in this series have been low forceps, or mid forceps. Some of the more difficult deliveries have been conducted in the home, under adverse conditions. But in recent years, it has been possible to persuade most of the patients living at a great distance to come to town to have their babies. A number stay with relatives, or in private homes. This not only allows better obstetrical service, but results in a great saving of energy on the part of the physician.

Therapeutic measures.—In the matter of postpartum hemorrhage, ergonovine has

proved a great source of comfort. One-half cc. (5 International Units) of posterior pituitary extract is also drawn into a syringe before delivery. One can often anticipate the hemorrhage. An anemic patient, a large baby, hydramnios, and a long labor, are obvious predisposing factors; especially so is the shock of a difficult operative delivery. Patients in shock rarely respond to oxytocic drugs, and the memory of this fact lends force to the argument for patience and gentleness on the next occasion. Nevertheless, one encounters hemorrhages which are not anticipated, and which may cause much concern, from the beginning of the third stage of labor. I have not hesitated to use pituitary extract at the end of the second stage. I know of no accidents in this series of cases which can be attributed to this practice. I agree with the recent report of Fortin[1] who states that the third stage of labor is shortened when pituitary extract is given at the end of the second stage.

There is one point that seems to me pertinent in regard to pituitary extract. One-half cc. (5 International Units), given intramuscularly, is far more certain in its effect than 1 cc. or more injected into the subcutaneous fat.

One of the most irksome things in general practice is the call to the patient who is not ready to deliver. Whenever I become angry over such an incident, I know that I am not practicing the art of obstetrics. These patients desire relief, and are particularly apprehensive at night. Analgesic drugs are often useful in these cases. No attempt is made to produce complete first stage amnesia in most instances, provided the patient can be encouraged and reassured. A strict analgesic routine is hard to carry out safely, single handed. In primiparas, especially, reliance is placed in long labors upon the rest periods that may be induced with barbiturates and morphine.

The problem of the cervix that is slow to dilate is to be solved only by great patience. Rest periods, supportive measures, and occasionally small doses of quinine, prove effective. In the primipara, this is the only safe course.

Secondary inertia in the multipara presents a group of cases in which one minim doses of pituitary extract in the first stage of labor seem to me safe and useful. The subject of the use of pituitary solution before the third stage of labor, is a very delicate one to touch upon. However, pituitary solution is being so used, and often very unwisely. It is admittedly a dangerous agent in labor. Davis[2] in a special article in the Journal of the American Medical Association says:

> "Occasionally uterine inertia develops as a result of a lack of tone on the part of the uterine musculature or because of the general physical condition of the patient. Oxytocic drugs are rarely indicated in stimulating uterine contractions. Rarely is it advisable to give solution of posterior pituitary. If this is done, the dosage should be limited to 1 or 2 minims subcutaneously."

I find it impossible to give 1 minim of pituitary extract with an ordinary syringe. Therefore, ¼ cc. is diluted with ¾ cc. of water, and of the resulting mixture, ¼ cc. is administered to the patient, but intramuscularly. An anesthetic is always held ready. However, tetanic contraction of the uterus does not occur. At most, an initial contraction lasting one minute, and followed by relaxation, is occasionally noted. Subsequent contractions are of much shorter duration, and are always separated by an interval. This type of stimulation appears at times to set the patient upon a course which more nearly resembles normal labor than that which she showed prior to the administration. Postpartum examination of these patients, in my experience, reveals no more cervical lacerations than other groups. I know of no babies in this series lost from this cause.

In conclusion, may I say that in practicing obstetrics in the country, it has been necessary to adapt procedures to environment and circumstances, but our guiding principle is safety, as far as possible, for mother and child.

BIBLIOGRAPHY

1. Fortin, F. F.: Comparative study of posterior pituitary extract administered at onset of and after completion of third stage of labor. Am. J. Obst. & Gynec. 35: 761–772 (May) 1938.
2. Davis, M. E.: The Pharmacopoeia and the physician: use and abuse of ergot and pituitary. J.A.M.A. 109: 1631–1635 (Nov. 13) 1937.

Uterus Didelphys

Report of a Case

By JOSEPH J. GRAMLING, JR., M. D.
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PREGNANCY at or near term in uterus didelphys, the most complete lack of fusion in the embryological development of the müllerian ducts, is of rather rare occurrence. Abortions are relatively common in all the various types of maldevelopment of the genital tract, and true uterus didelphys is perhaps the least common of these anomalies. Smith,[1] in reviewing statistics at the New York Lying-In Hospital, found four cases of uterus didelphys in 114,243 consecutive obstetrical patients admitted to the hospital in the twenty-five year period, 1899–1924. In 27,703 consecutive obstetrical patients, admitted to the hospital in the five-year period, 1925–1930, the condition was found once. The ratio is then approximately the same for these two periods.

In the case to be reported here, because it was deemed inadvisable to do a bimanual examination during the last two months of gestation, the diagnosis was not made until the patient developed a toxemia and, medical induction failing, an attempt was made to insert a Voorhees bag. At this time double vaginae and cervices were revealed.

Case Report

H. K., a white primigravida twenty-eight years of age, presented herself for prenatal care on April 4, 1938. Her last menstrual period previous to this date was September 15, 1937. The reason given for not consulting a physician earlier was that she had planned on returning to her home-town for delivery.

The following history was obtained. She had had scarlet fever at the age of seven years. Menses began at twelve years of age, the cycle (twenty-eight day) being regular. She began to have cramps immediately preceding the menstrual flow about 1935. These increased in severity and were noted particularly in the first three days of each period. The flow increased in duration to seven days; it became more profuse for four or five days and was accompanied by clots. The possibility of frequent abortions could not be verified by the patient.

After pregnancy was established, the patient threatened to abort at three months' gestation. On April 4, 1938, her blood pressure was 122/80 and the urine showed no albumin or sugar. She weighed 148 pounds, her normal weight being 130 pounds. The pelvic measurements were as follows: interspinous 25, intercristal 29, external conjugate 21.

On April 19, the urine was normal, the blood pressure 120/70 and the weight 150 pounds. There was some swelling of the ankles. On April 29 and May 13 the findings were essentially the same. On May 27, the urine showed albumin 4 plus. The weight was 161 pounds, the blood pressure 130/85. There was slight generalized edema. There were no headaches. The patient was placed on a strict diet and seen daily. The edema subsided to a great extent and the weight decreased to 157 pounds. On June 4, however, medical induction was decided on because of the persistence of the following findings: albuminuria 4 plus, blood pressure 132/90, and return of the edema. The head was engaged.

Medical induction was begun June 5, 1938, using castor oil and quinine; then pituitrin was given in 1 minim doses. When no success obtained an attempt was made to insert a Voorhees bag. At this time the vaginal septum was revealed. The cervix of the right, pregnant uterus was quite firm as was the left with no more than 1 cm. dilatation.

On June 7, 1938, a cervical cesarean section was done by transverse incision of the visceral peritoneum and an inverted Y incision through the lower uterine segment. A normal male infant weighing 6 pounds was delivered. The uterine opening was closed with a single layer of interrupted sutures.

Figure 1. View of anterior surfaces of uterus didelphys following delivery and closure of uterus. Note complete separation demonstrated with instrument.

Figure 2. View of posterior surfaces of uterus didelphys.

The lower uterine segment was about 1 cm. in thickness. There was a complete separation of the uteri down to the vaginal vault. The smaller uterus was soft, blue in color and about the size of a three months' pregnancy. One tube and ovary were attached to each uterus.

The postoperative course was uneventful and the patient was discharged on the ninth postoperative day. The progress of the infant was satisfactory.

On July 14, 1938, the blood pressure was 110/75, and the urine was free of albumin. Bimanual examination revealed the right uterus in good position; the left uterus was small, firm, and nonpregnant.

Comment

In the proper management of an obstetrical case complicated by a uterine anomaly several important points must be taken into consideration, such as:

1. The relatively thin uterine wall with the ever-present danger of rupture of the uterus in a long labor or even a short, hard labor.
2. Blockage of the birth canal by the nonpregnant uterus which may be considerably enlarged.
3. Delayed labors with a thick rigid cervix due also to the encroachment of a nonpregnant uterus.
4. The difficulty which may be experienced in controlling the hemorrhage from a torn vaginal septum.

Miller[2] states spontaneous deliveries occur at term in only about 40 per cent of pregnancies in anomalous uteri.

Summary

1. A case of uterus didelphys with a near-term pregnancy in the right uterus is reported.

2. Photographs are presented to demonstrate the case. (Photographs of the vaginal vault, including the septum and cervices were unsatisfactory as was a photograph of the left uterus out of the abdomen and the right uterus in situ before delivery of the infant.)

3. Several possible complications in the management of pregnancy in anomalous uteri are cited.

Author's note.—The author wishes to express his appreciation to Dr. Albert H. Lahmann, Milwaukee, for his critical review of this material, and to Dr. N. L. Lindquist for photography.

BIBLIOGRAPHY

1. Smith, Frank R.: The significance of incomplete fusion of the mullerian ducts in pregnancy and parturition, with a report on 35 cases. Am. J. Obst. & Gynec. 22: 714–728 (Nov.) 1931. An extensive bibliography is appended to Smith's article.
2. Quoted by Curtis, A. H.: Obstetrics and Gynecology, page 1070. Philadelphia: W. B. Saunders Company, 1933.

Secondary Anemias of Infancy*

By ROBERT L. COWLES, M. D.
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FOR several years, the problem of anemia in infancy has been very vividly impressed upon me by the many cases which have come under my observation. Some recent severe cases of anemia, showing hemoglobins of 20 per cent and below, which on study turned out to be secondary or nutritional anemias, have led me to bring this condition to your attention and suggest methods of procedure which will prevent its development. While the mortality in this class is not high, the morbidity is very pronounced.

Anemias of infancy are generally divided into two classes: (1) the hypoplastic or deficiency anemias in which there is a disorder of development of the blood; and (2) the hemolytic or erythroclastic type in which conditions are present which cause its destruction.

In the first group, the *hypoplastic* or *deficiency anemias*, are:

- Vitamin deficiency anemia
  - Rickets and scurvy
- Anemia due to endocrine disturbances
  - Cretinism and myxedema
- Antenatal or postnatal iron deficiency anemia
- Physiologic anemia
  - Rapid increase in weight with normal loss of hemoglobin to 75 per cent in three months
- Anemia due to abnormal birth conditions
  - Twin pregnancy, premature birth
- Nutritional anemia
  - Deficiency of iron and copper in food; so-called milk anemia
- Anemia due to disease or infection
  - Tonsillar or respiratory tract disease, infectious disease, worms, congenital syphilis, dysentery

In the second group, the *hemolytic* or *erythroclastic anemias*, are:

- Pernicious anemia
- Icterus gravis neonatorum
- Hemolytic anemia of the newborn
- Acute hemolytic anemia (Lederer)
- Chronic hemolytic anemia (von Jaksch)
- Sickle-cell anemia
- Hemorrhagic diathesis
- Primary anemia of the newborn

The second group I will not discuss. The anemias in the first group, the hypoplastic or deficiency anemias, are the ones I have chosen to consider as the secondary anemias of infancy.

Almost every infant at birth has a sufficient blood supply. It has been quite generally observed that the color of the blood at birth is a darker shade of red than in later infancy and childhood. This is due to the increased amount of hemoglobin as well as erythrocytes which are present in the newborn period. The hemoglobin content has ranged from 117 to 97 per cent in the first ten days of life. The erythrocyte count in the first ten days of life varies between 4,000,000 and 8,000,000; usually in this period it is in excess of 5,000,000.

The most plausible explanation for this increase in the number of erythrocytes, as well as in the hemoglobin, is that the infant in utero is developing in an environment of low oxygen tension, like the environment in high altitudes. In both instances, it is necessary for the erythrocytes, the carriers of oxygen, to be present in increased numbers so that tissue respiration may be adequately maintained. After birth, when the baby acquires its own oxygen by breathing an atmosphere having a much higher oxygen tension, all of the erythrocytes above the conventional 4,000,000 or 5,000,000 become surplus and, as a consequence, are destroyed by hemolysis. This hemolytic destruction of the surplus red cells may result in the formation of bilirubin, and the jaundice which not infrequently develops is ordinarily spoken of as icterus neonatorum. The fall in hemoglobin and red cells is usually rapid in the first week or two of life, when both level off to the usual amount and number seen in the average healthy baby. However, both may con-

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

tinue to decline beyond this point for the first six weeks of life, when a low point is reached. When this occurs, an anemic state is reached which is spoken of as physiologic anemia of the newborn. As a rule, this anemic state lasts only a short time provided medullary hematopoiesis becomes promptly established and meets the requirements of the rapidly growing and developing infant.

An interesting additional source of iron has recently been revealed. It has been found that in the release of hemoglobin from the surplus red cells, undergoing lysis in the period of readjustment of the blood in the first six weeks of life, a considerable amount of iron was released. This is held to be an equal source if not a greater one than that which is stored in the liver during prenatal life. In any event, the availability of this additional iron is sufficient justification for us not to be greatly concerned in supplying iron earlier than the second month of life.

An anemia in the first week or even during the first two months of life is usually due to hemorrhage or to one of the hemolytic diseases. The secondary type develops in the two to eight months age group. The reason for this lies in the fact that the infant stores up enough iron in the liver to last until this time. Studies have shown that two-thirds of the iron present in the full-term baby has been stored during the last three months of prenatal life. This will account for the fact that all premature babies and practically all twins have a deficiency in stored iron. Tying the cord before pulsation has ceased may materially decrease the blood volume. There may also be a deficiency of stored iron due to iron deficiency in the mother, although it is generally thought that this is not as great a factor as one would suspect.

Following the birth of the child, this stored iron is gradually used up because, irrespective of whether the baby is on breast, cows' or goats' milk, it is on a diet deficient in iron. Unless we realize that, in addition to supplying fundamental food elements and the necessary vitamin factors, we must give iron in some form, anemias are bound to develop. At various times, this tendency to develop anemia was thought to be due to certain toxins in the milk. Now we know that it is due to the lack of iron in this food. This has been a great factor in the early institution of solid feeding. The need for giving egg yolk, spinach, etc. has been given great prominence. The amount of iron obtained from these foods varies greatly and, while the early institution of solid feeding is commendable, it is not sufficient. Iron in some form must be given. When an infant has developed an anemia, it is practically impossible to correct it by feeding alone. This is especially true when conditions exist which predispose to deficiency. Twins, premature infants, and those who have suffered from some infection are especially prone to develop anemia. Many authors are now advocating iron in small doses as a prophylactic, starting at three months of age. Group studies on normal infants have shown that those given iron will outweigh those not given it by as much as one pound and, in addition, be more active and have a better color.

Therapy

The therapy of secondary anemia of the newborn should be largely prophylactic and should be considered even in the antenatal state. Blood examination for deficiencies during pregnancy should be routine, and any lowered blood picture should be rebuilt.

The anemia of the premature should receive as much care and its prevention must be as rigid a part of their care as is the maintenance of body heat, provision for adequate nutrition, and prevention of infection. Extensive studies have been made to see whether intramuscular injections of blood, soon after birth, would not prevent its development by supplying a store of iron. These experiments have not been successful; at the present time, early administration of iron (at two months) in some form is all that is necessary.

The prevention and cure of nutritional anemia offers the most promise of success because it is simply due to iron starvation. Supplying iron in sufficient doses, small when we are using it as a prophylactic and larger when the anemia is developed, will correct the condition. In this latter class a careful examination of the child to correct any vitamin deficiency, or deficiency in inter-

nal secretion as well as the removal of infectious processes, should be carried out.

As has been previously stated, the normal newborn has a sufficient store of iron to keep the blood normal for about two months. From this time on, there is a gradual reduction. Routine administration of iron should begin at this time, the beginning of the third month. The most frequently used iron preparation is the water soluble iron and ammonium citrate, given in doses of from 4 to 8 grains a day. This can be prescribed in a solution containing 4 grains to the teaspoonful. In "bottle babies" it is added to the feeding. In breast-fed babies it is given with the water between feedings. When anemia has already developed, the dose is doubled or even tripled. The question has been raised whether it is necessary to give any other substances to augment the action of the iron, such as copper or liver extract. The value of their use at the present time is disputed. If you wish to use them, however, very suitable preparations are available and their administration is not harmful.

Institution of early solid feeding, cereal at about four months, and vegetable purees at four and one-half months, is desired. Cereals with added vitamins and with added iron and copper are beneficial as are all other sanitary and building agents,—fresh air, sunshine, quartz light, etc.

Proper introduction of vitamins is essential. The giving of orange juice at one month and cod liver oil at six weeks should be routine.

Prophylaxis of scurvy, rickets and anemia are absolutely necessary; every child is entitled to receive the benefit of our knowledge. Many do not receive it, partly through ignorance but partly because of the difficult and complicated procedure necessary. In general practice, it is sometimes necessary to take short cuts and use simplified procedures in order to get the benefits to the large group. While the procedures may not be ideal, they will serve in most cases. There are several excellent preparations on the market which contain all of the essential vitamins, together with iron. They are readily assimilated and I have found that clinically they are very efficient. The preparations I allude to are the malt, cod liver oil, and iron preparations, some with the addition of copper and liver extract. Administration of blood, either intramuscularly or by transfusion is rarely needed in this class, while it is almost the entire treatment in the hemolytic cases. The one exception is severe secondary anemia with active infection present; here it may be necessary to give blood to supply immediate material for overcoming the infection.

Conclusions

1. Hypoplastic or deficiency anemia is a frequent condition, and while the mortality is low the morbidity is great.

2. All premature babies and most twins are especially prone to develop anemia.

3. Proper administration of iron is both the prophylactic and actual treatment of this class of cases.

4. Proper diet and vitamin feeding are not sufficient alone to counteract an anemia once it is developed.

5. Prophylaxis of vitamin and iron deficiency diseases of the newborn can be simplified by giving one preparation containing all of the essentials and this should be started at the beginning of the third month.

6. No case of anemia is too slight to be ignored.

INDUSTRIAL NURSES' PAMPHLET NOW READY

"Suggestions for the Guidance of the Nurse in Industry," the second edition of a pamphlet prepared by a special committee of the State Medical Society of Wisconsin for use by industrial nurses, is now ready for distribution.

The pamphlet is sixteen pages in length. The field of industrial nursing is well covered under four main headings: General Observations and History, Poisoning, General First Aid, and Diseases and Injuries of Eyes, Ears and Nose. The subjects discussed are set out in large bold-face type and an index further facilitates ease in reference.

The pamphlet may be secured by writing to the Society, 119 East Washington Avenue, Madison, Wisconsin.

A Review of 1,012 Cases of Induction of Labor*

By GILBERT J. SCHWARTZ, M D.
Kenosha

A GREAT deal has been written for and against the advisability of induction of labor by the artificial rupturing of membranes. Reviewing the articles of Mathieu and Holman,[1] Plass and Seibert,[2] E. L. King,[3] Slemons,[4] Guttmacher and Douglas,[5] and others, one is led to believe that the general trend is more and more in favor of this procedure. I would like to quote here a few words of N. J. Eastman[6] of the Department of Obstetrics, Johns Hopkins University, on this subject:

> The frequency with which labor is being induced today by artificial rupture of the membranes constitutes one of the notable trends in modern obstetrics. When the method was introduced to American obstetricians between 1928 and 1930 by the work of Jackson, Slemons, and Guttmacher and Douglas, the reports of these authors met with widespread skepticism. As pointed out by Schumann, it was feared that errors in presentation would follow its use, that an aggravation of the usual injuries to the birth canal would occur, that puerperal infection would often follow and that the fetal mortality would be increased due to prolapse of the cord and other accidents. For almost ten years now the method has been in extensive use with several thousand inductions on record; yet none of these things has happened. On the contrary, several authors state that their maternal morbidity and fetal mortality have actually been reduced following induction by this method; all agree that the average length of labor has been shortened by almost 50 per cent. These gratifying results carry far-reaching implications. They not only challenge our previous conception of "dry labor" but seem to indicate that the major role we have long assigned to the bag of waters in cervical dilatation is incorrect. From a practical point of view they have given rise to the impression that labor may be induced safely by this method in almost any type of case, regardless of indication or contraindication. These facts suggest that this widespread practice merits careful evaluation.

Because of the interesting results reported in the literature, my brother, Dr. Harry Schwartz—who has been in practice with me for four years—and I decided to review our own cases.

The review covers the records of 1,849 patients delivered since 1927. The difficulty in obtaining hospital records prior to that time made us decide not to go back further. Of these 1,849 patients delivered in the home, in Kenosha Hospital and in St. Catherine's Hospital, 1,012 cases in which labor was induced by artificial rupturing of membranes are reported. As a control in checking our results 500 cases of spontaneous labor (cesarean sections excluded) have been picked in consecutive order by the historians at the two hospitals mentioned.

The cases of induced labor include all types of cephalic and several cases of breech presentation. Our prerequisites to induction were that the patient be near term, that the presenting part be starting to engage, and that the cervix be soft enough to freely admit one finger.

Technic

The patient on arriving at the office in the morning is prepared with antiseptic care as for delivery after which one or two fingers are inserted into the cervix. The membranes are carefully separated from the internal os and punctured with a long straight instrument having a partially curved blade at its tip. We have never used an anesthetic or sedative for the procedure. The patient is then given 1½ ounces of castor oil, preferably in root beer, and three quinine capsules, one taken with the castor oil and one every hour thereafter. We use a 3 grain capsule of quinine for large patients and a 2 grain capsule for small ones. We have, on several occasions, used pituitrin hypodermically (2 or 3 minim doses at half-hour intervals for two doses) to aid in starting labor.

Evaluation

Effect on duration of labor.—Our first consideration was the duration of labor, which, when compared to the duration in the non-induced cases, was as follows:

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* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

TABLE 1.—*Comparison of Duration of Labor in Induced and Non-Induced Cases*

Number of cases	Longest labor	Shortest labor	Average duration
1,012 (induced)	27 hrs.	22 min.	6 hrs., 41 min.
500 (non-induced)	56 hrs.	40 min.	14 hrs., 33 min.

TABLE 2.—*Comparison of Infant Weight in Cases of Induced and Non-Induced Labor*

Number of cases	Average weight (in grams)		
	At birth	Fourth day	Ninth day
500 (induced)	3,580	3,480	3,558
500 (non-induced)	3,776	3,536	3,718

No directly comparable figures are available in recent articles because of the division into various classifications. Williams[7] gives the average duration of labor as fifteen hours. Mathieu and Holman[1] show that induction by separation of membranes shortens labor and that induction by rupturing the membranes shortens it still more. Plass and Seibert,[2] A. G. King,[8] Guthmann and Endres,[9] E. L. King,[3] Blair[10] and others also found a material shortening in labor following artificial induction. Our own average in the induced cases shows the time was reduced to 46 per cent of the average time in our non-induced cases. Mathieu and Holman[1] report no increase in the number of cervical injuries following artificial induction of labor. Williams[7] and A. G. King[8] report a decrease in the instance of cervical injuries following rupture of the membranes. In our cases we make a practice of examining patients routinely following delivery, again at three weeks and finally again at six weeks, and we have found no increase in the number of cervical injuries.

Effect on infant's condition.—There has been some discussion as to the amount of injury to the baby in cases of induction of labor by rupturing of the membranes. In order to study our results we have taken 1,000 cases in consecutive order in the two hospitals previously referred to,—500 of which were induced cases and 500 non-induced. First of all, the increase in temperatures of babies, so frequently found coincidently with extreme loss of weight on the third or fourth days, was found in our series almost twice as often in the non-induced as in the induced cases.

Our next consideration was: What effect did inducing labor have on the weight of the baby? The following table shows our findings:

As the table shows, a greater loss of weight by the fourth day was seen in the non-induced cases than in the induced. Also, a closer approximation to the birth weight by the ninth day was found in the induced cases than in the non-induced. This can be explained probably by the greater size of the non-induced babies and by the fact that labor is longer in non-induced cases, both factors playing an important role in the baby's early weight curve. However, it also probably means that inducing labor has no harmful effect on the baby as far as its ability to gain is concerned. From an induction standpoint, our results are very gratifying when compared to results in our non-induced cases. It would be most interesting to compare our findings with works of other men; but so far, apparently, very little has been written about the weight curves of babies following induction of labor.

Mortality Rates

Maternal mortality.—In the entire series of 1,849 patients delivered, there were four maternal deaths, none of which occurred in the induced cases.

Fetal deaths.—In the same series, there were seventy-seven fetal deaths, which included stillbirths and deaths up to the tenth day, a mortality rate of 4.1 per cent. In the 1,012 induced cases there were six deaths (a mortality rate of 0.6 per cent) as follows:

Maternal eclampsia	2
Fetal monstrosity	2
Stillborn, macerated fetus with cord knotted tightly around neck	1
Atelectasis	1

In considering this low fetal mortality, we must, of course, consider that while there were cases of toxemia, a few breech presentations and one arm presentation, still the great majority were normal cases where the presenting part was engagable and the cervix soft enough to admit readily one and at times two fingers, so that a short labor was

usually followed by a normal or low-head forceps delivery. Also there was not a single case of prolapse of the cord in this series.

Summary

1. The records of 1,849 obstetrical patients delivered since 1927, in 1,012 of whom labor was induced by artificial rupturing of membranes, are reviewed.

2. Comparison of the duration of labor shows the duration in induced cases to be only 46 per cent of that in non-induced cases.

3. Comparison of the weight of the babies in the induced cases with that of the babies in 500 consecutive non-induced cases shows less weight loss by the fourth day in the induced cases than in the non-induced, and a closer approximation to birth weight in the induced cases by the ninth day.

4. Comparing the mortality rates shows four maternal deaths in 1,849 deliveries and none in the 1,012 induced cases. The general fetal death rate was 4.1 per cent. The fetal death rate in the induced cases was 0.6 per cent.

In general, we have found no reason for not using this procedure in the practice of obstetrics and believe our findings compare favorably with the reports of other obstetricians using induction methods.

BIBLIOGRAPHY

1. Mathieu, Albert and Holman, Albert: The results of induction of labor in 750 cases from private practice. Am. J. Obst. & Gynec. 33: 268–280 (Feb.) 1937.
2. Plass, E.D., and Seibert, C.W.: Premature rupture of the membranes as a means of inducing labor. Am. J. Obst. & Gynec. 32: 785–793 (Nov.) 1936.
3. King, E.L.: Does quinine in the induction of labor have a deleterious effect on the fetus? J.A.M.A. 101: 1145–1148 (Oct. 7) 1933.
4. Slemons, J.M.: The induction of labor at term. Am. J. Obst. & Gynec. 23: 494–501 (April) 1932.
5. Guttmacher, A.F., and Douglas, R. G.: Induction of labor by artificial rupture of the membranes. Am. J. Obst. & Gynec. 21: 485–497 (April) 1931.
6. Eastman, N.J.: The induction of labor. Am. J. Obst. & Gynec. 35: 721–730 (April) 1938.
7. Williams, Norman: The membranes in labor. Western J. of Surg. Obst. & Gynec. 43: 216–218 (April) 1935.
8. King, A.G.: Cervical dilatation in dry labor and after deliberate early rupture of the membranes. Am. J. Obst. & Gynec. 32: 201–211 (Aug.) 1936.
9. Guthmann, H., and Endres, P.: Beeinflusst der vorzeitige und frühzeitige Blasensprung die Geburtsdauer? Monatschr. f. Geburtsh. u. Gynäk. 105: 216–224 (May) 1937.
10. Blair, E.M.: Induction of labour by rupture of the membranes. Canad. M.A.J. 34: 49–52 (Jan.) 1936.

Warts and Moles*

By M. J. REUTER, M. D.
Milwaukee

THE common wart is a circumscribed papillary growth produced by a filtrable virus, appearing anywhere on the surface of the body. It is autoinoculable and undoubtedly spread by contact. Warts commonly occur on the hands, face, and scalp and vary in appearance, depending on their location. Warts come and go without rhyme or reason but occasionally these harmless new growths exasperatingly defy all treatment except actual deep destruction.

Methods advocated for the treatment of warts are legion, and range from surgical removal to psychotherapy, which apparently is successful in a high percentage of cases. Warts may be removed by the daily, cautious application of nitric acid, glacial acetic acid, bichloracetic acid or other caustics,—treatment which cannot be delegated to the patient. Freezing with carbon dioxide snow and curretage are efficacious. Warts may be removed simply by fulguration. This treatment consists in the local application of the high frequency spark by means of a pointed metallic electrode. A stream of sparks flows from the point of the electrode into the wart. The action of the spark is caustic. The amount of destruction can be controlled, depending on the strength of the current and the duration of its application. Under local anesthesia, a few seconds application is usually sufficient. The wart becomes dry, hard and brittle and a blister forms about the border. The dessicated tissue is removed with a scissors or curette without bleeding, and then the base or papillary portion of the wart is fulgurated lightly. Painting the le-

* Presented before the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, 1938.

sion subsequently with a 5 per cent alcoholic solution of gentian violet obviates the necessity of a dressing and prevents infection. A reaction follows, indicated by redness, swelling and crust formation. The crust falls in a week or ten days, and if the application has been mild no scar results.

Annoying warts are those that occur on the bearded region of males. Mild fulguration is a convenient method of removal, but as they spread rapidly, repeated persistent treatment is necessary.

The plantar wart is often very recalcitrant to treatment. Small warts on the sole may be felt as small shot-like papules in the epidermis. Larger plantar warts consist of a circular lesion with a central horny plug surrounded by a hyperkeratotic ring. Upon removal of the horny covering, the center is seen to be composed of the usual hypertrophied papillae. Here, either x-ray or radium treatment is the method of choice. The patients are not incapacitated following treatment and there is no open wound to become secondarily infected. Between five and six skin units of unfiltered x-ray, which is equivalent to about 2,000 roentgens, are usually necessary to effect a cure. The normal skin around the wart must be well protected with lead or lead rubber to prevent a burn. Occasionally a second treatment four to five weeks later may be necessary. Successful results are obtained in a high percentage of cases. If the wart does not disappear with x-ray treatment, then fulguration or other measures can be used.

Verrucae planae juvenilis, or plane warts, are tiny, smooth, flat papules, which occur on the face and hands of children. Vleminckx's solution (liquor calcis sulfuratae), diluted 1:15 with distilled water, applied several times daily may be curative. Mercury protiodide (1/6 grain) three times daily, and weekly injections of bismuth subsalicylate are at times efficacious. Roentgen therapy is said to be the treatment par excellence.

Venereal warts, or condyloma acuminatum, occur about the external genitalia and anus. Often they form cauliflower-like masses with an offensive secretion. Cleanliness is essential in treatment, and any local disease producing a discharge should receive attention. Afterward, the smaller lesions can be fulgurated. Large lesions require surgical removal.

Pigmented Nevus or Mole

Perhaps everyone has a few brownish lesions of prenatal origin known as "moles." Pigmented moles are simply accumulations of pigment in the skin, with or without other tegumentary changes. Moles usually appear during the first year of life, but many appear later. They vary in size and color and may contain hair. At puberty and during pregnancy the lesions are apt to become elevated above the surrounding skin. So called "white moles" are similar to pigmented moles except pigmentation is slight or apparently missing. While moles are removed chiefly for cosmetic reasons, any mole that is growing or is subject to irritation should be removed.

Moles may be removed by excision, cauterization or fulguration. Freezing with carbon dioxide snow is often satisfactory. Fulguration under local anesthesia is a very useful method. Initial treatment should be deep enough to destroy the epidermis and the superficial dermis. This insures destruction of the melanoblasts (pigment-producing cells) located at the epidermo-dermal junction, which are the cells concerned in the production of malignant melanoma. A controversial subject is the relation of the pigmented nevus to malignant melanoma. Melanoma is a malignant neoplasm of melanoblastic cells and originates from the melanoblasts at the epidermo-dermal junction. While malignant melanoma may arise from a nevus, contrary to prevalent opinion it probably arises from normal skin more frequently than from a preexisting mole.

When malignancy develops in a mole, it usually becomes irritated, increases in size, assumes a darker color and becomes surrounded by a deep area of pigmentation. Not infrequently the mole ulcerates and bleeds readily. There is much uncertainty regarding the treatment of malignancy developing in a mole. Early, complete, and wide surgical removal of the lesion possibly may prevent dissemination of the malignant cells. How-

(Continued on page 242)

Comments on Treatment

EDITORS
A. J. Quick, M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

Vitamin K in Jaundice

Although vitamin K is one of the most recent additions to the family of food accessory substances, its clinical value has been quickly and convincingly established. Vitamin K is lipoid soluble and is rather widely distributed in nature, particularly in plants such as young sprouted grains, alfalfa, and spinach. In the absence of this vitamin, the prothrombin, which in normal man is remarkably constant, will be reduced. Prothrombin is the substance which in the presence of calcium and platelet extract is changed to thrombin, the active enzyme which clots fibrinogen. Fortunately the body possesses a margin of safety which allows 80 per cent of the prothrombin to disappear before a hemorrhagic tendency becomes manifest. Below this critical level, however, serious bleeding will occur. The jaundiced patient is potentially in danger of a vitamin K deficiency, because in the absence of bile acids in the intestines the absorption of this fat soluble food accessory is very greatly reduced. The ultimate result is that the prothrombin of the blood drops when the amount of vitamin K received by the body becomes inadequate. By means of Quick's method,* the prothrombin of the blood can be determined quantitatively, and this test is at present the most suitable guide for the prevention and treatment of hemorrhage in the jaundiced patient.

In the preoperative care of the patient with obstructive jaundice, a routine determination of prothrombin should be made. Even if a normal result is obtained, it is advisable to administer bile salts and to include green vegetables in the diet if this is allowed by the condition of the patient. If the prothrombin is found decreased, the patient should be given orally a vitamin K concentrate (of which some are already on the market and others will likely appear soon) together with bile salts (5 to 10 gr.) several times a day. Surgery should not be attempted until the prothrombin level is at least 70 per cent of normal and preferably higher, After operation the prothrombin should be determined daily. The administration of vitamin K with bile salts should be resumed as soon as the condition of the patient permits, and should be continued until the prothrombin is 40 to 50 per cent of normal. After that, bile salts and a mixed diet should furnish the body sufficient vitamin K. It must be remembered that although biliary obstruction may be relieved, the bile secreted often contains almost no bile acids and that weeks may pass before the bile becomes normal. If the prothrombin drops below 20 per cent especially soon after operation, an immediate transfusion of blood is indicated. Fresh blood only can be used, as the prothrombin rapidly diminishes in stored blood.

Not all jaundiced patients will respond to vitamin K therapy. In severe liver damage and in advanced cases of malignancy, one is apt to find that the prothrombin level cannot be raised easily by administration of vitamin K. Repeated transfusions of blood seem to be the only way serious hemorrhages can be postponed, but in many such patients, all efforts will ultimately fail.

Vitamin K has unfortunately been called the antihemorrhagic vitamin, Koagulation-vitamin, and similar names. There is no evidence at present that the substance has any effect on coagulation unless the prothrombin of the blood is decreased. It has no demonstrable beneficial effect in hemophilia and various other hemorrhagic conditions not due to prothrombin deficiency. M. H. S.

* J.A.M.A. 110: 1658–1662 (May 14) 1938.

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« « « EDITORIALS » » »

Maternal Welfare in Michigan

THE Committee on Maternal Health of the Michigan State Medical Society in cooperation with the United States Public Health Service has recently completed and published a unique and valuable study of the status of maternal welfare in that state. The report is unique in that, instead of limiting the study to maternal mortality records, it includes an evaluation of the maternal services rendered, the availability of such services and the number, training and qualifications of the professional personnel rendering such services.

The study is based on data obtained from approximately 21,000 births registered in Michigan during the first quarter of 1936 and from approximately 10,000 reasonably complete obstetric records representative of this group.

Physicians attended 96.5 per cent of the births, the remainder having been conducted by osteopaths, nurses, friends and neighbors. Approximately one-half of the physicians in the state are engaged in the practice of obstetrics. One half of them, or one-fourth of the doctors in the state, conducted about 85 per cent of the deliveries. Eighty per cent of the births were attended by members of the American Medical Association. Physicians listed in the American Medical Directory as specialists or partial specialists in obstetrics or gynecology represented 9 per cent of the attendants and conducted one-sixth of the deliveries.

Prenatal care approaching completeness was received by few women. One-fifth received a degree of care which was considered relatively adequate while one-fifth received essentially no care. In 13 per cent no urinalysis was done, 16 per cent had no recorded blood pressure readings, 17 per cent had no abdominal examinations, 32 per cent were not weighed, 21 per cent had no pelvimetry and two-thirds had no serological test for syphilis. In general, women in the poorer economic levels, those who live in rural areas and multiparas receive the least prenatal care. Nearly one-half of the deliveries took place in hospitals.

Technics employed in the conduct of labor varied widely. If the practices employed by specialists in obstetrics are to be taken as representing standards of good care, serious defects appeared in the practices of many of the attendants. The most striking differences were noted in the use of pituitary extract before delivery, in manual dilatation of the

cervix, manual removal of the placenta, the frequency of vaginal examinations, the use of forceps, and the use of aseptic technic in delivery. As a group, the younger physicians, those who graduated since 1925, tend more nearly to follow the practices of the obstetric specialists; while the greatest differences were seen in the practices of those physicians who graduated before 1915, and of the osteopaths. A relatively large share of the most serious defects in practice fall upon poor women, those delivered at home, and those residing in rural areas. Postnatal care was even more defective than that during pregnancy.

This report is of value because it points out many of the defects in the present day practice of obstetrics as well as the complexities of the problems involved. It especially emphasizes the woeful lack of effective prenatal care which, after all, is the most fundamental and vital factor in good obstetrics. J. W. H.

Progress in Cancer Control

THE unknown horizons of cancer are being pushed back farther and farther through the three closely related activities of clinical diagnosis and treatment, research, and education. Each of these is making significant contributions to a wider understanding of the problems of malignancy. One of the most interesting aspects of the entire cancer problem is that practically every bit of additional information about the disease adds to the hopefulness of its eventual control as a major cause of death.

Realization by the medical profession that the diagnosis and treatment of cancer is no longer a one man problem is offering much additional hope to the cancer patient. The value of organized tumor clinics in general hospitals—nearly 300 of which are now functioning—is bringing a better appreciation of the complexities of this problem in modern medical practice. These clinics offer help to the family physician who is often denied access to necessary diagnostic and therapeutic facilities; while to the cancer patient it gives the benefits of group consultation with those having the widest experience with malignant disease.

An additional advantage of the tumor clinic is its usefulness as a center for graduate study for all physicians within its sphere of influence. This is possible largely because of the increased number of cancer patients seen in comparison with the relatively small number of such patients seen in the average general hospital. The value of comparative methods of treatment can be established much sooner where large numbers of patients are seen. All in all, the tumor clinic offers the maximum of good service to the cancer patient and excellent opportunities for education of the physician.

In the field of research some of the most significant contributions to our knowledge about cancer are being made in the sciences of biology, chemistry, physics, and genetics. The role of certain chemicals—now numbering approximately fifty with more being added at frequent intervals—in the etiology of cancer is now fully appreciated. The knowledge that cancer is primarily a biological problem concerned with the vital function of cell growth is stimulating research workers to focus attention on the cell to identify those forces responsible for malignant changes in the cell.

Cancer research today is concerned more and more with the chemical nature of cell activity and inquiry is being actively pushed in the field of biochemical investigations. Wide researches are under way to find those chemicals with the most potent influence on normal and abnormal cell activity.

The physicist is extending knowledge of irradiation therapy, with the result that increasing use is being made of this therapeutic agent in the treatment of malignancy both for curative and palliative purposes.

Studies in genetics have been confined largely to work with laboratory animals. The further this work progresses the more evident it becomes that vastly improved records of human cancer are essential if we are to know more accurately the influence of heredity on cancer development in the human race. Because the great majority of marriages bring about a dilution of the probability of transmitting cancer to off-

spring through susceptible parents most geneticists are unwilling to go beyond recognition of the possible transmission of susceptibility to cancer in succeeding generations. Even though cancer may be proved to be conditioned by heredity, the rapidly expanding appreciation of the value of early diagnosis and prompt treatment will continue to offer much hope to the cancer patient and will more than offset such handicaps as heredity may impose.

The greatest advance in cancer education of the public has been the organization of the Women's Field Army of the American Society for the Control of Cancer. This organization now extends to forty-six states of which our own was among the first to be included. Its objectives are to bring to the general public the known and accepted facts about cancer and methods for its control. The presentation of these facts by the medical profession to hundreds of audiences has caused thousands of persons for the first time to seek examinations to determine their freedom from this disease. It has caused thousands of others to replace their unreasoning fear of the disease with an intelligent caution toward this question.

The value of this educational program cannot be fully measured, but the medical profession is in a position to know better than any one else the results of this program as their patients come in increasing numbers for attention to their questions about this disease. Success of this educational work rests in large measure on full cooperation by the medical profession. As the objectives of periodic examination and recognition of the early signs of cancer become better understood a fuller cooperation by the physician will be expected.

The outlook for controlling the increased number of deaths from cancer in this state is becoming brighter. That fortunate time will be hastened in proportion to the cooperation that is developed between the patient and his physician. Education will reduce the waiting period by the patient in seeking professional advice and service. The physician will make his contribution by not delaying in diagnosis and treatment once the condition is brought to his attention. F. L. R.

Lest We Forget

AS IN all organization effort, we as physicians are not immune to extending praise for outstanding committee effort and then placing the report "on file." This must not happen to the recommendations contained in the report of the Special Committee to Study the Distribution of Health Service and Sickness Care in Wisconsin. This month we remind our readers of one of those foresighted recommendations.

In discussing the subject of preventive medicine, the committee pointed out that each county medical society must have a Public Relations Committee.

"Great care," said the committee, "should be taken in selecting the individual physicians who are to serve on this committee for they must have the vision to see clearly what is possible of accomplishment within their own county; they must have the willingness to seek out all groups interested in any phase of furthering health service within their county, to become acquainted with their programs and thoughts, and enlist their aid. They must be physicians not only public-spirited in the sense of serving their patients, but public-spirited in the equally important sense that they are willing to devote time and energy looking toward unified action. No society is too big not to need such a committee. No society is too small. The county medical society, under the guidance of such a public relations committee, must take the lead in all matters of public health service. Through our own efforts the public has become health-minded. Any assessment of values in medicine must arrive upon the inevitable conclusion that we as physicians initiate movements but too often we fail to stay and guide them. We cannot decry the result of what we fail to aid."

We can overdo committees. But if the opportunity before medicine so clearly set forth in the report is not exercised, the lack of such direction inevitably will give rise to still other problems that will remain to perplex the public and profession alike in the years to follow. This recommendation must not be allowed to be "placed on file."

. . . . THE PRESIDENT'S PAGE . . . .

Privilege and Duty

THE opportunity is again open to you to be of extreme service to your community and Society. Your County and State Medical Societies, in cooperation with the Department of Public Instruction through its Crippled Children Division, will soon be making their annual survey of the unfortunate cripples in many districts of the State. You have a distinct privilege as well as an important duty to perform.

At various points throughout the State crippled children will be gathered together for a scientific study of their condition, and advice as to their future treatment. This is of extreme importance to patient, family and community—

1. We hope by rehabilitation to make that patient partly or wholly self-sustaining. This in most instances relieves a family economic burden, and possibly a state burden of greater amount than the rehabilitation costs, and proves its economic soundness.

2. Those patients, left in their present state, must develop an inferiority complex which will not only follow them through life but grow with the passing years—not a happy state to live in, and dangerous for the patient, family and community welfare.

3. Training in a useful vocation, though simple, gives the patient a new line of thought, removes complexes, produces happiness for the individual by the added interest and responsibility in being a useful individual and not a complete burden.

The family physician is of necessity an important factor in this program, as the ultimate treatment of these cases in final analysis, will be left to his judgment. In the arrangements made for these important Clinics, you will have the assistance of excellent diagnosticians and orthopedic surgeons to study and advise with you.

It is an opportunity to meet and observe the methods used in the diagnosis of these cases by men of thorough experience in this field. This is essentially a privilege and an opportunity for your own advancement, and a distinct duty to patient and family. It will advance your ability to give advice and direct the further care of these cases. You will become more familiar with the technic of examination and diagnosis, and it is a distinct duty to your clientele that you study these procedures with others. It will also make you more adaptable and efficient in the handling of future cases that appear in your practice from time to time. It will also be your privilege to follow the procedures of diagnosis on cases other than your own. You will be able to spend a profitable educational day in this special branch of medicine. You will hear experts and your fellow practitioners discuss the various phases of all of this work.

We trust when a Clinic comes to your district, you will join in full-heartedly, accepting your privileges as well as your duties.

A E Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

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Archives

By MRS. EDWARD C. PFEIFER
Racine

IF ONE has a love for hunting through old books and musty papers in search of interesting facts and unusual bits of information of the past, one should be a county history and archives chairman. It requires an aptitude and a desire for this type of work to make it pleasant.

Each chairman must have found several interesting and outstanding pioneer doctors in her search through old records. Last year in Racine County we found the history of a world famous man, Dr. Philo Romayne Hoy, famous not in medicine, but in natural science. His collection of birds is still the largest collection in the world from one region, and scientists came even from Europe to see it. Imagine our thrill at finding these facts, and then realizing that this collection was gathering dust and moths on the top floor of the library where comparatively few ever saw it or knew it existed. Now we have a city-wide project, sponsored by the Garden Club, to recondition these birds and place them where the public can see and enjoy them.

Other counties must have found records of pioneer doctors who led unusual lives and contributed greatly to the community in which they lived.

When all the medical history questionnaires are finally collected and assembled in book form, we should have a valuable history of those early doctors who accomplished so much for this State. We hope that each county will contribute its part to this worth while project.

Treasurer's Message

To the Members of the Auxiliary:

I am taking this opportunity of making my plea to you now as the national convention is being held earlier than usual this year. The date of the national convention is May 15, and therefore I would like to urge all members to pay their current and 1938 dues in order to be fully represented at the convention.

Promptness in paying your dues not only will be appreciated, but also is necessary so that our State will receive the full quota of representation to which it is entitled. For your information, our State Auxiliary is entitled to one delegate and one alternate delegate for each 100 members in good standing, or fraction thereof. I think it well to remind you that representation is based on *paid memberships only.*

While many of the county auxiliaries have already sent in their dues for 1939 memberships, the majority of the county auxiliaries have not. This is due to the difference in the counties' fiscal years, and because of the resulting confusion I sincerely favor amending the various county constitutions to conform to a uniform fiscal year. This, of course, must be done separately by the county auxiliaries. As the state convention is held in September and all state officers are elected at that time, I am in favor of beginning the fiscal year on October 1.

Then if all counties have a uniform fiscal year and that year begins in October, the new state treasurer (who is elected in September at the state convention) may send out her instructions and material to the new county treasurers, *who will continue in office during the entire year that the state treasurer is in office.* This arrangement will greatly facilitate the work of the state treasurer, and fewer complications will arise for the county treasurers.

Your state treasurer is responsible for the correctness of her annual report to the national treasurer. It is therefore incumbent upon me, at this time, to urge the county treasurers to fill out the county membership record sheets accurately, particularly the column "Membership Status." Under this heading should be recorded the *year* for which dues are to be credited. These record sheets are the basis for the annual report to the national treasurer.

Membership record sheets and remittance sheets (both in triplicate) have been sent to the various county treasurers with instructions for their use. If there have been unreported changes of address or a change of county treasurer, or if the material has not been received, please notify me immediately.

These triplicate record and remittance sheets are in three colors. Each set, consisting of three sheets (one yellow, one pink and one white), should be typed by the county treasurer, with carbon paper between the sheets, to be distributed as follows:

(a) The yellow sheet is to be retained by the county treasurer for her county membership record of members who have paid their dues.

(b) The pink and white sheets are to be sent to the state treasurer. She retains the pink sheet for her file and forwards the white sheet to the national treasurer for her records.

Only one sheet, in triplicate, is necessary for counties having fifty-five members or less. These record and remittance sheets should be accompanied by a check representing the amount indicated. If the information is accurately entered, this system constitutes a very complete record of the membership dues.

Some members have asked me if, when dues become delinquent, the member is dropped from the list of auxiliary members. A *delinquent member* is one who has failed to comply with the requirements as stated in the constitution, and who, for some reason, has neglected to pay her dues before April 1.

The state treasurer earnestly hopes that *no member* will become delinquent this year. That will mean that all 1939 dues must be paid before April 1. If some are delayed, the state treasurer asks that the county treasurers hold these dues until next October, when the new state treasurer will request that they be remitted.

According to our state constitution, dues are payable from January 1 to April 1, after which the member becomes delinquent. *Consequently 1939 dues were due in January* and are *now payable. All 1939 dues should be paid by April 1.*

Again may I remind you that because the national convention is being held early this year, it is imperative that all 1938 dues for delinquent members be sent to me by March 1, so that my report may be sent to the national treasurer before the close of the national fiscal year, which is March 31, in order to assure our State of having its correct representation.

Cooperation is asked of all members in order that your state treasurer may make a good report to your national auxiliary.

PLEASE SEE YOUR COUNTY TREASURER AT ONCE AND PAY YOUR DUES.

Mrs. Arthur J. McCarey,
Treasurer.

Finance Committee

By Mrs. F. W. Pope

The Finance Committee of the Woman's Auxiliary to the State Medical Society of Wisconsin met on January 25 at the Y.W.C.A. in Milwaukee preceding the meeting of the Board of Directors. The committee is composed of Mrs. A. J. McCarey, state treasurer; Mrs. E. J. Carey, former national treasurer, and Mrs. F. W. Pope, chairman. Our state president, Mrs. R. E. Fitzgerald, was invited to be present to outline her plans and needs for the year.

The budget is based on the estimated dues of 1,200 members (25 cents each) and $100 from the State Medical Society of Wisconsin. The budget for 1938–1939 as outlined below was adopted.

Expenditures:	
President	$100.00
Treasurer	25.00
Corresponding Secretary	5.00
Organization	50.00
Press and publicity	10.00
Program	3.00
Public relations	9.00
Hygeia	3.00
Archives	10.00
National exhibit	15.00
	$230.00
Miscellaneous:	
Treasurer's bond	$ 5.00
President's pin	10.00
Board meetings	150.00
Incidentals	5.00
	$170.00
Total	$400.00
Income:	
Estimated dues (1,200 members)	$300.00
State Medical Society	100.00
	$400.00

Brown-Kewaunee-Door

Members of the Woman's Auxiliary to the Brown-Kewaunee-Door County Medical Society who met on January 27 at the home of Mrs. F. J. Gosin of Green Bay heard a report of the board of directors meeting held the week previously in Milwaukee. The report was given by Mrs. R. W. Kispert, president, and supplemented by Mrs. M. H. Fuller. Others attending the board meeting were Mrs. E. S. Schmidt, Mrs. A. J. McCarey, and Mrs. D. B. Dana.

After the business meeting Mrs. Ellen Lawton Wilson, who has made several trips to Alaska, gave an interesting travel talk on that region.

Mrs. W. E. Leaper, social chairman, was assisted by Mrs. T. S. Burdon and Mrs. E. S. Knox.

Dr. A. E. Rector of Appleton, president of the State Medical Society of Wisconsin, who was the guest speaker at the meeting on March 1, discussed the sickness insurance trial in Douglas County. The meeting was held at the home of Mrs. W. E. Leaper, with Mrs. W. W. Ford and Mrs. R. W. Kispert as assistant hostesses.

Dane

The Woman's Auxiliary to the Dane County Medical Society met for luncheon at the home of Mrs. J. Newton Sisk, Shorewood, on February 8. There were thirty-eight members present. Assisting hostesses were the Mesdames G. G. Stebbins, H. N. Winn, R. L. McIntosh, H. A. Keenan, and Peter Duehr. Following the luncheon an interesting talk was given by Mr. Jerry Coulter on "The Great Northwest."

At the business meeting Mrs. Stanley Briggs, president, announced that the auxiliary had been accepted for membership in the Wisconsin Woman's Legislative Council. Mrs. H. K. Tenney was appointed as the legislative committee chairman. Mrs. Briggs also announced the appointment of Mrs. R. H. Jackson as chairman of the public relations committee.

It was voted to spend $20 on additional supplies for the loan closet.

Fond du Lac

Cards were entertainment at a social meeting of the Woman's Auxiliary to the Fond du Lac County Medical Society on January 26 at the Hotel Retlaw, Fond du Lac. After a meeting of the Fond du Lac County Medical Society, the physicians joined the auxiliary members. Prizes were won by Mrs. P. G. McCabe, Dr. W. J. Waldschmidt, and Mrs. J. R. Longley. The members of the social committee in charge of the meeting were Mrs. F. M. McGauley, Mrs. L. C. Gardner, and Mrs. A. M. Hutter.

Following dinner at 6:30 p.m. a brief business meeting was held, at which Mrs. O. M. Layton, president, gave a report of a meeting of the Board of Directors of the Woman's Auxiliary to the State Medical Society of Wisconsin which she attended in Milwaukee recently.

The members also discussed plans for a public relations meeting to be held in the near future, the date of which was not decided.

Kenosha

On February 8 the Woman's Auxiliary to the Kenosha County Medical Society held a social meeting at the Elks Club, which the physicians also attended. The Mesdames C. M. Creswell, I. E. Bowing, E. F. Andre, and P. E. Pifer were in charge of the arrangements.

Milwaukee

A valentine motif was carried out in the table decorations of the monthly luncheon of the Woman's Auxiliary to the Medical Society of Milwaukee County, held February 10 in the Bamboo Room of the Medford Hotel, Milwaukee. Despite the very cold weather, 120 members and guests were present.

Mrs. J. J. McGovern, program chairman, introduced the speaker, Dr. Eben J. Carey, dean of the Marquette School of Medicine, who gave a dynamic and inspirational talk on "Scientific Medicine and the Public." He said that under the present system of individualized medical care, 1938 statistics of the United States Public Health Service show the United States is the healthiest country in the world. He also stated Wisconsin is the third healthiest state in the Union.

The business meeting, which was called to order by the president, Mrs. Robert E. McDonald, followed Doctor Carey's talk. The minutes of the January meeting and the treasurer's report were read. Mrs. J. V. Herzog was admitted to membership in the auxiliary.

Mrs. R. E. Fitzgerald, state president, pointed out the educational aims of Hygeia and asked the Milwaukee auxiliary's cooperation in encouraging subscription to it. Mrs. Harry Heeb, state Hygeia chairman, explained it was the object of her committee to place Hygeia in schools throughout the State. Members were reminded of the benefit bridge party to be held February 17 in connection with this project.

Rock

Members of the Woman's Auxiliary to the Rock County Medical Society held a dinner meeting on January 17 at the Women's Club, Janesville. Dr. Eben J. Carey, dean of Marquette University School of Medicine, was the speaker, his subject being "Socialized Medicine."

Sheboygan

Members of the Woman's Auxiliary to the Sheboygan County Medical Society heard a review of the book "The Horse and Buggy Doctor," given by Mrs.

Theodore J. Gunther, at their meeting on February 1 in the Guest House in Sheboygan. A brief business meeting was held. The hostesses were Mrs. Edward Hougen of Oostburg and Mrs. H. J. Hansen of Sheboygan Falls.

Trempealeau—Jackson—Buffalo

The first meeting of the Woman's Auxiliary to the Trempealeau–Jackson–Buffalo County Medical Society was held at the home of Mrs. H. A. Jegi of Galesville on November 15. Mrs. R. L. Alvarez served as assisting hostess. There were thirteen present who signed as charter members of the organization.

During the business meeting the president, Mrs. H. A. Jegi, appointed the following committees:

Program—Mrs. R. R. Richards and Mrs. Irwin Krohn
Hygeia—Mrs. N. S. Simons and Mrs. Theodore Nereim
Public relations—Mrs. J. C. Skemp
Press and publicity—Mrs. R. L. Alvarez, Mrs. E. A. Meili, and Mrs. Robert Krohn

A social hour and luncheon followed the business meeting.

Waukesha

The Woman's Auxiliary to the Waukesha County Medical Society was entertained at a 1:30 o'clock luncheon on February 1, at the home of Mrs. M. J. Werra of Waukesha, with the Mesdames H. F. Sydow and P. E. Campbell of Waukesha and J. D. Wilkinson of Oconomowoc as assisting hostesses.

Following the business meeting Mrs. J. C. Frick of Waukesha gave a review of the book "As I Live and Breathe," by Willie Snow Ethridge.

Mrs. W. H. Oatway of Waukesha is chairman for the March meeting and will be assisted by the Mesdames K. P. Hoel, U. J. Tibbitts, and J. F. Wilkinson.

Waupaca-Shawano

The Woman's Auxiliary to the Waupaca-Shawano County Medical Society met for luncheon on February 7 at the home of Mrs. John Monsted, New London. Assisting Mrs. Monsted as hostesses were Mrs. M. A. Borchardt and Mrs. F. J. Pfeifer. A business meeting and bridge followed the luncheon.

Wood

Organization of a Woman's Auxiliary to the Wood County Medical Society, with Mrs. Donald Waters of Wisconsin Rapids as its president, was completed at a meeting in January. Other officers of the new group are Mrs. W. L. Nelson of Wisconsin Rapids, vice-president; Mrs. L. A. Copps of Marshfield, president-elect, and Mrs. H. G. Pomainville of Nekoosa, secretary-treasurer.

Aiding the local committee, which consisted of Mrs. L. C. Pomainville and Mrs. L. J. Bennett, was Mrs. E. S. Schmidt of Green Bay, organization chairman of the Woman's Auxiliary to the State Medical Society of Wisconsin.

Society Proceedings

Brown—Kewaunee—Door

Dr. Robert W. Burns, Green Bay, representing the Brown County Medical Society, spoke over Station WTAQ, Green Bay, January 28, on behalf of the infantile paralysis campaign staged in honor of President Roosevelt's 57th birthday anniversary. The society gave its approval to the purchase of a $400 "iron lung" by Brown county residents.

On January 26 the members of the Brown-Kewaunee-Door County Medical Society met at the Beaumont Hotel, Green Bay, where they heard case reports on ulcerative colitis, aleukemic leukemia and carcinoma of the kidney. The following Green Bay physicians took part in the program: Drs. Louis Milson, J. L. Ford, Robert W. Burns, Herman Hendrickson, W. E. Leaper, H. H. Heitzman and E. M. Jordan.

The society met on February 9 at the Northland Hotel, Green Bay. On the program were Dr. W. W. Kelly, Green Bay, and Dr. Amy Louise Hunter, head of the Maternal and Child Welfare Department, State Board of Health, Madison. They spoke on "The Public Health Department in Its Relation to the Practice of Medicine," and "Problems of Child Welfare," respectively.

In a note to the State Medical Society recently, Dr. L. E. Dockry, Kewaunee, said he is not the president of the Brown-Kewaunee-Door County Medical Society, as stated in the February issue of the Journal, but is its president-elect. Dr. N. M. Kersten, De Pere, is the president of the society.

Columbia—Marquette—Adams

The Columbia-Marquette-Adams County Medical Society met on February 21 at the St. Savior Hospital, Portage. Dr. E. L. Sevringhaus, Madison, was the guest speaker of the evening. His subject was "Endocrinology." Twenty members of the society attended the meeting.

Dane

The Dane County Medical Society met on February 14. Five new members were accepted into membership: Drs. Hubert Hathaway, Edward B. Hodg-

son, J. Howard Johnson, Lester W. Paul and Don C. Sharpe, all of Madison.

A symposium on pneumonia was presented, papers being given by Drs. H. E. Van Riper, Charles F. Burke, and T. W. Tormey. Dr. William S. Middleton, dean of the University of Wisconsin Medical School, discussed the papers.

Dodge

A meeting of the Dodge County Medical Society was held at the Lutheran Deaconess Hospital in Beaver Dam on January 26, 1939. The speaker of the evening was Dr. A. L. Banyai of Muirdale Sanatorium, Wauwatosa. He discussed the early diagnosis of tuberculosis. His talk was illustrated with lantern slides.

Dr. T. M. Slemmons, Waupun, and Dr. W. H. Costello, Beaver Dam, were admitted to membership in the society.

The members of the Dodge County Medical Society were the guests of St. Joseph's Hospital in Beaver Dam on February 23. Dinner was served by the Sisters of the Hospital at 7 p. m. Thereafter a scientific program was presented, the main speaker being Dr. Hugh P. Greeley, Madison. Doctor Greeley talked on "Hypertension and Cardiac Insufficiency."

Douglas

The Douglas County Medical Society met in the Superior Hotel on February 1. Following a 6:30 p. m. dinner, the following program was presented: "Maternal and Infant Mortality in Superior," by Dr. C. H. Mason, Superior; "Ruptured Uterus," by Dr. H. A. Sincock, Superior. Nineteen members attended the meeting. Mr. George B. Larson, assistant secretary of the State Medical Society, was a guest at the meeting and made a report on the progress of the Douglas County cooperative health insurance plan.

Eau Claire

At the meeting of the Eau Claire-Dunn-Pepin County Medical Society on February 27 at the Hotel Eau Claire, two Madison physicians were the guest speakers: Dr. James A. Jackson presented a paper on "Open Reduction Treatment of Fractures," and Dr. L. E. Holmgren talked on "Injection Treatment of Hernia."

Fond du Lac

The Fond du Lac County Medical Society met on January 26 at the Hotel Retlaw, Fond du Lac. Dr. J. B. MacLaren, Appleton, was the guest speaker. He discussed skull fractures. The meeting was attended by a large number of local members and several from the Winnebago County Medical Society.

Forest

The Forest County Medical Society met recently at the Ovitz Hospital, Laona. Officers were elected for the coming year as follows:

President—Dr. O. S. Tenley, Wabeno

Vice-president—Dr. G. W. Ison, Crandon

Secretary-treasurer—Dr. E. E. Burzynski, Laona

Delegate—Dr. E. G. Ovitz, Laona

Alternate delegate—Dr. G. W. Ison, Crandon

Green

When the Green County Medical Society met on February 10, in Monroe, Dr. W. G. Bear, president of the society, appointed an auditing committee for county relief medical bills. Members appointed to the committee were: Drs. J. H. Bristow, Monroe, L. A. Moore, Monroe, and M. P. Ohlsen, Monticello. Dr. H. O. Schneider, Monroe, was elected delegate to attend the meeting of the State Medical Society of Wisconsin

The guest speaker of the evening was Dr. Thomas Snodgrass, Janesville, who presented a paper on "Fractures of the Neck of the Femur." About twenty members attended the meeting.

Green Lake—Waushara

The Green Lake-Waushara County Medical Society met on February 21 in Ripon. Following a dinner at the Grand View Hotel, the members heard an address by Dr. B. P. Churchill, Milwaukee, on "Everyday Ear Problems in General Practice."

Kenosha

The Kenosha County Medical Society met on February 16 at the Elks Club, Kenosha, at 6:30 p.m. The speaker of the evening was Dr. I. F. Volini, Chicago. Doctor Volini gave a lecture on "Pneumonia."

La Crosse

The La Crosse County Medical Society had as its guest speaker on February 15, Dr. John L. McKelvey, director of the department of gynecology and obstetrics, University of Minnesota. Doctor McKelvey spoke on "Toxemias of Pregnancy." The meeting, which was held at the Linker Hotel, La Crosse, was attended by forty-nine members. Dinner was served preceding the scientific session.

Lincoln

At a meeting held in January at Tomahawk, the Lincoln County Medical Society elected officers for the coming year as follows:

President—Dr. W. F. Austria, Merrill

Vice-President—Dr. W. C. McCormick, Tomahawk

Secretary-Treasurer—Dr. L. J. Bayer, Merrill

Delegate—Dr. F. C. Lane, Merrill

Alternate delegate—Dr. R. G. Baker, Tomahawk

Milwaukee

At a meeting of the Medical Society of Milwaukee County on February 10 at the Milwaukee Athletic Club, the following program was presented: "Medical Problems of the Day," Rock Sleyster, M.D., president-elect of the American Medical Association; "The U.S. Compensation Act for Injuries to WPA Workers," Mr. E. C. Holterman, assistant state compensation officer, Madison; "Sickness Insurance," Mr. J. G. Crownhart, secretary, the State Medical Society of Wisconsin. A luncheon was served following the meeting.

Outagamie

The Outagamie County Medical Society met on February 16 at 6:30 p.m. at the Conway Hotel, Appleton. Dinner was served and, after a short business meeting, an address was presented by Dr. George L. Apfelbach, attending surgeon at Cook County Hospital, Chicago, Illinois, on "The Diagnosis of Lower Back Conditions." Forty-five members attended the meeting.

Polk

Fourteen members of the Polk County Medical Society, their wives and guests, met in Frederic on January 19 as the guests of Drs. W. C. Andrews and R. G. Arveson. Supper was served at 7 p. m., following which the members held a business meeting.

Racine

The Racine County Medical Society met at the Elks Club, Racine, on February 16. Forty members attended the meeting to hear Dr. Armand Quick of Marquette University School of Medicine, Milwaukee, speak on "The Value of Prothrombin Determinations and Hippuric Acid Tests in Jaundiced Patients."

Rock

The regular meeting of the Rock County Medical Society was held at the Hotel Hilton, Beloit, on February 28. Dinner was served at 6:30 p.m. Dr. William J. Dieckmann, Chicago Lying-In Hospital, Chicago, was the guest speaker of the evening. He presented a lecture on "The Diagnosis and Treatment of Toxemias of Pregnancy."

Sheboygan

The Sheboygan County Medical Society met at St. Nicholas Hospital, Sheboygan, at 8:15 p. m., January 31. Dr. C. C. Schneider, Milwaukee, was the guest speaker. His subject was "Modern Fracture Management." About forty members of the society attended the meeting.

Washington—Ozaukee

The Washington Ozaukee County Medical Society met in Jackson on January 26 at 8 p. m. Fourteen members were present. Dr. Joseph Lettenberger, Milwaukee, presented an address on "Laboratory Methods as an Aid to Diagnosis."

ADVISE YOUR PATIENTS . . .

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday

WEAU, Eau Claire—1:45 p.m., Monday, Wednesday and Friday

WHBY, Green Bay—7:15 p.m., Monday and Wednesday; 7:30 p.m., Thursday

WLBL, Stevens Point—11:15 a.m., Wednesday

WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday

Waukesha

The Waukesha County Medical Society met on February 1 in Waukesha. Dr. Frederick W. Madison, Milwaukee, was the guest speaker. The subject of his talk was "Pneumonia."

Winnebago

The Winnebago County Medical Society had the president-elect of the American Medical Association, Dr. Rock Sleyster of Wauwatosa, as its guest speaker when it met on February 2 at the Hotel Athearn in Oshkosh. He spoke on "Medicine of Today." His address was heard by about 150 people, including county medical society members from Winnebago, Green Lake and Waushara counties, their wives and guests. Dr. A. E. Rector, Appleton, president of the State Medical Society, and Dr. S. E. Gavin, Fond du Lac, councilor of the sixth district of the State Society, were among the guests at the meeting.

Wood

Twenty-two members of the Wood County Medical Society met on February 21 in Marshfield. Marshfield physicians presented the following program:

"The Differential Diagnosis and Treatment of Benign Skin Tumors," Dr. Stephen Epstein.

Case Reports: Ureteral Calculi, Dr. W. G. Sexton; Infection in Diabetes, Dr. R. S. Baldwin; Cyanosis, Dr. K. H. Doege; X-ray Films, Dr. R. P. Potter.

Milwaukee Academy of Medicine

The Milwaukee Academy of Medicine met jointly with the Milwaukee Gastroenterological Society on February 21 in the Medical Arts Building, Milwaukee. The following scientific program was presented:

"Pathological Considerations of Bowel Obstruction," by L. J. Van Hecke, M.D., Wauwatosa

"Regional Enteritis: Pathology, Diagnosis and Clinical Observations," by J. A. Bargen, M.D., Mayo Clinic, Rochester, Minn.

Milwaukee Neuro-Psychiatric Society

At its meeting on February 23 at the General Hospital, Veterans Administration, the following program was presented:

Dr. W. C. Liefert, "Neuropsychiatric Diseases Among Veterans."

Dr. W. T. Drysdale, "Hernia of the Nucleus Pulposus," with case presentation.

Dr. Benjamin Erps, "The Psychoses and Economic Stress."

Dr. L. M. Berger, Presentation of case for diagnosis.

Milwaukee Oto-Ophthalmic Society

The Milwaukee Oto-Ophthalmic Society met at The University Club of Milwaukee on February 14. Clinical cases were presented and discussed at 6 p. m. At 6:30 p. m. dinner was served, and thereafter a scientific program was presented. Dr. David Cleveland, Milwaukee, was the speaker of the evening. The subject of his talk was: "Review of the Treatment of Facial Paralysis from 1932–1938."

West Allis Medical Society

The monthly meeting of the West Allis Medical Society was held at the home of Dr. Albert L. Bork, West Allis, on February 14. Dr. E. L. Tharinger, Milwaukee, presented an address on "Criminal Pathology and Death by Violence."

News Items and Personals

On January 30, the name of Dr. Bertha E. Reynolds, Lone Rock, was added to the University of Wisconsin Farm and Home Honor Roll for service to her community "as a worker for social betterment, as a friendly counselor, as a leader in community enterprises and as a stimulus to rural improvement." She was the only woman and the only doctor in a group of five thus honored. Each member in the group received an engraved testimonial signed by Mr. Clarence A. Dykstra, president of the University; Mr. Harold Wilkie, president of the board of regents; and Mr. Chris L. Christensen, dean of the college of agriculture.

The day following this recognition of her unselfish devotion to the health and well-being of her community, Doctor Reynolds stood in the receiving line at a tea given by the wife of the governor of Wisconsin, Mrs. Julius P. Heil, to welcome Wisconsin homemakers attending the events of Farm and Home Week in Madison.

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Dr. R. J. Rogers, Oconto, was reelected president of the Oconto Chamber of Commerce on January 26.

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Dr. J. D. Warrick, formerly of East Moline, Illinois, has opened an office for the practice of medicine in Sharon.

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Dr. Willard M. Sonnenburg, Sheboygan, and Dr. M. D. Cottingham, Kohler, have been appointed to serve on the medical advisory committee of the Sheboygan County Pension Department.

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Dr. Phillip M. Kauth, industrial surgeon of West Bend, discussed "Opportunities in the Medical Profession," at a meeting of the Columbian Squires in January. He spoke of the excess of physicians in the United States and told his audience that "unless a young man has the necessary qualifications plus the assurance of financial support, it would be better for him to consider some other field of endeavor."

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Dr. H. E. Kasten, Beloit, was named president of the Physicians' and Dentists' Club of Beloit on January 20 at an annual luncheon of the group. Dr. Robert S. Vivian was elected secretary and treasurer.

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The Milwaukee Internist Club, at its annual meeting on January 24, at the University Club in Milwaukee, voted unanimously to sponsor an annual memorial lecture in honor of the late Dr. Louis M. Warfield, founder of the club. The lecture, devoted to internal medicine, will be open to the medical profession. It will be called the Louis M. Warfield Memorial Lecture.

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At a meeting of the Sheboygan Memorial Hospital staff on January 20, the following Sheboygan physicians were elected to serve as officers for the coming year:

President—T. J. Gunther
Vice-President—Alton J. Schmitt
Secretary-Treasurer—C. J. Weber

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Among Wisconsin physicians speaking on health insurance and socialized medicine recently were the following:

Eben J. Carey, Milwaukee: Woman's Auxiliary to the Medical Society of Milwaukee County, February 10; Woman's Club of Janesville, January 24

(175 persons attended this lecture, which was sponsored by the Rock County Medical Society).

Chester M. Echols, Milwaukee: Shorewood Cooperative Club, January 25.

R. L. Troup, Green Bay: Young People's Forum of First Methodist Church, Green Bay, January 15.

J. C. Devine, Fond du Lac: Exchange Club of Fond du Lac, in January.

W. T. Clark, Janesville: Kiwanis Club of Janesville, January 26.

P. R. Minahan, Green Bay: Lions Club, Green Bay, February 6.

Dexter H. Witte, Milwaukee: 125 members and guests of Milwaukee Y.W.C.A. on February 16.

Mark H. Wall, Superior, Kiwanis Club of Superior, February 2.

A. H. Heidner, West Bend, Rotary Club of West Bend, February 6.

M. D. Davis, Milton: Business and Professional Women's Club of Y.W.C.A., Janesville, February 6.

J. B. MacLaren, Appleton: Rotary Club of Neenah, February 9.

G. P. Dernbach, New London: Holy Name Society of New London, February 12.

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At the Richmond meeting of the American Association for the Advancement of Science, Dr. William Snow Miller, professor of anatomy (retired) at the University of Wisconsin, was elected to emeritus life membership in the Association.

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At the last meeting of the St. Mary's Hospital staff, Racine, the following were elected officers for the coming year:

Chief-of-staff—Dr. L. E. Fazen, Racine
Vice-chief-of-staff—Dr. Frank Pope, Racine
Secretary—Dr. R. M. Kurten, Racine

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At the annual meeting of the Milwaukee Roentgen Ray Society held at the University Club, Milwaukee, January 13, the following officers were elected for the ensuing year:

President—Dr. H. W. Hefke
Vice-President—Dr. F. C. Christensen
Secretary-Treasurer—Dr. Irving I. Cowan

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The American Association for the Study of Goiter will hold its annual meeting in Cincinnati, Ohio, May 22–24, 1939. The program for this three-day meeting will consist of papers dealing with goiter and other diseases of the thyroid gland; dry clinics conducted by guests of the association; and operative clinics in the various hospitals in Cincinnati.

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Dr. Lloyd H. Ziegler, psychiatrist at Milwaukee Sanitarium, addressed a class at Lake Bluff School, Milwaukee, on February 2 on the subject, "Why We Behave as We Do."

Dr. J. Newton Sisk, Jackson Clinic, Madison, spoke on "Medical and Hospital Status in Wisconsin" at a meeting of the Madison Business and Professional Women's Club, January 26.

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"The Medicine Show Goes On" was the title of a talk given by Dr. Joseph C. Griffith, Milwaukee surgeon, at Milwaukee-Downer College on January 21. He enumerated the evils of so-called "remedies" advertised to the public by means of billboards, periodicals, etc.

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Dr. F. C. Prehn, Wausau, president of the Marathon County Medical Society, presided at the banquet which was a feature of the seventeenth annual conference of northern Wisconsin public health nurses, sponsored by the State Board of Health. Nurses from twenty-four Wisconsin counties attended the meeting.

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Dr. Stephen Epstein, Marshfield, addressed the Rotary Club of Marshfield, January 30, on the subject of skin cancer.

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The village of Cashton has a population of about 680, but on February 17—when it staged a celebration in honor of Dr. C. H. Cremer completing fifty years of medical practice—the community hall was jammed with 1,200 persons, many from Cashton's surrounding farm territory traveling through cold and snow to join in the tribute.

Music for the program was presented by the Cashton high school band and sextette. Addresses were given by friends of the 74-year-old doctor, who, in addition to being active in medical and civic affairs in his community, is president of the State Board of Medical Examiners. Titles of talks given included: "Dr. Cremer the Physician," "Dr. Cremer and Education," and "Dr. Cremer the Man." Congratulatory telegrams which had been received from many medical organizations and individuals were read, among them a telegram from Dr. Allan R. Dafoe, physician to the Dionne quintuplets.

A dance orchestra furnished music for the dance which followed the program, Doctor Cremer and his wife leading the square dance.

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At a recent meeting of the St. Mary's Hospital staff, Watertown, the following officers were elected for the coming year:

President—Dr. Otto F. Dierker, Watertown
Vice-President—Dr. H. O. Caswell, Fort Atkinson
Secretary—Dr. Felix H. Zimmermann, Watertown

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Dr. Joseph F. Smith, Wausau, spoke on the organization, purpose, and accomplishments of the

State Medical Society of Wisconsin and the American Medical Association at a meeting of the Wausau Rotary Club on February 13.

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Dr. J. E. Newton, Hudson, gave a lecture on syphilis at a meeting of the Federated Women's Club of Hudson on February 7.

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Dr. Gilbert J. Rich, Milwaukee, spoke on "Sex Education of Children," at a meeting of the Lake Bluff Parent-Teachers Association, Milwaukee, on February 14.

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Dr. Samuel N. Franklin, Milwaukee physician who spent a year with the International Brigade in Spain, was the principal speaker at a luncheon meeting of the West Allis Lions Club, February 7. His subject was "The Why and Wherefore of the Present Conflict in Spain."

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Dr. E. H. Pawsat, city health officer of Fond du Lac, discussed the organization and functions of the city health department at a meeting of the Lions Club of Fond du Lac, February 8.

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Dr. Fred B. Welch, Janesville health director since 1919, traced the history of the health department in an address before the Janesville Kiwanis Club, February 10.

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Dr. Vernon Kores, West Allis, addressed the Tippecanoe School Parent-Teacher Association of Milwaukee on February 16. The title of his talk was "Guiding the Physical Health of Our Children."

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Announcement of Van Meter Prize Award

The American Association for the Study of Goiter again offers the Van Meter Prize Award of $300 and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The award will be made at the annual meeting of the Association which will be held in Cincinnati, Ohio, on May 22–24, 1939, providing essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations; should not exceed 3,000 words in length; must be presented in English; and a typewritten double spaced copy sent to the Corresponding Secretary, Dr. W. Blair Mosser, 133 Biddle Street, Kane, Pennsylvania, not later than April 15, 1939. The committee, who will review the manuscripts, is composed of men well qualified to judge the merits of the competing essays.

A place will be reserved on the program of the annual meeting for presentation of the Prize Award Essay by the author if it is possible for him to attend. The essay will be published in the annual Proceedings of the Association. This will not prevent its further publication, however, in any journal selected by the author.

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Samuel D. Gross Prize of $1,500

The Philadelphia Academy of Surgery announces the Samuel D. Gross Prize of $1,500, as follows:

The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 S. 22d St., Philadelphia," on or before January 1, 1940.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of a prize.

Edward B. Hodge, M.D.,
Charles F. Mitchell, M.D.,
Calvin M. Smyth, Jr., M.D.,
Trustees.

Essays will be received in competition for the prize until January 1, 1940.

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$100 Foundation Prize, American Association Obstetricians, Gynecologists and Abdominal Surgeons

The American Association of Obstetricians, Gynecologists and Abdominal Surgeons announces that the annual Foundation Prize for this year will be $100.00. Those eligible include only (1) interns, residents, or graduate students in obstetrics, gynecology and abdominal surgery, and (2) physicians (M. D. degree) who are actually practicing or teaching obstetrics, gynecology or abdominal surgery.

Competing manuscripts must (1) be presented in *triplicate* under a nom-de-plume to the Secretary of the Association before June 1st, (2) be limited to 5,000 words and such illustrations as are necessary for a clear exposition of the thesis, and (3) be typewritten (double-spaced) on one side of the sheets, with ample margins.

The successful thesis must be presented at the next annual (September) meeting of the Association, without expense to the Association and in conformity with its regulations.

For further details, address Dr. James R. Bloss, Secretary, 418–11th Street, Huntington, W. Va.

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Meetings to be Held

Fourth Annual Postgraduate Institute of the Philadelphia County Medical Society, Bellevue-Stratford Hotel, Philadelphia, beginning March 13, 1939. Papers on blood dyscrasias and metabolic disorders will be presented.

Fifth Annual Meeting of the Mississippi Valley Medical Society, Burlington, Iowa, September 27–29, 1939.

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Examinations of American Board of Obstetrics and Gynecology.—Application for admission to the Group A, May 1939, Board examinations must be on file in the Secretary's Office not later than March 15, 1939.

The general oral, clinical and pathological examinations for all candidates, Part II Examinations (Groups A and B), will be conducted by the entire Board, meeting in St. Louis, Missouri, on May 15 and 16, 1939, immediately prior to the annual meeting of the American Medical Association. Notice of time and place of these examinations will be forwarded to all candidates well in advance of the examination dates.

Candidates for re-examination in Part II (Groups A and B), must request such reexamination by writing the Secretary's Office before April 1, 1939. Candidates who are required to take reexaminations must do so before the expiration of three years from the date of their first examination.

The annual dinner meeting of the Board to which all Diplomates and candidates are invited, as well as their wives and others interested in the work of the Board, will be held at the Congress Hotel, St. Louis, on Wednesday evening, May 17, following the close of the examinations.

Application blanks and booklets of information may be obtained from Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh, Pa.

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Spring Clinical Week at Mayo Clinic

A special program of lectures and demonstrations in surgery and medicine will be held under the direction of The Mayo Foundation from April 11 to 15, inclusive. Mornings will be devoted to surgical and medical clinics. In the afternoon and evening presentations of various surgical subjects will be made and symposiums will be conducted on heart disease, arthritis, gynecology, gastroenterology, oxygen therapy, pneumonia and bronchial asthma. Visiting physicians are invited to attend.

BIRTHS

A daughter to Dr. and Mrs. M. W. Alcorn, Burlington, on February 14.

A daughter to Dr. and Mrs. E. C. Hoyer, Beaver Dam, on January 21.

MARRIAGES

Dr Arthur W. Hankwitz, Milwaukee, and Miss Ione Campbell, Milwaukee, on February 25.

Dr. Samuel S. Sorkin, Evansville, and Miss Hanah Pessin, New York City, on January 21.

Dr. Waldo B. Dimond, Madison, and Miss Margarete Slattery, Hibbing, Minnesota, on January 28.

Dr. David J. Werner, Milwaukee, and Miss Loyola Host, Milwaukee, on February 18.

DEATHS

Dr. John N. Doyle, Wausau, died in Temple, Texas, on February 4 from pneumonia. He was fifty-three years of age.

Doctor Doyle was graduated from Marquette University in 1915. He practiced in Princeton until 1919 when he moved to Wausau. He remained in the active practice of obstetrics in that city until 1936 when he was disabled by ill health. He was a veteran of the World War.

He was a member of the Marathon County Medical Society and the State Medical Society of Wisconsin, being elected to membership in the latter organization in 1916. He was a member of the American Medical Association.

Surviving Doctor Doyle are his widow and five children.

Dr. Karl W. Smith, Madison, died suddenly at his home on February 13 of a cerebral hemorrhage. He was fifty-nine years of age and had practiced his profession in Madison for thirty years. He specialized in dermatology.

Doctor Smith was a graduate of the Jefferson Medical College, Philadelphia, receiving his doctor's degree in 1911. He served as a captain in the United States army during the World War. He was a former member of the Dane County Medical Society, the State Medical Society of Wisconsin and the American Medical Association.

He is survived by his widow, one daughter and one son.

Dr. John E. Morton, Spring Valley, died on February 2 following a stroke.

He was born in 1859 in Richland Center. In 1897 he was graduated from the Milwaukee Medical Col-

lege and thereafter took up the practice of medicine in Spring Valley and also in Elmwood and Olivette, nearby towns.

He is survived by his widow, a daughter, and a son—Dr. Homer H. Morton, who practices surgery in Dodgeville.

Dr. S. F. Verbeck, Mazomanie, died on February 12 of a heart attack. He was seventy-nine years of age and had practiced medicine for fifty-six years in Fall River, Lodi and Mazomanie, Wisconsin, and in Chicago and Evanston, Illinois.

Doctor Verbeck was interested in politics and in 1902 was elected to the State Assembly. He is survived by his widow, three daughters and a son.

Dr. A. D. Campbell, Richland Center, died on February 18. He was seventy-three years of age and had been in ill-health for about one year.

He was graduated from Louisville Medical College in 1896. A Richland Center newspaper states: "Dr. Campbell had been here the longest of any doctor, having 'hung up his shingle' in 1899."

SOCIETY RECORDS

New Members

F. G. Treskow, 411 E. Mason St., Milwaukee.
Peter Midelfart, 314 Grand Ave., Eau Claire.
F. X. Schuler, 805 S. 5th St., Milwaukee.
C. B. Strauch, 709 N. 11th St., Milwaukee.
L. L. Bensman, 2405 W. Capitol Dr., Milwaukee.
M. H. Seevers, Wisconsin General Hosp., Madison.
E. R. Nelson, Wisconsin General Hosp., Madison.
J. H. Young, Elkhorn.
C. M. Strand, Westby.
E. J. O'Brien, 317 Dousman St., Green Bay.
G. P. Dernbach, New London.
J. C. Wilets, 2709 W. Wells St., Milwaukee.
J. S. Hirschboeck, 1143 N. Jackson St., Milwaukee.
C. H. Beyer, 3917 N. Humboldt Ave., Milwaukee.
E. J. Behnke, 4415 W. North Ave., Milwaukee.
R. A. Jensen, Menasha.

Changes in Address

W. H. Costello, Randolph, to Beaver Dam.
W. C. Kleinpell, Madison, to Kenosha Clinic,

RECENT WISCONSIN LICENTIATES

The following physicians were granted licenses to practice medicine in Wisconsin after passing the examination given by the Wisconsin State Board of Medical Examiners at the Hotel Loraine, Madison, January 10–12, 1939.

Name	*School of Graduation*	*Year*	*Present Address*
Alston, James A.	Marquette	1938	2316 E. Edgewood Ave., Milwaukee, Wis.
Burgess, Everett C.	Wisconsin	1937	Darlington, Wis.
Cheydleur, Eleanor P.	Wisconsin	1936	Wis. Gen. Hosp., Madison, Wis.
Gray, James K.	Wisconsin	1936	800 E. 13th St., Oklahoma City, Okla.
Greenstein, Carl	Wisconsin	1937	216 Kingshighway, St. Louis, Mo.
Grimstad, Frances H.	Wisconsin	1937	844 E. Dayton St., Madison, Wis.
Holvey, Ervin H.	Marquette	1938	2625 E. Pierce St., Milwaukee, Wis.
Kozelka, Adolph Wm.	Rush	1937	19th and Marshall Blvd., Chicago, Ill.
Lueck, Arthur George	Northwestern	1938	303 E. Superior St., Chicago, Ill.
Morgan, John E.	Wisconsin	1933	Spring Green, Wis.
Rounds, Vincent J.	Marquette	1938	2236 Auer Park, Pewaukee, Wis.
Schoen, Roland F.	Northwestern	1938	211 N. Burling St., Chicago, Ill.
Sherman, Lloyd F.	Minnesota	1938	Minneapolis Gen. Hosp., Minneapolis, Minn.
Vedder, James Sherman	Northwestern	1938	Children's Mem. Hosp., Chicago, Ill.

The following physicians were granted licenses by reciprocity:

Name	*School of Graduation*	*Previous Address*	*Present Address*
Allen, Mary	Baylor	Texas	City Hall Annex, Green Bay, Wis.
Brown, Harry E.	Chicago	Illinois	Hotel Rolf, Portage, Wis.
Earle, Frank B.	Chicago P & S	Illinois	923 Elmwood, Wilmette, Ill.
Gearhart, Robert S.	Iowa	Iowa	Hopkinton, Ia.
Gillette, Francis J.	Harvard	U. S. Navy	Federal Bldg., Minneapolis, Minn.
Green, Donald M.	Northwestern	Illinois	Chief Surgeon's Office, Union Station, Chicago, Ill.
Hathaway, Hubert R.	Cincinnati	Ohio	Wis. Gen. Hosp., Madison, Wis.
Lendrum, Frederick C.	Michigan	Michigan	525 E. Michigan St., Milwaukee, Wis.
Newman, Ernest	Tufts	New York	Wausau, Wis.
Niver, Edwin O.	Western Reserve	Ohio	1415 S. Farwell, Eau Claire, Wis.
Purves, William L.	Northwestern	Illinois	222 E. First St., Flint, Mich.
Rogers, Vernon S.	Pennsylvania	Texas	First National Bank Bldg., El Paso, Tex.

The Harrison Narcotic Act and the Practitioner*

By H. J. ANSLINGER
United States Commissioner of Narcotics, Washington, D. C.

THE drugs which come within the purview of the Harrison Narcotic Act are opium and coca leaves, and any compound, manufacture, salt, derivative, or preparation thereof. A practitioner lawfully entitled to distribute, dispense, give away, or administer any of these drugs to patients upon whom he, in the course of his professional practice, is in attendance, may register under the act with the collector of internal revenue of his district, and pay an occupational tax of $1 per annum. It will be seen that a practitioner who is not qualified under the laws of a state or territory to distribute, dispense, give away, or administer narcotic drugs, is not eligible for registration under the Harrison Narcotic Act. In the case of a medical practitioner, this means, generally speaking, that he must have a valid and unrevoked license, issued by the appropriate authority of his particular jurisdiction, to practice medicine.

Having duly registered and having paid the occupational tax, the practitioner is assigned a registry number, and receives a special tax stamp which must be kept posted conspicuously on the premises "where the business is operated," i.e., in the practitioner's office. In order to obtain a supply of taxable narcotic drugs or preparations for dispensing to patients in the course of medical treatment, the practitioner must now apply to the collector of internal revenue for a book of official order forms, the book containing ten originals and ten duplicate copies of the order form. The collector will furnish upon request a copy of the blank form upon which a book of order forms may be ordered and a remittance of 10 cents must accompany the application when forwarded to the collector, to cover the purchase price of the book of order forms. Before issuing the order forms the collector will cause to be shown thereon in a legible and permanent manner the name, address, registry number, and class number of the practitioner to whom they are supplied as well as the date of issuance and the collector's signature or his name and the initials of the issuing employee.

To Purchase Narcotics

Order forms are issued in duplicate and shall be executed in duplicate. They are arranged to permit the execution of the original and duplicate simultaneously by the insertion of a carbon sheet. An order for taxable narcotic drugs is prepared by the practitioner upon an original and duplicate order form, the original being signed by the practitioner and forwarded to a person, firm, or corporation qualified to sell taxable narcotics, such as a registered manufacturer or wholesale dealer. The duplicate copy of the form must be preserved by the practitioner for a period of two years and kept available for inspection by any federal or state officer authorized to make such inspection. I wish to emphasize at this point that the proper method of obtaining taxable narcotic drugs or preparations by a practitioner, for general use in his practice, is by the use of an official order form. It has been found that some physicians issue a so-called prescription for narcotics such as hypodermic tablets of morphine, marking the order "For office use." A retail druggist who fills such an order violates the law and besides incurring criminal liability, incurs civil liability to an occupational tax in a higher class than that of retail dealer, as well as a civil penalty.

The ordinary source of supply for the practitioner who wishes to obtain taxable narcotics for general use in his practice, is (1) a person, firm, or corporation registered under the Harrison Act as a manufacturer in Class 1 or (2) a person, firm, or corporation registered under said act as a wholesale dealer in Class 2. The average druggist who is registered as a retail dealer in Class 3 is qualified to fill lawfully issued prescriptions for narcotics, but may not under his Class 3 registration sell narcotics to a physi-

* Reprinted from the American Journal of Medical Jurisprudence, 1:184–187 (November) 1938.

cian pursuant to an order form, except, under certain conditions, aqueous and oleaginous narcotic solutions. A druggist qualified by registration as a retail dealer may supply registered practitioners on order forms, in quantities not exceeding one ounce at any one time, with aqueous or oleaginous narcotic solutions, in which the narcotic content does not exceed a greater proportion than 20 per cent of the complete solution, to be used in legitimate office practice. A druggist qualified only by registration as a retail dealer may not supply a practitioner, pursuant to an order form, with a quantity of any other taxable narcotic drug such, for instance, as a tube of hypodermic tablets.

Some retail druggists, in order to accommodate members of the medical profession, register under the Harrison Act in Class 2 as a wholesale dealer in addition to their registry in Class 3 as a retail dealer. A retail druggist who has duly registered and paid the occupational tax as a wholesale dealer may, of course, supply a registered practitioner, pursuant to the latter's order form, with tax-stamped narcotic drugs such as a tube of hypodermic tablets, for use in professional practice.

Dispensing Narcotics

A practitioner, in the bona fide medical treatment of a patient, may dispense or administer narcotic drugs directly to the patient or he may issue to the patient a prescription for narcotics which prescription is filled by the retail druggist. The method of prescribing narcotics for patients is perhaps more general.

As to the formal requirements, a prescription for narcotic drugs must be dated as of and signed on the date when issued and must bear the full name and address of the patient and the name, address, and registry number of the practitioner. The prescription should be written with ink or indelible pencil or typewritten and must bear the signature of the practitioner. No government form of prescription is issued, the practitioner being permitted to use his own form, but the duty of properly executing the prescription rests upon the practitioner.

The refilling of a prescription for taxable narcotic drugs is prohibited. As a general rule, the partial filling of narcotic prescriptions is not permissible. If, however, a dealer is unable to supply the full quantity called for in a prescription and an emergency exists, he may supply a portion of the drug called for by the prescription, provided he makes a suitable notation on the face of the prescription of the quantity furnished and the reason for not supplying the full quantity on the back of the prescription, and advises the issuing practitioner thereof. No further quantity shall be supplied except upon a new prescription.

The furnishing of narcotics pursuant to telephone advice of practitioners is prohibited, whether prescriptions covering such orders are subsequently received or not, except that in an emergency a druggist may deliver narcotics through his employee or responsible agent pursuant to a telephone order, provided the employee or agent is supplied with a properly prepared prescription before delivery is made, which prescription shall be turned over to the druggist and filed by him as required by law.

A prescription, in order to be effective in legalizing the possession of unstamped narcotic drugs and eliminating the necessity for use of order forms, must be issued for legitimate medical purposes. The responsibility for the proper prescribing and dispensing of narcotic drugs is upon the practitioner, but a corresponding liability rests with the druggist who fills the prescription. An order purporting to be a prescription issued to an addict or habitual user of narcotics, not in the course of professional treatment but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act; and the person filling such an order, as well as the person issuing it, may be charged with violation of the law. In the case of narcotics dispensed by the practitioner directly to the patient, the same standard applies, i.e., that the drugs shall be dispensed only in the course of professional practice.

Addicts

It is obviously impossible to lay down any general rule as to what is meant by the

"course of professional practice" when applied to all of the infirmities to which flesh is heir. However, in a case which involved the prescribing of narcotic drugs to addicts, the Circuit Court of Appeals for the Sixth Circuit propounded to the United States Supreme Court the following question:

"If a practicing and registered physician issues an order for morphine to an habitual user thereof, the order not being issued by him in the course of professional treatment in the attempted cure of the habit, but being issued for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, is such order a physician's prescription under exception (b) of section 2 (of the Harrison Narcotic Law)?"

The United States Supreme Court held that

"To call such an order for the use of morphine a physician's prescription would be so plain a perversion of meaning that no discussion of the subject is required. That question should be answered in the negative."

Webb and Goldbaum v. United States (1919) 249 U. S. 96.

The Supreme Court emphasized this rule in a later case involving the prescribing of narcotics by a practitioner for an addict, by holding, in part, as follows:

"Manifestly the phrases 'to a patient' and 'in the course of his professional practice only' are intended to confine the immunity of a registered physician, in dispensing the narcotic drugs mentioned in the Act, strictly within the appropriate bounds of a physician's professional practice, and not to extend it to include a sale to a dealer or a distribution intended to cater to the appetite or satisfy the craving of one addicted to the use of the drug. A 'prescription' issued for either of the latter purposes protects neither the physician who issues it nor the dealer who knowingly accepts and fills it."

Jin Fuey Moy v. United States (1920) 254 U. S. 189.

It may be stated that the Supreme Court has laid down the general rule that the prescribing or dispensing of narcotic drugs to addicts merely for the purpose of gratification of drug addiction cannot be considered as prescribing or dispensing narcotic drugs in the course of professional practice only. Practitioners who so dispense or prescribe narcotics are therefore liable to prosecution under the law. A sale of narcotic drugs made for the purpose only of catering to drug addiction is not a sale made in good faith and in the course of professional practice. A. W. Boyd v. United States (1926) 271 U. S. 104.

Upon trial of a practitioner upon charges of illegal dispensing of narcotics it has been held that, the issue being whether the drug was dispensed in the legitimate course of defendant's practice as a physician, evidence of experts as to the proper method recognized by the medical profession for the treatment of narcotic addicts is admissable on that issue. Reeves v. United States (C.C.A. 5th) 263 Fed. 690; see also Melanson v. United States (C.C.A. 5th) 256 Fed. 783; Sevensma v. United States (C.C.A. 6th) 278 Fed. 401; Strader v. United States (C.C.A. 10th) 72 F. (2d) 589; Hawkins v. United States (C.C.A. 5th) 90 F. (2d) 551.

Those practitioners, fortunately comparatively few in number, who have commercialized their profession by catering to drug addicts in complete disregard of the tenets of professional practice, and who find themselves on trial charged with offenses against the narcotic laws, nearly always resort to a claim of entrapment as a defense. A representation is made on behalf of the defendant physician, and it is sought to be substantiated, that he had no intention of transgressing the law, but that he was enticed into selling or prescribing the drug for improper purposes by the investigating officer or by someone associated with that officer. It should be stated at this point that an investigating officer is not authorized to commence an active investigation of the alleged narcotic irregularities on the part of a practitioner without first securing express authority to do so from his district supervisor, and that authority is not granted unless the investigation is based on well-founded suspicion, strong circumstances or trustworthy and reliable information that such violation is being committed. The rule which the Federal courts apply in this regard may be found most completely stated in a charge to the jury which was quoted with approval by the United States Circuit Court of Appeals for the Eighth Circuit in W. V. Smith et al v. United States (1922) 284 Fed. 673. A pertinent excerpt from this approved charge to the jury follows:

"It is no enticement to ask a physician to write an illegal prescription, if you suspect that he might do it, and you want to find out if he does it, nor to ask a druggist to sell narcotics illicitly, because both of them know better, and if they are going to obey the law, why they won't do that in response to any form of petition or inducement, and it is perfectly within the rights of investigating officers to determine, by means that have been here disclosed, whether a party, or parties, are engaged in violation of the law, and if they are, to take steps accordingly, so that I wish to disabuse your minds of all this confusion that this, in itself, was such an unwarrantable offense on the part of the Federal officers that it relieves this offense charged, if you find any offense was committed, of its character as such offense."

See also Newman v. United States (C.C.A. 4th) 299 Fed. 128; Hodge v. United States (C.C.A. 6th) 13 F. (2d) 596; Swallum v. United States (C.C.A. 8th) 39 F. (2d) 390; Ratigan v. United States (C.C.A. 9th) 88 F. (2d) 919. It will be seen that the Bureau rule of enforcement practice to avoid illegal entrapment is well within the limits of the rule established by the courts.

The Narcotic Bureau has never sanctioned or approved the so-called reductive or ambulatory treatment of addiction for the reason that where the addict controls the dosage he will not be benefited or cured. Medical authorities agree that the treatment of addiction, with a view to effecting a cure, which makes no provision for confinement while the drug is being withdrawn, is a failure, except in a relatively small number of cases where the addict is possessed of a much greater degree of will power than that of the ordinary addict. The following report of a special committee of physicians, which is understood to have been adopted by the American Medical Association, is quoted from the *Journal of the American Medical Association,* issue of June 14, 1924:

"Your committee desires to place on record its firm conviction that any method of treatment for narcotic drug addiction, whether private, institutional, official or governmental, which permits the addicted person to dose himself with the habit-forming narcotic drugs placed in his hands for self-administration, is an unsatisfactory treatment of addiction, begets deception, extends the abuse of habit-forming narcotic drugs, and causes an increase in crime. Therefore, your committee recommends that the American Medical Association urge both federal and state governments to exert their full powers and authority to put an end to all manner of such so-called ambulatory methods of treatment of narcotic drug addiction, whether practiced by the private physician or by the so-called 'narcotic clinic' or dispensary.

"In the opinion of your committee, the only proper and scientific method of treating narcotic drug addiction is under such conditions of control of both the addict and the drug, that any administration of a habit-forming narcotic drug must be by, or under the direct personal authority of the physician, with no chance of any distribution of the drug of addiction to others, or opportunity for the same person to procure any of the drug from any source other than from the physician directly responsible for the addict's treatment."

The following statement is quoted as an excerpt from an "Introduction," by Dr. Morris Fishbein, to a series of articles by various authors on "Indispensable Uses of Narcotics," published in the *Journal of the American Medical Association,* March 14 to June 6, inclusive, 1931:

"Physicians may, by the exercise of more thought in practicing, do much to avoid censure in relation to narcotic addiction. They may substitute, whenever possible, non-habit-forming drugs in the place of morphine or other opium alkaloids. When narcotics are indispensable, however, as shown in this series of articles, no more should be administered than is necessary to achieve the desired end. Patients requiring daily administration should be seen often by the doctor and the amount of drugs ordered or supplied should not exceed that required by the patient until seen again. Independence of administration on the part of nurses should be strictly limited to prescription and any change in treatment should be in writing."

For these views in disapproval of the so-called ambulatory treatment for drug addiction, we can find some support, at least by strong implication, in the language of a decision of the United States Supreme Court in the case of United States v. Morris Behrman (1922) 258 U. S. 280. To quote, in part, from this decision:

"Undoubtedly doses may be varied to suit different cases, as determined by the judgment of a physician. But the quantities named in the indictment are charged to have been entrusted to a person known by the physician to be an addict, without restraint upon him in its administration or disposition by anything more than his own weakened and perverted will. Such so-called prescriptions could only result in the gratification of a diseased appetite for these pernicious drugs, or result in an unlawful parting with them to others, in violation of

THE ethical relationship which exists among physicians has its counterpart in the Lilly policy of close co-operation with the doctor. ¶ Distribution of information concerning Lilly Products is restricted to the medical and allied professions.

MERTHIOLATE

(Sodium Ethyl Mercuri Thiosalicylate, Lilly)

Germicidal properties are the first thought in selecting an antiseptic, but compatibility with tissues should be considered as a point of equal importance. With 'Merthiolate' (Sodium Ethyl Mercuri Thiosalicylate, Lilly), antisepsis of skin and mucous membranes can be accomplished with minimal cellular damage.

Tincture 'Merthiolate' is adapted for presurgical disinfection of the skin. Solution 'Merthiolate' is stainless and is intended for general clinical use.

ELI LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U. S. A.

the act as heretofore interpreted in this court, within the principles laid down in the Webb and Jin Fuey Moy cases."

Federal Bureau Policy

The Bureau of Narcotics, in carrying out its duty to enforce the Federal narcotic laws, endeavors to avoid any action that might possibly harass or even inconvenience the conscientious law-abiding practitioner. It attempts to inform the profession relative to the technical requirements of the law and the regulations in order to forestall irregularities that might otherwise be committed, unintentionally by the ethical practitioner, through lack of such information. It must and does attempt to bring to the bar of justice those comparatively few practitioners who disregard the law, and the ethics and high ideals of their profession by converting their offices into depots for the illicit distribution of narcotic drugs. That the physician in the last-mentioned class represents an important factor in the diversion of narcotic drugs will be appreciated from the fact that, in a few recent cases in which the offending physicians were convicted, the tabulation of prescriptions disclosed that one group of four physicians had, within a period of twenty-three months, written over 19,000 prescriptions for numerous drug addicts, calling for a total of 66 pounds of morphine.

Institutional Advertising to Physicians*

By FRANK H. KAUFMAN
New York City
Advertising Director, S. H. Camp & Company, Jackson, Michigan

I KNOW of no better way to start this brief article than to quote from the significant remarks I heard Kenneth Collins make in San Francisco a week ago. He said, "The advertising business is at the parting of the ways . . . for the past quarter of a century it has devoted nearly all of its time and effort to the selling of products . . . in the future, advertising will have to undertake an added burden—that of institutionalizing business enterprises."

It is well known that during the past eight years most merchants have been aggressive in their promotions of merchandise per se with extraordinary emphasis on comparative prices. Too many completely abandoned institutional objectives in their quest for turnover and volume. To lose sight of the steady building of good will and the dramatization of many services offered, on the theory that response is slow, is only to ignore the steady and accumulative results obtainable from charge customers and other selective groups and customer types that exist beyond the horizon for those who keep at it steadily.

One source of advertising contact overlooked by most merchants is the inexpensive advertising space available in local state medical journals. These periodicals are the official publications of local state medical societies and academies of medicine and are issued monthly to all physicians in their respective areas. Through these media the physician can be contacted with an appeal that is both professional from a standpoint of services offered to him for his patients and also as a consumer in his own right. The correct type of *institutional* advertising can efficiently achieve *both* objectives.

Most stores offer many services of direct value to countless thousands of patients. For instance—consider the tremendous market of women who require scientific supports for specific uses as prescribed for and recommended by doctors. It is on rare occasions that the physician does not specify the source of supply where the particular garment is available—and he invariably does this on the basis of the reputed service and character of the store. An important merchandising executive recently told the writer that he personally was aware of *five* local physicians who were responsible for the direct

* Reprinted from the July, 1938, issue of the Bulletin of the National Retail Dry Goods Association.

To Ride Out the Storm

Daily at this time of the year many physicians are called upon to alleviate the symptoms of certain infections of the upper respiratory tract and thus to help the patient "ride out the storm."

One of the commonest and most distressing symptoms of such infections is inability to breathe properly through the nose. For prompt, effective relief of this symptom Neo-Synephrin Hydrochloride is recommended.

NEO-SYNEPHRIN Hydrochloride

(laevo-alpha-hydroxy-beta-methyl-amino-3-hydroxy ethylbenzene hydrochloride)

is a vasoconstrictor which exerts a more prolonged effect than ephedrine or epinephrine and, in therapeutic dosage, is less toxic. When used as recommended, Neo-Synephrin Hydrochloride constitutes a highly efficient agent for reducing nasal congestion.

EMULSION—¼% (1-oz. bottle with dropper)
SOLUTION—¼% for dropper or spray;
1% for resistant cases—(1-oz. bottle)
JELLY—½% (in tubes with applicator)

FREDERICK STEARNS & COMPANY
DETROIT, MICHIGAN
NEW YORK • KANSAS CITY • SAN FRANCISCO
WINDSOR, CANADA • SYDNEY, AUSTRALIA

sale of nearly three hundred and seventy garments last year alone! In many instances some of these customers were maternity cases, representing ideal prospects for other merchandise, such as maternity dresses, nursery furniture, labor saving devices, etc. The situation is somewhat similar in efficient departments that offer orthopedic shoes, infants' wear, etc.

Of added significance in considering advertising in medical journals is the fact that practically all medical societies have women's auxiliaries which are comprised of doctors' wives. These groups are active in public health education programs as well as the social activities of their respective organization groups. The medical journals devote space to these activities with the result that the doctors' *wives* also read the same magazine!

Stores that have used these publications consistently over a long period of time have found it profitable. In some cases this simple form of contact has been extended to a direct by mail campaign to this influential group. Frequently, some stores take advantage of local and national medical meetings and public health educational efforts by devoting a window to the occasion. Such institutional messages are appreciated by both the physician and the laity. A large western store makes a window available to the local medical society for a few days each month—and it carries a timely educational message to the masses — from an unimpeachable authority. Its institutional value from the store's viewpoint is obvious.

March Meeting of American College of Surgeons

A SECTIONAL meeting of the American College of Surgeons will be held in Indianapolis, Indiana, with headquarters at the Claypool Hotel, on March 22, 23, and 24, 1939. The following states will participate:

Indiana	Ohio
Illinois	Wisconsin
Michigan	Iowa

The Committee on Local Arrangements, which is making plans for an exceptionally interesting meeting, has for its officers: Dr. Carl H. McCaskey, Chairman, Dr. Cleon A. Nafe, Vice Chairman, and Dr. Jacob K. Berman, Secretary. A general outline of the program is as follows:

Wednesday, March 22

8:00– 9:00. Registration and general information for Fellows of the College, hospital representatives, and guests.
9:00–11:00. Operative and non-operative clinics; general surgery and the surgical specialties.
10:00–12:30. Hospital conference.
11:30–12:30. Midday panel discussions.
12:30– 2:00. Inspection and study of educational and scientific exhibits.
2:00– 4:30. Clinical assembly.
2:00– 5:00. Hospital conference.
2:30– 4:30. Medical motion pictures, eye, ear, nose and throat surgery.
4:30– 5:00. Meeting of Fellows.
5:00– 5:30. Meeting of State Executive Committees, State Credentials Committees, and State Judiciary Committees.
5:00– 6:00. Inspection and study of educational and scientific exhibits.
6:30– 8:00. Medical motion pictures, general surgery.
8:00–10:00. Scientific meeting, general surgery.
8:00–10:00. Medical motion pictures, eye, ear, nose and throat surgery.
8:00–10:00. Hospital round table conference.

Thursday, March 23

8:00– 9:00. Registration and general information for Fellows of the College, hospital representatives, and guests.
9:00–11:00. Operative and non-operative clinics; general surgery and the surgical specialties.
10:00–12:30. Hospital conference.
11:30–12:30. Midday panel discussions.
12:30– 1:30. Inspection and study of educational and scientific exhibits.
12:45– 2:00. Luncheon, Governors of the College.
1:30– 2:30. Medical motion pictures:
1. General surgery.
2. Eye, ear, nose and throat surgery.
2:00– 5:00. Hospital conference and demonstrations.
2:30– 5:00. Clinical assembly.
5:30– 6:00. Inspection and study of educational and scientific exhibits.
6:30– 8:00. Dinner.
8:00–10:00. Scientific meeting, general surgery.
8:00–10:00. Scientific meeting, eye, ear, nose and throat surgery.
8:00–10:00. Hospital motion pictures.

(Continued on page 234)

Petrolagar Plain

AN ADJUNCT TO THE RESTRICTED DIET

During a period of restricted diet, bowel regularity may be maintained with the aid of Petrolagar Plain. As an adjunct to the diet, Petrolagar induces a soft, well-formed stool and encourages a regular habit time for bowel movement.

If the case is severe, Petrolagar Plain may be given in alternate doses with Petrolagar with Cascara until proper elimination is established. Then Petrolagar Plain alone will assist in maintaining a regular, comfortable movement.

Petrolagar is issued in five types to suit the individual case.

Petrolagar—Liquid petrolatum 65 cc. emulsified with 0.4 Gm. agar in a menstruum to make 100 cc.

Petrolagar

Petrolagar Laboratories Inc. • 8134 McCormick Boulevard • Chicago, Illinois

When writing advertisers please mention the Journal.

Friday, March 24

8:00– 9:00. Inspection and study of educational and scientific exhibits.
9:00–11:00. Fracture clinic.
9:00–11:00. Operative and non-operative clinics, eye, ear, nose and throat surgery.
10:00–12:30. Hospital conference, panel discussion.
11:00–12:00. Conference of State Fracture Committees.
11:30–12:30. Midday panel discussions.
12:30– 2:00. Inspection and study of educational and scientific exhibits.
1:30– 2:30. Medical motion pictures, eye, ear, nose and throat surgery.
2:00– 5:00. Hospital conference, panel discussion.
2:30– 4:30. Cancer clinic.
2:30– 5:00. Scientific meeting, panel discussion, eye, ear, nose and throat surgery.
8:00–10:00. Medical motion pictures, general surgery.
8:00–10:00. Public meeting—Conservation of Health.

There will be present a number of distinguished visiting surgeons from various parts of the country who will address the sessions, and among these are: Dr. Howard C. Naffziger of San Francisco, president of the American College of Surgeons; Dr. George Crile of Cleveland, chairman of the Board of Regents; Dr. Frank E. Adair of New York, Attending Surgeon, Memorial Hospital; Dr. Frederic W. Bancroft of New York, Associate Professor of Clinical Surgery, Columbia University College of Physicians and Surgeons; Dr. George H. Gardner of Chicago, Assistant Professor of Gynecology, Northwestern University Medical School, and others.

In addition to the operative and non-operative clinics in general surgery and the surgical specialties which are, as is customary at these sectional meetings, scheduled on each of the three mornings in local hospitals, there will be clinical assemblies held at the Claypool Hotel. Panel discussions have been arranged from 11:30 to 12:30 o'clock on each of the three days. The subjects of these will be: End Results in Gall Bladder Surgery; Evaluation of Cancer Therapies; Some Phase of Thoracic Surgery; Reduction in Mortality of Appendicitis; Hypertension and Its Surgical Aspects; Abnormal Uterine Bleeding; Effects of Obstruction in the Urinary System on Infection; Toxemias of Pregnancy with Special Consideration of Their Ultimate Effects on the Patient; and Medical and Surgical Aspects of Peptic Ulcer with Special Reference to Hemorrhage.

There will also be a hospital conference, consisting of papers, panel discussions, round table conferences, and demonstrations dealing with administrative and professional problems in hospitals. In addition, a highly interesting and instructive program of medical motion pictures will be shown daily, covering surgical technic and other phases pertaining to general surgery, eye, ear, nose and throat surgery, and the other specialties. Special attention is directed to a fracture clinic on the morning of Friday, March 24, and to a cancer clinic in the afternoon of the same day. The meeting will close with a session open to the public on the subject of Conservation of Health.

Graduate training for surgery and the surgical specialties will be discussed at both the hospital and surgical sessions.

The medical profession at large, as well as hospital trustees, superintendents, nurses, and other hospital departmental personnel, will be interested in this meeting, at which there will be no registration charge. Members of the State Medical Association are most cordially invited to attend.

The Journal Bookshelf

BOOKS RECEIVED FOR REVIEW

Principles of Hematology. By Russell L. Haden, M.A., M.D., chief of the medical division of the Cleveland Clinic, Cleveland, Ohio; formerly professor of experimental medicine in the University of Kansas School of Medicine, Kansas City, Kansas. Three hundred and forty-eight pages, illustrated with 155 engravings and a colored plate. Price, cloth, $4.50. Philadelphia: Lea & Febiger, 1939.

Consultation Room. By Frederic Loomis, M.D., Oakland, California. Two hundred and eighty-one pages. Price, cloth, $2.50. New York: Alfred A. Knopf, 1939.

Emotions and Bodily Changes: A Survey of Literature on Psychosomatic Interrelationships, 1910–1933. Ed. 2. By H. Flanders Dunbar, M.D., Med. Sc. D., Ph. D., of the departments of medicine and phyciatry, Columbia University, New York City. Six hundred and two pages. Price, cloth, $5. New York: Columbia University Press, 1938.

Roentgen Diagnosis of the Extremities and Spine. By Albert B. Ferguson, M.D., director of roentgenology, New York Orthopedic Hospital. Four hundred and thirty-five pages, profusely illustrated. Price, cloth, $12. New York: Paul B. Hoeber, Inc., 1939.

A Manual of Fractures and Dislocations. By Barbara B. Stimson, A.B., M.D., Med. Sc. D., F.A.C.S., associate in surgery in the College of Physicians and Surgeons, Columbia University, New York City; assistant attending surgeon to the Presbyterian Hospital, New York City. Two hundred and fourteen pages, illustrated with ninety-five engravings. Price, cloth, $2.75. Philadelphia: Lea & Febiger, 1939.

Surgical Treatment of Hand and Forearm Infections. By A. C. J. Brickel, A.B., M.D., departments of anatomy and surgery, Western Reserve University. Three hundred pages with 166 text illustrations and thirty-five plates, including ten in color. St. Louis: The C. V. Mosby Company, 1939. Price, cloth, $7.50.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Clinical Laboratory Methods and Diagnosis. A Textbook on Laboratory Procedures with Their Interpretation. By R. B. H. Gradwohl, M.D., director of the Gradwohl Laboratories and Gradwohl School of Laboratory Technique. Ed. 2. Sixteen hundred and seven pages with 492 illustrations in the text and forty-four color plates. St. Louis: The C. V. Mosby Company, 1938.

This edition is similar to the previous one. The bibliography is up to date and is useful. The book is rather difficult to understand unless one is already familiar with the subject he is reading. The plates and illustrations are good. While we do not agree with the interpretation of some of the work especially in hematology this is not an important criticism. This book is used quite widely in laboratories as a reference book and serves the purpose well. As a text for medical students it has considerable value but general practitioners will find that other books with less detailed discussions are better for their purpose. J. K. S.

Feminine Hygiene in Marriage. By A. F. Niemoeller, A.B., M.A., B.S., author of American Encyclopedia of Sex, Men Past Forty, etc. With a foreward by Winfield Scott Pugh, B.S., M.D. One hundred and fifty-five pages. Price, cloth, $2. New York: The Harvest House, 1938.

This small volume will prove to be very interesting and a most valuable book to all married women and those who are about to marry. It explains in detail the intimate problems which confront all married women, which are not as a rule included in books on general hygiene.

Included in the discussion are a description of the female sex organs, the hygiene of menstruation, vaginal and uterine disorders, the use of vaginal

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douches, female diseases, the hygiene of pregnancy, marriage hygiene and the woman's change of life.

The subject is covered thoroughly. This volume is to be recommended to married women and those about to be married. M. J. T.

Colwell's Daily Log for Physicians, 1939. An account book for physicians. Champaign, Ill.: Colwell Publishing Company, 1938.

Dr. Colwell's Daily Log offers to the medical profession a compact bookkeeping unit into which all essential financial data may be carried by the average physician. Each day is given adequate space for complete financial records on every patient and at the end of every month's record there are pages for business summaries which will offer to the physician a complete and compact story of his whole month's business. Not a little of this book's value will be in the suggestions for tabulation of data which very frequently might slip by the average man in a busy medical practice. If the material suggested in this book is carefully kept it undoubtedly will save the busy physician many hours of time. It will place him in a position to present in a satisfactory form such government-required records as narcotics dispensed, social security tax figures and, of even more importance, his income tax figures will be practically automatically made out for him when he totals up his monthly records. No gross fault can be found in this bookkeeping unit. Undoubtedly many physicians will have businesses and practices which will demand a much more extensive plan. On the other hand for the average individual the reviewer feels that this small unit will satisfactorily meet his needs. F. L. W.

Scarlet Fever. By George F. Dick, M.D., D.Sc., professor of medicine, University of Chicago; attending physician, Billings Memorial Hospital; editor, Department of Infectious Diseases, The Year Book of General Medicine. In collaboration with Gladys Henry Dick, M.D., D.Sc., Chicago. One hundred and forty-nine pages, eight colored plates. Price, cloth, $2, postpaid. Chicago: Year Book Publishers, 1938.

In this short monograph the authors present the essential facts about the various aspects of scarlet fever. Fundamental considerations of the disease are clearly and concisely stated. The only criticism that could possibly be made of the material would be concerned with its brevity. This is especially true of the chapter on symptoms, varieties of scarlet fever, complications and diagnosis and prognosis. On the other hand the bacteriologic and immunologic aspects of the disease, which after all are of the utmost importance, receive rather detailed consideration in sustaining the Dicks' conception of scarlet fever. The chapter on prophylaxis, which includes a discussion of the control of epidemics and efficacy of active immunization in schools and institutions, is of special interest and value.

A few isolated statements of the authors are of interest: 1. Scarlet fever antitoxin in the dosage of 300,000 neutralizing units (contained in 1 cc. of highly refined and concentrated scarlet fever antitoxin) should be given early in all cases of scarlet fever regardless of the severity of the disease at its onset and repeated two to five times in the more toxic cases, in patients with puerperal scarlet fever and in patients with extensive sinus disease. 2. Given early and in proper dosage scarlet fever antitoxin reduces the number and severity of complications and lowers the mortality. 3. Convalescent serum in dosages of less than 300 cc. may temporarily modify the toxemia but it does not cure nor prevent complications. 4. The best convalescent serums are obtained from recently recovered scarlet fever patients who have had prolonged mastoiditis. If such serum is not available persons who show negative skin reactions to ten skin test doses of toxin should be selected as donors. 5. Sulfanilamide has not been of value in the toxic stage of scarlet fever but seems to be of benefit in sinusitis, otitis media, mastoiditis and cervical adenitis after the toxic stage has passed. 6. Scarlet fever toxin used at weekly intervals in the skin test doses of 650, 2,500, 10,000, 30,000 and 100,000 will immunize satisfactorily 95 per cent of susceptible persons and will considerably modify the susceptibility of the remainder. 7. General reactions to scarlet fever toxin may be expected in about 10 per cent of cases, these reactions appearing at different dose levels in different individuals. 8. Because of its susceptibility to modification by extraneous influences the greatest of care must be used in handling scarlet fever toxin. For example, the introduction of a small amount of alcohol, or other disinfectants used to sterilize syringes, may precipitate the minute amount of toxin in the skin test solution and make the material worthless for skin testing.

Going back to the matter of brevity, the following statement is set off in a paragraph by itself: "We have injected as much as 20 cc. undiluted toxin —1,000,000 skin test doses—without causing injury and without producing nephritis in human beings." This statement seems misleading and dangerous even though the following paragraph stresses the

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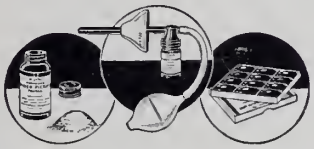

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importance of graduation of dosage in administration of scarlet fever toxin.

All in all the monograph is of great interest and ably states the modern conceptions of scarlet fever. J. E. G.

The 1938 Year Book of General Surgery. Edited by Evarts A. Graham, A.B., M.D., professor of surgery, Washington University School of Medicine; surgeon-in-chief of the Barnes Hospital and of the Children's Hospital, St. Louis. Seven hundred and eighty-one pages with 312 illustrations. Price, cloth, $3, postpaid. Chicago: Year Book Publishers, 1938.

The 1938 Year Book of General Surgery has maintained the same high standards set forth in previous editions of this fine work. For busy practicing surgeons it has condensed most of the important articles in special fields for the past year. It is adequately supplied with references so that original articles can be referred to easily and studied. The newest fields are intensely covered.

Excellent abstracts of advances in the fields of thoracic and gastrointestinal surgery are presented. J. P. M.

Allergic Diseases: Their Diagnosis and Treatment. By Ray M. Balyeat, M.A., M.D., F.A.C.P., associate professor of medicine and lecturer on diseases due to allergy, University of Oklahoma Medical School; chief of the Allergy Clinic, University Hospital; consulting physician to St. Anthony's Hospital and to the State University Hospital; president of the Association for the Study of Allergy 1930–1931; director, Balyeat Hay Fever and Asthma Clinic. With the assistance of Ralph Bowen, B.A., M.D., F.A.A.P., chief of pediatric section Balyeat Hay Fever and Asthma Clinic, Oklahoma City, Oklahoma. Ed. 5, revised and enlarged. Five hundred and forty-seven pages with 145 engravings, including eight in color. Price, cloth, $6. Philadelphia: F. A. Davis Company, 1938.

The advances made in the study of allergy during the past decade have been so marked that in each of the five editions of Doctor Balyeat's work published within the last twelve years he has incorporated chapters dealing with newer concepts of these conditions.

In the present edition, at least one notable addition to the various diagnostic measures is thoroughly discussed. This is the leukopenic index test for food allergy. He emphasizes the fact that it is time-consuming and often impossible to do accurately except in clinics with adequate facilities, but that it is of the utmost importance in determining definitely specific sensitivities, especially when there are multiple or negative reactions to skin testing.

The chapters on Allergic Conjunctivitis, Gastrointestinal Allergy, Migraine, Urticaria, Allergic

Dermatoses and Other Allergic Syndromes are valuable in calling attention to numerous conditions in which allergy is a possible factor.

As in the 1936 edition, Doctor Balyeat reports favorably on the use of iodized oil in the treatment of intractable asthma when bronchiectasis is a complicating factor. He calls attention to the fact that bronchiectatic cavities communicating with the larger bronchi experience greater relief with postural drainage than with instillation of the iodized oil; also stressing the importance of coincident hyposensitization and the elimination of specifically reacting foods.

Its simplicity and conciseness, the absence of much theoretical discussion and the practical case reports make this volume helpful alike to laity, medical student and to the general profession. Those physicians engaged in special work in allergy will appreciate the purposes for which it is intended. W.A.M.

Cancer: Its Diagnosis and Treatment. By Max Cutler, M.D., associate in surgery, Northwestern University Medical School; chairman scientific committee, Chicago Tumor Institute; consultant, Tumor Clinic and director of cancer research, United States Veterans Administration, Hines, Illinois. In collaboration with Franz Buschke, M.D., assistant roentgenologist, Chicago Tumor Institute, and former assistant of the Roentgen Institute, University of Zurich. Assisted by Simeon T. Cantril, M.D., director, Tumor Institute, Swedish Hospital, Seattle, and former assistant in the Chicago Tumor Institute. Seven hundred and fifty-seven pages with 346 illustrations. Price, cloth, $10. Philadelphia: W B.. Saunders Co., 1938.

A book of this character comes at a very opportune time. Cancer has been tremendously publicized in the last few years. Under the slogan "Early Cancer is Curable" the public has been taught to seek the advice of physicians at once upon the development of any sign of early or incipient cancer. The physician is therefore compelled to acquaint himself with the latest opinions about the diagnosis and treatment of both early and late cancer. There is much controversy in the field of clinical practice concerning these subjects. It is almost impossible for practitioners of medicine, even those in medical centers, to clarify their minds about the technical practices which arise out of the voluminous literature on this subject. As an expression of opinion on these disputed practices by authors specialized in the field this book comes as a welcome addition to the literature on the diagnosis and treatment of cancer.

The first three chapters are devoted to a general discussion of radiation therapy, biopsy and the spread of cancer. The discussion on radiation therapy deals with the biologic effects on the organism. This is divided into two headings: (1) the effect on individual cells, either neoplastic or normal epithelial cells, and (2) the effect upon the connective tissue and blood vessels. It further deals with radio-sensitivity and the chapter is closed with a lucid discussion of the selection of radiation technics best adapted to the needs of the particular patient, and the hazards of radiation therapy.

The chapter on biopsies deals with the methods for obtaining biopsy specimens, indications and contraindications for biopsy, the degree of malignancy based on the histology of the neoplasm, and the clinical importance of each of these items.

The book is for practitioners of medicine. Highly specialized fields of cancerology are not discussed. Pathology is not emphasized except in those aspects which have a direct bearing on the diagnosis, prognosis and treatment of the disease. The diagnosis and treatment of cancer in so far as it employs highly technical methods of practice, however, cannot be discussed without entering into the fields of specialists, pathologists, radiologists and surgeons. One of the outstanding features of the book is the blending of these fields of medical specialties into a technic for the diagnosis and treatment of cancer. In this regard the authors point out clearly in every chapter that no routine dose of radium or x-ray can be prescribed that will be satisfactory for all cases but that the type of radiation used must be determined for each patient. That radiation therapy can be skillfully and safely used only by physicians trained to use it is written between the lines throughout the book.

The chapters which follow those dealing with general matter are devoted to a discussion of the diognosis, treatment and prognosis of malignant neoplasms involving the various organs and tissues of the body. One chapter, for instance, deals with the diagnosis and treatment of various kinds of neoplasms which occur in the skin, another with cancer of the lip, another with tumors of the salivary gland and so on through the book until all neoplasms and the tissues and organs in which they occur have been covered.

The illustrations often are nothing more than another picture since the clinically significant features of the lesions are not demonstrated. The book is, however, well published, and contains information valuable to general practitioners and specialists alike. W. D. S.

Medicine in Modern Society. By David Riesman, M.D., professor of the history of medicine and professor emeritus of clinical medicine, University of Pennsylvania; president of the American Society of Medical History. Two hundred and twenty-six pages. Price, cloth, $2.50. Princeton, N. J.: Princeton University Press, 1938.

This volume is based on a series of lectures given at Princeton University. It is not a technical history of medicine, but a story of how modern medicine is taught and how investigations are made, in language that non-medical readers can readily understand.

Bedside manners are discussed. The physician by his tact may impart confidence, and inspire the patient to do his part towards recovery.

(Continued on page 240)

IODOBISMITOL *with Saligenin*

. . . for the patient with early syphilis
. . . for the patient who is sensitive to arsenic

A RECENTLY PUBLISHED clinical study[1] of combination bismuth therapy includes the comment that: "One of the problems of bismuth therapy for syphilis is to achieve a rapid rise of the metal in the blood stream to a therapeutic level and to keep it there without too great hardship on the patient. . . . This we believe we have achieved by the combined use of iodobismitol or sobisminol and weekly injections of bismuth subsalicylate. . . . Such a form of bismuth therapy would be particularly useful in the acute stage of syphilis when the patient is sensitive to arsenic and it is necessary to rely on other antisyphilitic measures. Moreover, for the patient with early syphilis, who is just starting therapy, this schema might be employed in the first course of bismuth therapy when the clinician is desirous of dealing a heavy blow to the spirochetes from another angle than that of arsenic."

Iodobismitol with Saligenin is a propylene glycol solution containing 6% sodium iodobismuthite, 12% sodium iodide, and 4% saligenin (a local anesthetic).

It is rapidly absorbed and slowly excreted and is useful in both early and late syphilis. It presents bismuth largely in anionic (electronegative) form.

[1] *Jl. A. M. A.* 111:2175 (Dec. 10), 1938.

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ntion the Journal.

The author is uncertain to whom the starting point of modern medicine is to be ascribed. On one page it is given to Versalius with his 1543, *De Fabrica Humani Corporis;* while on the following page it is given to Harvey with his 1628, *De Motu Cordis.* One may take his choice and not be far out of the way.

In discussing the discovery of ether, priority of use is rightfully given to Long of Jefferson, Georgia. He failed, however, to make it available for general use. On the other hand Morton of Charlton, Massachusetts (not of Hartford, Connecticut, as stated by the author), *did* make it available and consequently to him must go the honor of introducing ether to the world.

The twentieth century has been, and still is, one of medical progress. Allergy is defined, and examples given. The products of the glands of internal secretion are known as hormones; insulin and thyroxin are examples. Perhaps the most remarkable of these glands is the pituitary, of which much is still to be known.

The statement is made in the chapter on "Medicine as a Career," that "No one should think of entering upon a medical career who is not willing to work hard as a student and hospital intern." To this might be added: ability to spend, or earn, the necessary dollars; for the study of medicine *is* expensive.

Statistics derived from health examinations of medical students at the University of Pennsylvania are given. The medical department of the University of Wisconsin has maintained such an examination of all students entering the department; it also has a "follow up" service.

Socialized medicine is discussed from various standpoints; but no scheme for adequate care of all the people has thus far been advanced. Hospital insurance and health insurance have their advocates. Whatever plan eventually prevails, no politician either medical or lay should be in control.

From the final chapter I quote the following ideas and they deserve much serious thought. "Hate rules the world today as it never did before. It is preached by those in power and is instilled into the minds of children."—"There are some who think that the only way to save civilization is to suppress further advances in scientific knowledge. Such a plan is neither rational nor workable."—"The old phraseology faith, hope and charity might for our generation be better rendered by faith, trust and good will." W. S. M.

Drug Addicts Are Human Beings: The Story of Our Billion Dollar Drug Racket. By Henry Smith Williams, M.D., B. Sc., LL.D. With a statement of the narcotics problem by Hon. John M. Coffee of Washington (reprinted from the Congressional Record). Two hundred and seventy-three pages. Washington, D. C.: Shaw Publishing Company, 1938. Price, cloth, $2.50.

The author of this volume develops the thesis that the Federal Narcotics Bureau, by prosecuting 25,000 physicians and persecuting one-half million drug addicts during the last eighteen years, has illegally exceeded its authority under the Harrison Narcotic Act, since this Act is solely a revenue measure and contains no provision for regulating the dispensation of narcotics by the medical profession. The thinly-veiled inference is drawn that members of this Bureau gain personally by collaborating with the "dope-peddlers" and have fostered what is termed the "Blackmail Code" in order to mulct physicians and drug addicts of one billion dollars a year.

The author proposes that all restrictions on the administration of narcotic drugs by physicians be abolished. This proposal is based on the theory that prohibition is responsible for smuggling and "bootlegging" of drugs at exorbitant prices, and that drug addicts show criminal tendencies only when they are deprived of the privilege of obtaining drugs at a reasonable cost.

The lurid and vituperative nature of the attack; the fact that this is the one-hundred-and-nineteenth book of the author; such statements as "morphine . . . has . . . much less to do with health than nicotine," leave this reader with certain impressions best expressed by the phrases, "professional reformer," "cum grano salis," "an axe to grind."

Even if one is inclined to lament the manner of presentation and doubt the authenticity of many of the statements, this presentation is sufficiently thought-provoking to appeal to those students of psychological and sociological problems who can approach them in an unemotional manner. M. H. S.

Gould's Pocket Pronouncing Medical Dictionary. By Geo. M. Gould, A.M., M.D. Revised by C. V. Brownlow. Ed. 11. One thousand pages. Price, flexible, washable fabric, $2; with thumb index, $2.50. Philadelphia: P. Blakiston's Son & Co., 1939.

In this well known, pocket-size dictionary are set forth the definition and pronunciation of over 40,000 words commonly used by medical practitioners, writers and lecturers, and by pharmacists, nurses, research workers, etc. An appendix contains ninety tables dealing with the arteries, bones, chemical elements, hormones, micro-organisms, muscles, nerves, phobias and prefixes and suffixes of words. Also included are a physicians' dose list of drugs with their incompatibilities and a veterinary dose table, in both English and metric measures, and based on the

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RECENT ADVANCES IN THE SCIENCE OF NUTRITION

VII. The Unknown Vitamins

● The past twenty years of biochemical research have steadily brought additions to the list of vitamin factors known to be indispensable in proper human nutrition. Today, only vitamins A, B_1, C and D, riboflavin and the P-P factor are universally considered as essential to man. In general, the requirement for these factors is greater in certain phases of the human life cycle than in others.

This list of essential factors is probably incomplete. It has been aptly stated (1) that our species has evolved in the direction of lengthening rather than shortening the list of known dietary essentials. However, it is reasonable to believe that the above list, although incomplete, probably does include all factors whose absence from the ration may cause the most severe types of human dietary deficiency disease.

Investigations on the nutritive requirements and the biochemistry of the lower forms of animal and plant life constitute the frontiers of modern vitamin research. From studies such as these may come the first clues as to new vitamins which may ultimately be proven essential in human nutrition. For example, it was upon research of this type that the dietary requirement of the rat for riboflavin was established and the importance of riboflavin (1) in human nutrition postulated.

During recent years, a large number of factors essential to animals other than man has been enunciated (2). As examples might be mentioned the factor in plant juices required by herbivora (3); the factor in fresh meat essential to trout (4); and vitamin K, needed for normal blood coagulation in fowls (5). Whether these or others of the factors essential to lower forms of life will also prove indispensable to man, the future must decide.

The knowledge that our present list of essential vitamins may be incomplete, need not be alarming. However, such knowledge should serve to emphasize the desirability of a diet formulated according to the best present concepts of the science of nutrition. Nature intends that man should receive all dietary essentials, known or unknown, through food and it will be through the medium of a judiciously chosen, varied diet that these essentials can best be obtained. Needless to state, the several hundred varieties of wholesome, nutritious, commercially canned foods lend themselves admirably to formulation of such varied, protective diets.

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(1) 1938. J. Amer. Med. Assn. 110, 1278.
(2) 1938. Ibid. 110, 1441.
(3) 1936. Proc. Soc. Exper. Biol. Med. 35, 217.
(4) 1928. Science. 67, 249.
(5)a. 1935. Nature. 135, 652.
b. 1935. Biochem. J. 29, 1273.

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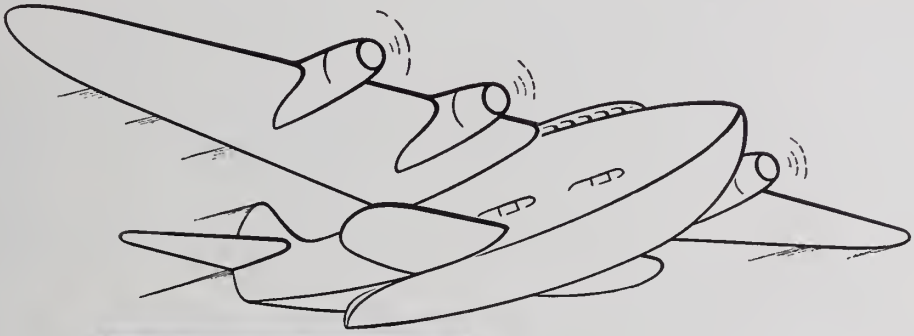

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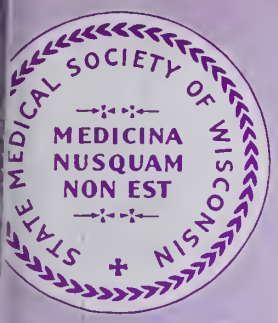

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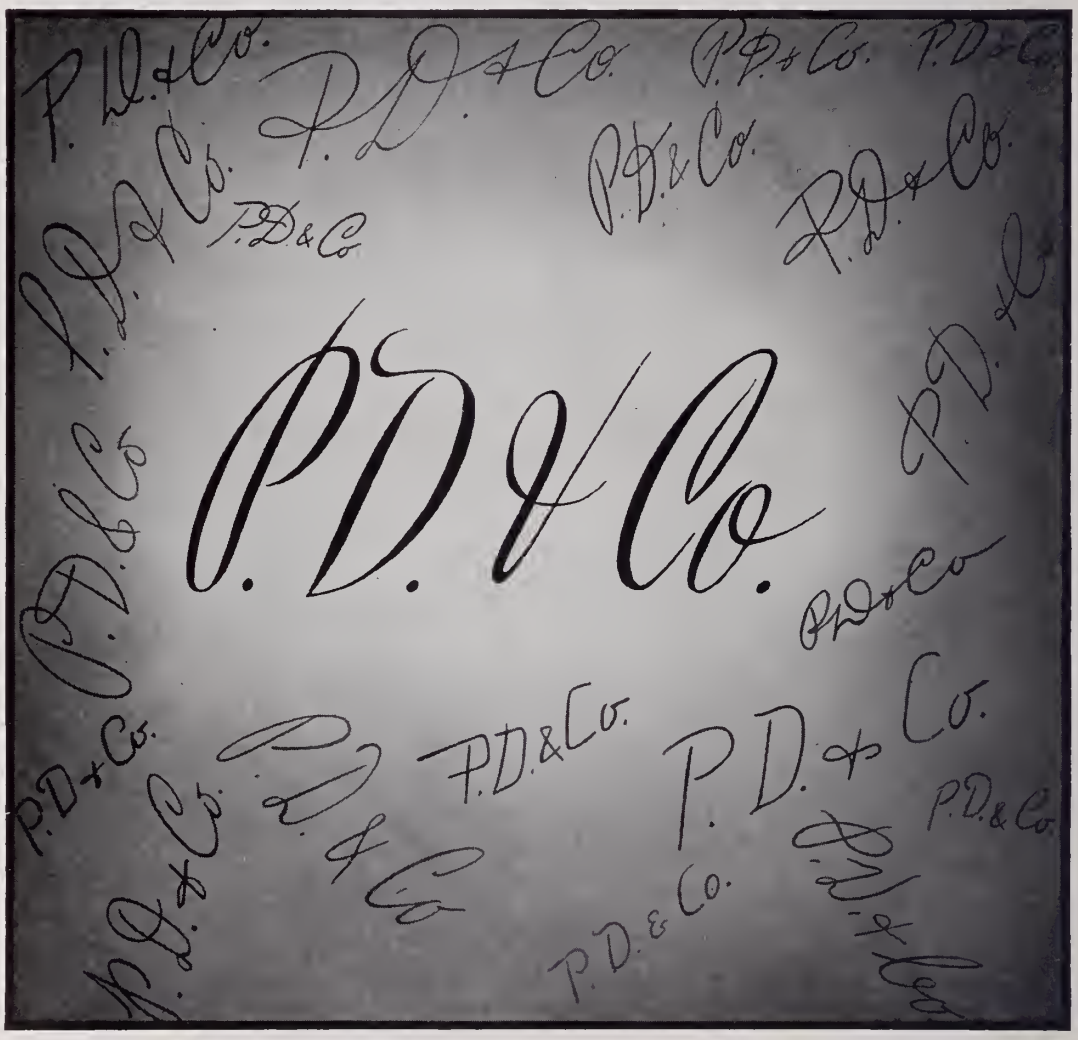

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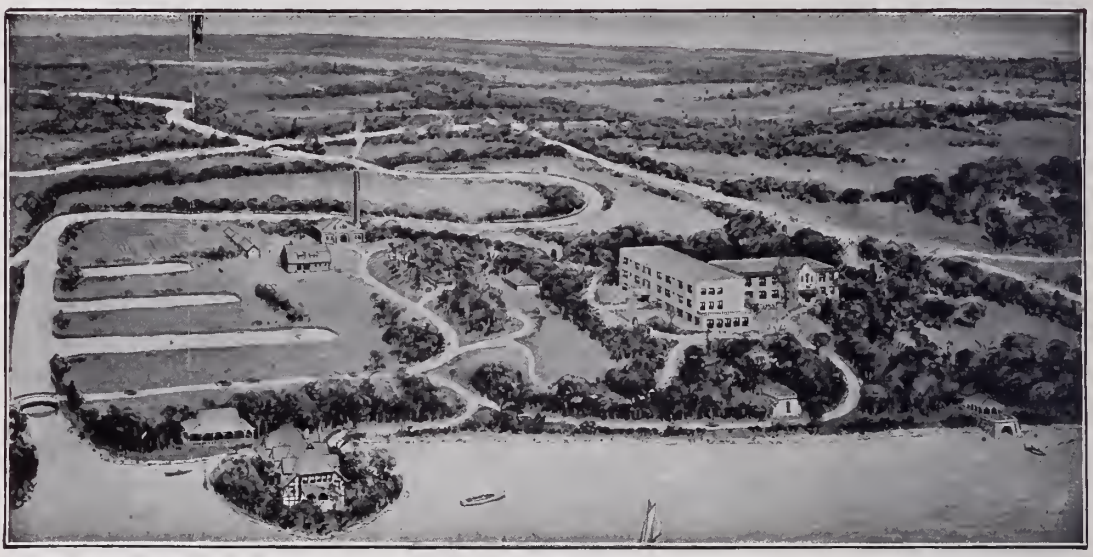

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Advances in the Treatment of Indigestion*

By WALTER C. ALVAREZ, M. D.
Rochester, Minn.

THE greatest advance that could come in the field of gastrointestinal therapeutics today would come through the more widespread recognition of three facts: first, that in perhaps half the cases of severe indigestion, general prostration, and abdominal pain, no organic disease is to be found in the abdomen, and the causes of the trouble are constitutional inadequacy, psychopathy, nervousness, overwork, unhappiness, worry, fear, insomnia, fussiness, constipation, food sensitiveness, migraine, polyglandular disturbances, spondylitis, hypertension, menopausal storms, perhaps an impending divorce, or combinations of several of these causes; second, that almost all of these causes can be discovered only by the taking of a good history by a sympathetic and understanding physician who is not trying to see twenty new patients in the time that should be devoted to five; and third, that the present-day practice of making a diagnosis in a moment by glancing at a sheaf of reports from laboratory workers, roentgenologists and experts in the study of some one organ is bringing disaster to many patients and is responsible for the making of many tragic mistakes and the performance of many futile operations.

This department-store type of examination will, of course, reveal many hidden defects in the body, but often these are not responsible for the symptoms. To take an actual case: I recently saw a woman of fifty who came complaining of a number of aches and pains all over her body, constipation, a sore colon with the passage of mucus in the stools, hot flashes, Heberden's nodes, senile vaginitis, an irritable urethra, a sour taste in the mouth, air swallowing, insomnia, nuchal headache, spots before the eyes, and so on and so on. Examination revealed a small goiter, a basal metabolic rate of +25, two large gallstones in a "normally functioning" gallbladder, stones in the calices of the left kidney, hypertension, "infected tonsils" and some devitalized teeth. Now, if I had been hurrying through six new patients in an hour, I might have curtly ordered this woman to submit to a thyroidectomy, a cholecystectomy, a renal lithotomy, a tonsillectomy, and a set of dental extractions. Then a urologist might have been asked to treat the mild chronic urethritis, a gynecologist could have treated the vaginitis and dyspareunia, the so-called colitis might have been treated with diets and medicated enemas, and the hypertension with diet and drugs.

Actually, in this case, I didn't order any operations. The thyroid gland was not removed because she had none of the symptoms of hyperthyroidism except nervousness, and experts in the field of thyroid disease wanted to study her carefully before making up their minds as to the advisability of an operation. I did not have the gallstones removed because in the absence of any history of colic or typical flatulence, I couldn't see how cholecystectomy could do her any good. It certainly could not influence for the better most of her symptoms. I didn't have the kidney stones removed because good urologists couldn't see that they were giving her any trouble. I did not order a tonsillectomy because she had never had tonsillitis or sore throat, and I didn't have her teeth removed if only because she was the type of hypersensitive and gaggy person who can never get accustomed to plates.

* From the Division of Medicine, The Mayo Clinic. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

Finally, I didn't do much in the way of treatment because I felt so sure her symptoms were those of a psychopathic, fussy, overly complaining, overly worrisome woman whose menopausal storms were being made particularly trying by her discovery that her husband was going with another woman. So long as she was all upset over this, what could I hope to accomplish by operations, medicine or diet? Accordingly, I didn't waste my time and her money.

The Fitting of a Diet

In many cases, if the physician is to keep from wasting much valuable time he should find out quickly if *any* diet is likely to give relief. For instance, I recently saw a thin little fussy old maid who for years had been living on a narrow diet of her own devising. Good clinicians had examined her thoroughly without finding anything wrong. She wanted me to give her a diet but, knowing her type, I couldn't get up any enthusiasm. I had her go without any food for twenty-four hours and when she reported that her abdomen was just as sore and gassy as before I had even less desire to start treating her dietetically. Then when she got worse during two days on narrow elimination diets of lamb and rice, and rice and gelatin I told her to run along and follow her own dietetic inclinations.

About the same time I saw a worrisome hypochondriac fuss-budget of a man who wanted a diet. He said his sufferings were beyond endurance and if I did not give him help he might commit suicide. When I asked him to go for twenty-four hours without food he argued, and begged off, and acted like a spoiled child. Finally, he promised he would do as I asked, but next day his wife reported that she had caught him raiding the ice-box. Her diagnosis of "damn fool" seemed to me to sum up the case so well that I didn't waste further time on him.

In the old days it was customary to *tell* the patient what to eat: today some of us physicians are learning that it is better to *help him find out what he can eat.* I do this by starting with perhaps five seldom allergic foods such as lamb, rice, butter, sugar, and canned pears. If on this the patient promptly gets well or much better, I try out one food after another, giving a new one every day until I know which are good and which are bad *for that particular patient.*

I am sorry to say that today patients are being left *for months* on narrow elimination diets even when no benefit is obtained. I feel that this is terribly wrong. In my experience, if an elimination diet does not bring relief in twenty-four hours it is not likely to do any good in a month. Hence, when lamb and rice and canned pears don't work I shift promptly to beef, potato and gelatin or some other such simple and usually harmless set of foods. If these don't help I usually conclude that no diet is likely to do any good.

In cases in which the patient usually has a good digestion and only occasionally has an attack of pain, diarrhea, or headache I ask him to keep a diary of unusual foods eaten within the twelve hours preceding the upset. After several upsets a study of the record may reveal the offending food, if there is one.

Skin tests have proved to be of so little value in gastrointestinal work that I seldom use them. They are helpful mainly in finding the causes of hay fever and asthma. Certainly no physician should ever tell a patient never again to eat certain foods simply because on one occasion the skin reacted to them.

Pain in the Lower Half of the Abdomen

It is very helpful in many cases to know that the segmental arrangement of the sensory nerves of the digestive tract is such that pain below the navel is not likely to be due to disease orad to the ileocecal sphincter. If the distress complained of is below the navel and is relieved by the emptying of the bowel or the passing of gas it is probably due to trouble in the colon—to the so-called mucous colitis which is not really a colitis, but the syndrome of a colon kept irritable and spastic by nerve action.

In such cases one must begin by trying to remove the fear of organic disease; fear of ulcers and adhesions, usually implanted by one or more men who didn't have the wisdom or the courage or the kindness to say

that the films showed the type of colon *normal for most nervous and constipated persons.* One must teach such patients that the trouble is an irritable colon, normal in itself but upset often and thrown into spasm by strain, unhappiness, or the eating of certain foods. The trouble may be due also to letting constipation go untreated or to treating it unwisely or too strenuously.

In many cases soreness and pain in the right lower quadrant of the abdomen is the main symptom produced by a sensitive colon. Sometimes this pain is due to constipation with the rotting of feces in the cecum, but sometimes it seems to be due purely to a neurosis, and I have reasons for believing that the pain is projected out from the brain. Often it is due to an arthritis of the spine with the associated irritation of spinal nerves.

When the trouble is due to constipation the secret sometimes is to keep the colon fairly clean with the help of a daily enema of physiologic saline solution. In other cases the secret is to have the patient change from one form of gummy bulk-producer to another every ten days or so, before the colon can become so accustomed to the material that there is no longer a laxative effect.

When a patient is taking laxatives there are two secrets of success: one, to change from one drug to another occasionally, the other, not to take the laxative every day. In most persons one good clean-out should suffice for two or three days.

Treatment of Flatulence and Belching

Flatulence.—True flatulence with bloating and the passage of flatus may be due to the eating of one or more foods to which the patient is sensitive. In such cases the identification of the food and its removal from the diet may work a miracle. In other cases excessive gas is due to constipation or to unwise efforts to relieve constipation. One can be sure of the diagnosis if a daily enema brings relief. Apparently the bowel keeps manufacturing gas so long as a plug remains in the colon. When this plug is removed by an enema which does not upset function in the small bowel, the patient is often well. In some cases gas forms because of psychic strain; in other cases the cause is as yet unknown.

Belching.—Belching is commonly due to air swallowing. It seldom is sufficient to tell the patient to stop gulping air; the physician must find out why the habit has developed. Usually there is some distress about the cardia which the patient is trying to relieve, and this may be due to hypertension, a failing heart, or fear of heart disease or death; or it may be due to a highly irritable nervous system. This may be either inherited or acquired through overwork or unhappiness. Sedatives such as Bromural* will help the patient to quiet down and break himself or herself of the habit of gulping air.

Since some persons swallow much air while drinking liquids it helps at times to prescribe a dry diet, with no fluids at meal times. In some persons the putting of fluids into the stomach serves to start waves running backward toward the cardia, and this probably gives rise to belching, heartburn, and several kinds of "burps."

Peptic Ulcer and Pseudo Ulcer

Peptic ulcer.—Often the essential point in the treatment of ulcer is to try to get the patient to live more quietly, and to avoid overwork, worry and emotional debauches. The next essential is, during attacks, to give food between meals and before the patient retires at night. Sometimes I even have the patient waked about midnight for another glass of milk and cream. The big secret is never to let the pain go for long unrelieved by the taking of food. To secure this end I have many of my patients carry tablets of malted milk with them everywhere. Six or eight of these tablets chewed and swallowed with a little water usually give prompt relief. They are of great help to the man or woman with ulcer who is so situated that he or she cannot stop work and go hunting for milk the moment the gnawing begins.

Another big secret is not to keep ulcer patients for long on very narrow diets without meat or fruit juices or sufficient food to maintain strength and health. Dozens of doctors with ulcer have told me that so far

* Bilhuber-Knoll Corporation, Jersey City, N. J., distributor.

as they could see it wasn't strict dieting that helped them; what often stopped their symptoms instantly was a little vacation, and what brought the trouble back was worry, as when something went wrong with a patient after an operation.

Some may ask: how about all these new hypodermic treatments for ulcer? And my answer is that I have no faith in them. Sometimes they seem to relieve pain but there is little evidence that they promote healing or prevent the usual recurrences. We do not use them at The Mayo Clinic.

Pseudo ulcer.—There are a good many nervous persons with hunger pain and no sign of ulcer. I have watched many of these patients for years and I can remember but few in whom later examinations during the years eventually revealed an ulcer. Furthermore, as years passed, very few of these patients ever developed any of the complications of ulcer. Finally, in some of the patients, an operation or a necropsy failed to reveal any lesion in stomach or duodenum.

The treatment in these cases is similar to that for ulcer, that is, it consists mainly of rest and frequent feedings.

Gastritis and Gallbladder Disease

Gastritis.—Since the coming of the flexible gastroscope there has been much talk again of gastritis, and abnormalities in the appearance of the gastric mucosa are being found in many cases. Unfortunately no one has as yet been able to establish a recognizable syndrome of gastritis, and often when the experienced gastroenterologist sees changes in the mucous membrane he cannot help wondering what relation they have, if any, to the symptoms complained of. If one can find silent gallstones or a puckered duodenal cap during the examination of persons suffering with what is obviously a nervous type of indigestion, why shouldn't one find occasionally a silent gastritis?

But, granting that gastritis is producing the symptoms complained of, how is one to treat it? I do not know. Perhaps an ulcer type of regimen should be tried.

Gallbladder disease.—I believe that when a gallbladder is definitely diseased and definitely is causing the symptoms complained of, the sooner it is removed the better. I have no faith in the efficacy of any of the commonly used palliative treatments. Although when these patients refuse operation I do not treat them medically, many apparently get well, which should be a reminder to all ardent therapists that in many persons the disease tends to quiet down and remain symptomless or almost so for years at a time. And when the inflammation becomes acute or subacute the symptoms will often persist in spite of bile pills, strong cholagogues, Carlsbad salts, and many biliary drainages. What helps sometimes is the avoiding of large meals and especially of a large evening meal. After operations on jaundiced patients the new vitamin K is helping greatly by restoring the power of coagulation to the blood. It cuts down the danger of the patient's bleeding to death. The giving of sugar will help to protect the liver from excessive injury by the dammed-up bile.

Patients and physicians often ask me for my diet for gallbladder disease and I have to admit that I haven't one. I don't know of what it should consist. Physicians commonly tell their patients to avoid fats, but when all the bile is reaching the duodenum it is hard to see why fats shouldn't be digested. Actually, they often are digested perfectly by these patients. Obviously, if the patient finds that she cannot handle such foods as cabbage, apples, or pork she should leave them alone.

Diarrheas

In many cases diarrhea seems to be due to nervousness or to some disturbance in function perhaps in the small bowel. At any rate none of our present-day methods of study reveals any cause in colon or stools or rectum.

A good hint in some cases is to have the patient avoid milk, and, in acute spells, to live on meat and rice for two or three days. Many persons are sensitive to milk, and in all cases it tends to leave a large residue in the lower bowel, which is undesirable in the presence of diarrhea. Meat and rice are almost entirely digested and absorbed in the small bowel, and no residue is left to irritate the colon.

In all puzzling cases of the type of diarrhea which comes in occasional attacks, the patient should keep a record of unusual foods eaten or of unusual emotional strain coming before the upsets. He may thereby learn something of value.

Nowadays one should always ask if the patient is drinking an extra unwanted eight glasses or more of water a day. I have seen a few cases lately in which this excessive and unnecessary fluid intake was the sole cause of a troublesome diarrhea. I am finding cases also in which it is the cause of insomnia and edema of the ankles. In a few cases, diarrhea came when a patient, obsessed with the importance of vitamins, began drinking daily from a pint to a quart of fruit juices. In all cases of chronic diarrhea an effort must be made to get the patient onto an adequate diet. Actually, an extra supply of vitamins is needed because so much of the food eaten is being lost every day in the stools.

Neuroses

One must try to determine the exact cause or causes of a neurosis or of a nervous breakdown. Not all of these patients can be treated with a bottle of bromides and an anticonstipation diet. Some must be exhorted to live more sensibly, with better mental hygiene; some must be made to rest on a couch part of the day; and many must be given hypnotics for a while until they can learn to sleep again.

Many must be made to see that their disease can never be *cured* in the sense that it will never return. Certainly it cannot be cured by medicine alone or by an operation. The patient must stop going from doctor to doctor and must settle down to learn to live with his handicap and within his means of strength.

Myringotomy; Incision of the Ear Drum Membrane*

By JOHN J. SHEA, M. D.
Memphis, Tenn.

THE care of the ears is important, for the loss of hearing is a great handicap, and the function of an ear, once deafened, can seldom be restored.

A school child with defective hearing is often accused of being inattentive or stupid. The child has no standard of comparison to judge what his classmates hear and often receives a zero for the answer "I do not know," when really he should have answered "I did not hear." The young athlete, who fails to hear the signals is barred from many sports. The young adult whose hearing is poor is often required to accept a position of a manual rather than a mental character. Those in the prime of life who lose their hearing must make adjustments and often find themselves ostracized. The shut-in individual may easily develop a twisted philosophy of life, based on the idea that his friends persecute him.

Deafness is too frequently the result of mismanagement during the course of an acute infection. Failure to incise an ear drum early and a resulting spontaneous rupture may be the factor spelling the difference between hearing and deafness. A brief review of the anatomy of the middle ear will refresh your memory of the structures involved.

The outer door of the middle ear is the drum, which is made up of an elastic membrane into which is attached the handle of the malleus. The annulus is an incomplete ring of bone, whose function is to fit over the margin of the drum as a protection. The notch made by the incompleteness of the annulus accounts for certain physicial phenomena occurring during infections in the ears of infants. There are three small bones called the ossicles, which are housed within the middle ear. They remain the same size from birth to death, which accounts for the middle ear of a child being relatively larger than that of an adult.

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Looking through a thin drum, one may see the three ossicles, the malleus being attached and the incus suspended from the attic, connecting the malleus with the stapes. The latter is loosely attached to the oval window. The internal ear is composed of two parts, the cochlea with which we hear and the semicircular canals, which furnish information as to our position in space. There are two muscles of importance in the middle ear, the tensor tympani and the stapedius.

Inspection of the ear of an infant presents possibilities not anatomically met with in the adult, due to the notch of Rivinus, which allows of a sagging of the superior canal wall out of proportion to the extent of the mastoid involvement. The closeness of the infantile mastoid antrum to the external auditory canal exaggerates this sagging.

Diagnosis and Treatment

An acute inflammation of the outer layer of the drum frequently occurs from swimming, and must be differentiated from an abscess of the middle ear. The pain may be just as severe and the deafness and tinnitus suggestive of an abscess. The use of a magnifying otoscope will assist in the diagnosis. Occasionally, hemorrhagic bullae are visible upon the drum during the early stages of influenza and at times herpes forms on the drum and canal of the ear. Myringotomy should be avoided in these cases for fear of contaminating the middle ear. They are best treated by breaking the bulla with a cotton tipped applicator and applying a local anesthetic. Recently, the use of calcium and vitamin C has been suggested.

When should a drum be incised? Certainly not with the first tinge of pain. On the other hand, procrastination should not be practiced to the detriment of the drum, for the ragged rupture is harder to heal than the clean cut incision of a myringotomy. The likelihood that an incision will close when the discharge ceases, but that a perforation will remain patent, can be illustrated by the two acts of (1) cutting a window shade with a sharp knife and (2) poking a hole through it with a blunt instrument. If the wind blows, the cut rent will separate, but when it ceases the edges will approximate. The hole will always be open.

The internal administration of ephedrine with a sedative has a beneficial effect upon the eustachian tube during the initial stage of a middle ear infection and if successful will reestablish ventilation, thus breaking the painful vacuum. Physical measures, such as the application of an ice bag, ice water ear drops or the instillation of a fluid into the canal capable of osmosis may abort the abscess. Because their removal is difficult, the use of warm oils should be condemned, and likewise carbolates of such strength as to burn and blister the drum, thereby defeating future interpretations of the condition. If after twelve to twenty-four hours the pain continues with a rise of temperature, a myringotomy is indicated. A good rule is to do a myringotomy when you are not satisfied with the progress of the middle ear infection.

Technic

Either local or general anesthetic may be used in myringotomy. The latter is preferable unless contraindicated. The best local anesthetic is a solution made from equal parts of cocaine, menthol and phenol crystals. The drum first should be thoroughly cleansed and dried and for this purpose small glass or metal cannulae may be used as suction tips. The incision should be made from below upwards and include the portion of the drum that bulges. In children and infants, where the sagging occurs as previously described, the incision should extend out onto the canal through the notch of Rivinus. The discharge and blood are wiped or aspirated from off the drum. In order to prevent their coagulation, wicks of cotton or wool saturated in sodium citrate are inserted in the canal down to the drum. The citrate prevents the clotting of the blood and tends to maintain the patency of the incision. The handy package of 50 cc. of a 50 per cent solution put up for use in transfusions is a convenient sterile preparation. Multiple incisions are to be avoided and if the myringotomy is to be repeated, an attempt should be made to reopen the original wound.

Management of Occiput Posterior*

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THE reason for presentation of this discussion is not to add to the multiplicity of statistics on occiput posterior nor to submit any new method for the management of the condition. The frequency of its occurrence, the high fetal mortality, and maternal morbidity, the frequency of late and erroneous diagnosis leading to poor end results, and the confusion of thought relative to this subject, make it exceedingly important.

In 1888 Barton C. Hirst said, "If I were to be asked what one obstetrical difficulty in my experience had caused the most maternal and fetal deaths; what one had caused the most maternal and fetal accidents, not necessarily fatal accidents, however often making the rest of life worthless, or, still worse than merely worthless, a tragedy, I think I would say occiput posterior positions."

Paul T. Harper[1] states: "From the standpoints of frequency of occurrence, difficulties encountered and responsibilities involved there is no condition more important than the occiput posterior."

Obstetrical authorities have been making similar statements for many years and yet occiput posterior remains a major problem for the trained obstetrician, as well as for the general practitioner, who treats many obstetrical cases.

The theories on etiology indicate that there is considerable debate among obstetricians as to the cause of posterior positions. Variable statistics from different medical centers indicate difficulty in diagnosis. The various methods of management advocated indicate that no one method has proved efficacious in all instances.

Many of the doctors managing these cases in smaller hospitals and in the home are frightened by the burden of responsibility which falls upon them. A standard treatment may some day be developed, if we all concentrate on this anomaly.

Etiology and Incidence

In general, the views on etiology are not clearly understood. All factors which may have a bearing on the cause of posterior positions must be taken into consideration in anticipating and planning the management of each case. Cosgrove[2] states, "The variety of factors which different writers have stressed from time to time as most important, and which all authors admit as possibly contributing causes, exhibit a lack of unanimity of opinion."

There is almost general acceptance of the following etiological factors: (1) gross deviation of the bony pelvis from the normal with relative or actual decreased transverse diameter; (2) cephalopelvic disproportion; (3) funnel pelvis; (4) pelvic contraction.

Cosgrove[2] reports pelvic contraction in 30.9 per cent of cases diagnosed occiput posterior. He states that Caldwell reports 30 per cent, Hanson 70 per cent and Vaux 74 per cent.

There are less definite factors which should be pointed out, such as, (1) torsion of the uterus; (2) pendulous abdomen; (3) tumors; (4) scars in the lower uterine segment; (5) full rectum or bladder; (6) posture of the fetus in utero; (7) variations in flexibility of the head; (8) prolapse of an arm in front of the occiput; and (9) primary brachycephalic head where the two levers are of the same length.

Most writers are of the opinion that primary and persistent occiput posterior position is the result of pelvic deformity or cephalopelvic disproportion. The first phase of management must be based upon the existing pelvic deformity or disproportion and not upon the existence of the posterior position as an entity.

There is a disagreement in the published statistics as to the incidence of occiput posterior positions. Reports range from 11

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to 30 per cent. The mean average is approximately 20 per cent. The reason for this wide discrepancy is thought to be the fact that many cases of primary occiput posterior are not diagnosed and are recorded as anterior positions, to which they eventually spontaneously rotate. Unless the patient has been given exacting prenatal attention and a very careful examination at the onset of labor, many of the primary posterior positions escape recognition. Danforth[3] reports an incidence of 25.1 per cent in a personally conducted series of private cases, where the diagnosis was made at the onset of labor or very early in labor. Right positions should always be suspected of resulting in a posterior position because of the prevalence of occiput right posterior.

Diagnosis

The early diagnosis of posterior positions is conceded to be difficult; it is of first importance in order that we may be on guard and, in a measure, prepared for any eventuality. The diagnosis should be made, if possible, during the late prenatal period or at the onset of labor.

Abdominal examination reveals the absence of the normal anterior convexity; and the presence of an irregular lopsided contour produced by the small parts. Palpable and movable feet, above and lateral to the umbilicus, are a most valuable sign. Movement of the feet can frequently be seen or palpated. A concavity instead of a convexity is found superior to the pubis, which is caused by the space between the chin and chest of the child. Palpation of the back deep in the maternal flank is difficult. The head tends to remain at a higher level than is expected in anterior positions and is frequently movable when engagement should have occurred. Delayed engagement is always suggestive of a malposition or a contracted pelvis. The anterior shoulder and hip of the fetus can be palpated.

The fetal heart tones are heard with maximum intensity laterally over the back of the child; also, they may be heard on the opposite side anteriorly and rather low, due to marked deflection of the head and the proximity of the chest wall of the fetus to the anterior wall of the mother. A diagnosis should never be based upon location of fetal heart tones alone.

Vaginal examination is unsatisfactory in making an early diagnosis. The head is usually high. The cervix is posterior, the os is difficult to reach. The anterior portion of the cervix and lower uterine segment is longer than in anterior positions. The palpation of the fontanelles and sutures is frequently unreliable and obscured by the undilated cervix, the amniotic sac, or a large caput. Palpation of the anterior fontanelle is exceedingly valuable when possible. Authorities have stated that palpation of the ear is the only absolutely positive sign by which the diagnosis of a posterior position can be made.

Rectal examination is less satisfactory; however, it is desirable to confine internal examinations to the rectum. Sterile vaginal examination is imperative in order to establish a diagnosis in many instances.

Any parturient presenting an early rupture of the bag of waters, a right position and a slow nonprogressive labor with excessive pain in the back should always be observed and examined most carefully for the existence of a posterior position.

The management of the case should be initiated during the prenatal period by putting forth every effort to discover conditions which may subsequently lead to a malposition. Detailed measurement and estimation of the pelvis are essential to determine the presence, or absence, of pelvic deformity. It would be ideal if every primipara could have the advantage of a detailed anterior-posterior and lateral pelvic roentgenogram late in pregnancy to ascertain pelvic deformity or cephalopelvic disproportion, as described by Ball,[4] Caldwell and Moloy[5] and Thoms.[6] These observations, if revealing abnormalities, would place the responsible obstetrician on guard.

Determination of position late in pregnancy is valuable and important because so frequently the position discovered remains the same at the onset of and during early labor; and because frequently the diagnosis of a posterior position is not made until late

in labor. It must be remembered at all times that 70 to 80 per cent of occiput posterior positions are primary and that spontaneous rotation will occur. Williams[7] is of the opinion that "many American writers, being led astray by their fears, have failed to realize what nature can accomplish." Occiput posterior should be regarded with composure, providing there is no cephalopelvic disproportion. DeLee[8] stresses the frequency of spontaneous anterior rotation. It is not the primary occiput posterior position that causes grave concern, but the 20 to 30 per cent of persistent occiput posteriors that demand careful attention.

General Management

After the diagnosis is established, it is the responsibility of the obstetrician to prepare the patient for a labor which will probably be two to three hours longer than usual. During the first stage, one good detailed examination is far better than too frequent examinations and evident concern; because such action will alarm the patient and produce anxious relatives. Reassurance during the preliminary period of labor aids in preserving the proper attitude on the part of the patient. The use of pituitrin or a sedative in the early stages of labor is unwise; however, the patient must be kept at rest, relaxed and comfortable in order to prevent retraction of the uterus or the formation of a constriction ring.

The general condition of the patient must be watched carefully. Blood pressure should be taken at least every six hours and the urine examined each twelve hours, because occasionally evidence of a pre-eclamptic condition will show in a prolonged labor. The mother must receive sufficient fluids and food, consisting of nonresidue milk, soups, carbohydrates and fruit juices. Rudolph[9] has demonstrated that exhaustion and acidosis are often the cause of a constriction ring in prolonged labor. If there is vomiting it is advisable to administer 2,000 cc. of 10 per cent glucose solution intravenously each twenty-four hours. Bladder distention and filling of the rectum should be relieved by catheterization and enema. These simple procedures, which mean so much to the comfort of the patient and so seriously influence the end results, are often neglected.

Watson[10] is enthusiastic as to the value of a pressure pad, so strapped against the anterior shoulder as to rotate it toward the opposite side, thus turning the fetus, including the head, toward an anterior position. Watson states that he has not failed in the use of this method. I have frequently had the patient lie on the side opposite to that of the child's back, in order that the action of gravity may aid in rotation of the fetus, with considerable success. Postural procedures and pressure pads may be only theoretical, but if they were used more frequently their practical value might be discovered.

Our aim in the management of the case is to promote dilatation and rotation. Rest and relaxation are important factors. As soon as the patient exhibits evidence of restlessness and nervousness it is essential that sedatives be administered. A large variety of drugs and combinations of drugs are used for this purpose. It is advantageous for the physician to use that combination of sedatives with which he is most familiar and obtains the best results. There are two common mistakes; one is that sedatives are not administered at the proper time, and the second is, that they are not given in sufficient quantity to obtain results. I have been able to promote best relaxation with nembutal in three grain doses combined with 1/6 grain of morphine sulphate, repeated as indicated.

The bag of waters should be preserved to the termination of the first stage if possible. Experience has shown that it is not safe to postpone active treatment longer than two hours after there is complete dilatation. A. H. Bill states, "It is equally faulty to interfere too early, or to wait too long, after full dilatation of the os for spontaneous rotation to occur." It is at this point in the management that good sound obstetrical judgment is most necessary.

The methods of procedure from which to choose at this point are as follows: (1) Manual rotation followed by spontaneous delivery; (2) manual rotation with forceps delivery; (3) forceps rotation and delivery

(Scanzoni maneuver); (4) version and extraction; (5) delivery as a "posterior;" and (6) cesarean section.

Manual rotation and delivery, as described by Danforth,[3] is probably the most satisfactory method for the average physician. It is essential (1) that the cervix be completely dilated; (2) that the head be engaged and that necessary moulding has occurred. Anesthesia, sufficient to complete relaxation of uterine muscle, must be obtained. The right hand is introduced and the head grasped with the fingers and thumb, which are spread out widely, in order that such forces as may be used shall be distributed as widely as possible over the fetal head. At the same time the left hand is applied to the mother's lower right flank (in right posterior position) as nearly as possible under the fetal shoulder. Simultaneously, the hand within the vagina grasping the head and the external hand rotate the head and body to the mother's left, until the occiput has just passed the median line. The thumb of the internal hand is then withdrawn, the tips of the fingers being left in contact with the lower part of the child's face, in order to prevent backward rotation into the original position. The operator's left hand is removed from the abdomen and is replaced by the hand of an assistant. The left blade of the forceps is then introduced by the operator with his left hand, passing the blade inside the fingers of the right hand, which still remains in place. After this blade is introduced, an assistant holds the handle, at the same time exerting gentle traction laterally. This causes a gentle lever action to be produced, preventing backward rotation. The right blade is then introduced and the forceps locked. The operator must assure himself that the occiput remains anterior. Traction may now be made.

Should manual rotation fail, one may proceed with a version and extraction if the conditions are correct and the indications require this operation.

The modified Scanzoni maneuver advocated by A. H. Bill,[11] is both praised and condemned. Robinson[12] writes, "The Scanzoni maneuver has been used in our maternity for a number of years and by this method we have been able to deliver many women with ease after the usual methods have failed. Since becoming accustomed to it, we have ceased to regard the posterior occipital position with dread, feeling that delivery can be readily and safely effected when necessary."

DeLee[8] believes that the procedure is entirely dispensible, is fraught with danger to the child and mother and should be practiced only by experts.

Douglass[13] says that, "the Scanzoni operation is not all that is claimed for it by many writers. It was in our hands, accompanied by a decided increase in fetal mortality and morbidity and maternal damage. . . . if cases are carefully watched and supervised, the necessity for resorting to it will become decidedly less."

The technic of the Scanzoni maneuver has been so thoroughly described in a voluminous literature on the operation that it requires no further comment here.

Cosgrove[2] is of the opinion that there has been a progressive use of the Kielland forceps. He believes that this instrument represents the best expedient for artificial rotation.

Paine[14] is of the opinion that where interference is indicated, a cephalic application of the forceps should be made and the head brought down occiput posterior until it can be rotated anteriorly below the outlet, the occiput coming forward external to the ascending ramus.

Cesarean section is indicated in from 6 to 8 per cent of persistent occiput posterior positions. If labor fails, before complete dilatation of the cervix, only good obstetric judgment can decide whether or not cesarean section is preferable to delivery from below.

Conclusions

In closing, I would like to emphasize that:

1. Occiput posterior position remains a serious pathological obstetric problem, provoking considerable confusion of thought.

2. That early diagnosis is difficult and essential to management.

3. That no one method of management is a perfect method in every case.

BIBLIOGRAPHY

1. Harper, P. T.: Clinical obstetrics. Philadelphia: F. A. Davis Company, 1930.
2. Cosgrove, S. A.: Occipitoposterior positions. Am. J. Obst. & Gynec. 31: 402–408 (March) 1936.
3. Danforth, W. C.: Treatment of occipitoposterior positions with especial reference to manual rotation, Am. J. Obst. & Gynec. 23: 360–366 (March) 1932; Management of occiput posterior, further consideration of manual rotation, Am. J. Obst. & Gynec. 28: 756–762 (Nov.) 1934.
4. Ball, R. P.: Roentgen pelvimetry and fetal cephalometry. Surg., Gynec. & Obst. 62: 798–819 (May) 1936.
5. Caldwell, W. E., and Moloy, H. C.: Anatomical variations in female pelvis and their effect in labor, with suggested classification. Am. J. Obst. & Gynec. 26: 479–505 (Oct.) 1933.
6. Thoms, Herbert: Type of pelvis intimately associated with occipitoposterior position, Surg., Gynec. & Obst. 56: 97–100 (Jan.) 1933; Roentgen pelvimetry, description of grid method and modification, Radiology 21: 125–130 (Aug.) 1933.
7. Williams, J. W.: Obstetrics, Ed. 6. New York: D. Appleton Century & Company, 1930.
8. DeLee, J. B.: The principles and practice of obstetrics. Ed. 6. Philadelphia: W. B. Saunders Company, 1933.
9. Rudolph, Louis: Constriction ring dystocia, J. Obst. & Gynaec. Brit. Emp. 42: 992–1026 (Dec.) 1935; Constriction ring dystocia, J.A.M.A. 108: 532–538 (Feb. 13) 1937.
10. Watson, Benjamin P.: Discussion—in Transactions of American Gynecological Society, 55th Annual Meeting, Am. J. Obst. & Gynec. 20: 837 (Dec.) 1930.
11. Bill, A. H.: Treatment of vertex occipitoposterior position. Am. J. Obst. & Gynec. 22: 615–625 (Oct.) 1931.
12. Robinson, H. R.: Management of occiptoposterior position. Texas State J. Med. 32: 466–471 (Nov.) 1936.
13. Douglass, L. H.:Occipitoposterior positions. Am. J. Surg. 35: 379–382 (Feb.) 1937.
14. Paine, A. K.: Forceps technic in occipitoposterior positions. Am. J. Obst. & Gynec. 33: 313–316 (Feb.) 1937.

Burns*

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THE inclusion of the subject of burns in a symposium on common office procedures brings up the question: Is the treatment of burns an office procedure? There can be no argument over the fact that a great many patients suffering from minor burns and scalds can be treated as ambulatory patients. However, one lesson to be learned from the observation of a large number of burns is that there is a general tendency to underestimate the seriousness of these lesions.

Classification

A burn is defined as an injury to tissues produced by a degree of heat incompatible with their proper functioning. These injuries are classified on various bases. In considering the cause of trauma, the most commonly recognized grouping is into scalds produced by moist heat, and burns due to dry heat, x-ray and radium burns, electrical burns, sun burns, or erythema solare, and chemical burns. In addition, burns are classified on the basis of the depth of the tissue injury and the extent of skin surface involved. In this country and Germany the so-called American classification is most generally used to indicate depth of tissue involvement. It recognizes three degrees of burning: first degree, characterized by erythema or hyperemia; second degree, associated with vesicle formation; and third degree, in which there is destruction of tissue with eschar formation. In some classifications a fourth degree is added, this being applied to the charring of tissue. Bancroft and Rogers[1] recently suggested that the present third degree burn be divided into those which do not destroy the hair follicles and those which do. Goldblatt[2] has proposed dividing burns into scar-forming and nonscar-forming varieties. In attempting to apply these latter classifications, as is also true of the classification of Dupuytren into six degrees, one encounters the difficulty of judging the depth of tissue involvement.

One of the commonest mistakes which is made is that of misjudging the depth of a burn. Not infrequently I have been asked to see burned patients who have been told that the burn is of first or second degree when, as a matter of fact, the burn was a third degree burn and the period of healing was much longer than was originally predicted.

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It is not unusual, also, for physicians to overlook areas involved in a first degree burn about the margins of the more seriously injured tissue.

It has long been known that the extent of body surface involved in a burn or scald is of greater seriousness than is the depth of the burn. In spite of this fact it was not until recent years that a satisfactory system of estimating the extent of these lesions was devised. The following table, which was perfected by Berkow in 1924,[3] provides an accurate and simple means of determining the proportions of body surface involved and should be utilized in conjunction with the pathologic classification.

TABLE 1.—*Relative Skin Areas in Adults According to Berkow*

Area	Per cent of body surface
Trunk	38
Lower extremities	38
Head	6
Upper extremities	18

The adult proportions do not hold in infants and children; the relative size of the head is increased and that of the lower extremities decreased. Berkow calculates the relative skin areas in children and infants as follows:

TABLE 2.—*Relative Skin Areas in Children According to Berkow*

Area	Per cent of body surface
Trunk	40
Upper extremities	16
Head	(12 minus age in years plus 6)
Lower extremities	(subtract 12 minus age in years from 38)

Burns involving 10 per cent of the body surface always must be considered serious enough to warrant bed treatment either in the home or in the hospital. The apparent well-being of patients with serious burns after the first twenty-four hours is often deceptive and one should not be thrown off guard in making a prognosis. Children are especially susceptible to serious reactions to burns and we have seen several infants who have died within seventy-two hours following the scalding of one upper extremity.

Treatment

The following statement is of interest in any discussion on burns: "The local treatment of burns is a subject on which many books have been written, and perhaps more numerous remedies recommended than in any other branch of surgery. The success which is said to have attended very different, and even opposite, modes of treatment shows that the authors must either be misrepresenting the facts or speaking about different matters. I prefer the latter explanation, more especially as I find that authors who have written to recommend certain methods have almost invariably spoken of burns as if they were all alike, forgetful apparently that the essential question in the treatment of a burn is its depth, or degree, and the consequent probability of sloughing, ulceration, or mere inflammation resembling that of erysipelas. It is only by keeping this point steadily in view that we can hope to arrive at any rational plan for the treatment of these injuries." This statement, which is so true today, was written fifty years ago by Holmes in his System of Surgery and was recently quoted by Dunbar[4] in "A Review of the Burn Cases Treated in the Glasgow Royal Infirmary During the Past Hundred Years."

In the treatment of simple scalds and burns of first degree the application of an ointment such as boric acid ointment or butesin picrate is usually sufficient and, as a rule, not more than one dressing is necessary. Butesin picrate has the advantage of relieving pain as well as acting as a mild antiseptic. Small burns of second and third degree should be treated as is any wound. The area should be gently cleansed with soap and water and then dried. Large blebs should be opened and loose skin and debris removed. A wet dressing of boric acid solution should be applied in cases in which it appears there is likelihood of infection.

A simple method of avoiding adhesion of the gauze dressing to the burned area is the use of fine mesh gauze, 40 x 44, which usually can be removed with a minimum of pain. These dressings should be moistened at frequent intervals, and the treatment continued until it is apparent that infection

is controlled. If it appears that the wound can be properly cleansed at the time of the initial dressing, numerous methods are at hand. If a patient presents himself with a burn to which a greasy dressing of some kind has been applied and which it is desirable to remove, the removal may be accomplished by the use of ether, xylol or benzine.

When properly carried out, a satisfactory method of treating burns of the hands is to do a superficial debridement and cleansing such as has been referred to, following which a generous application of butesin picrate is applied to the burned surfaces. The entire hand is then covered with very loose fluffs of gauze and enclosed loosely in bandages. This dressing permits of free and early motion of the small joints of the fingers and hands and hastens convalescence.

A method which is satisfactory for the rapid covering of second and third degree burns of small extent is the use of tannic acid and silver nitrate solutions. The area is first moistened with 5 per cent tannic acid, after which the entire area is sponged over with a 10 per cent solution of silver nitrate. The burned tissue becomes black almost immediately. All oozing and leaky areas are sealed at once and the wound is encased in an impervious, antiseptic dressing. This modification of the tannic acid treatment was introduced by Bettman[5].

Moist dressings of tannic acid alone are satisfactory in relatively small burns, the advantage of this treatment being the immediate relief of pain and the formation of an impervious membrane over the area. This membrane is frequently the only dressing which the patient requires. When a wet dressing of tannic acid solution is used the fine mesh gauze referred to should be applied immediately to the burned area after the area has been cleansed, and this should be covered by a heavier dressing of sterile gauze in which a catheter is incorporated for the purpose of keeping the dressing moist. It is necessary to moisten the dressing for from twelve to twenty hours in order to secure a satisfactory tan. Tannic acid solution for small burns is used in 5 per cent solution. The solution should be made up freshly. Buffering the solution so as to secure a normal pH is not necessary in small burns, but it is of great importance in treating more serious cases. A buffered solution of approximately normal pH is made by adding 4 gm. of sodium carbonate to 25 gm. of tannic acid and diluting to 500 cc. with sterile water. When large areas are treated it is better to apply the solution by means of a spray rather than by means of wet dressings. Another solution of tannic acid which gives a 5 per cent solution with a pH of 7.4 is as follows:

Cutch extract	25 gm.
Sodium carbonate (monohydrated)	1.2 gm.
Water	500 cc.

A compound solution of tannic acid which is being used extensively at Cook County Hospital, Chicago, is as follows:

Potassium chloride	0.42 gm.
Calcium chloride	0.84 gm.
Salicylic acid	1.00 gm.
Sodium chloride	10.50 gm.
Tannic acid	100.00 gm.
Distilled water to	1,000.00 ccm.

There are also several ointments which are satisfactory in the treatment of small burns. A 5 per cent ointment of tannic acid in a water soluble jelly, containing a mild antiseptic such as merthiolate, is useful in the treatment of minor burns.

Tannic acid solutions are best used on large flat surfaces of the trunk or extremities. When tannic acid solutions are used on burns which encircle the arm or leg, one must exercise care not to cause constriction which may interfere with the venous circulation. Burns involving the entire circumference of the fingers or both surfaces of the hands, in our experience, are better treated by other methods than by tannic acid. The reason for this is that tannic acid fixes the fingers in a rigid mold which interferes with the free motion of the small joints and for this reason delays convalescence. Another satisfactory method of treating relatively small burns is by the use of a 1 per cent aqueous solution of gentian violet. This substance produces a firm eschar, relieves pain and has some antiseptic value.

Whenever one of the so-called occlusive types of dressings is used, the dressing should be inspected on the second and third days, as it is not uncommon for blebs to form at the margins of the eschar. These should be opened, painted with mercurochrome solution or some other antiseptic. It is well, also, to paint the entire margin of the eschar with an antiseptic solution daily for several days as there may be a tendency for it to loosen. In burns of second degree, the eschar of tannic acid separates spontaneously and usually can be easily removed after the tenth day. In superficial wounds epithelization occurs underneath the eschar and is often complete at the time of its removal. One should be alert to detect infection underneath a tanned membrane and it is a good rule to allow a membrane to remain not longer than ten days without making certain that healing is taking place underneath. This can be done by cutting small windows in the membrane at various points. If, after the removal of the tanned membrane, a granulating area is found the mistake should not be made to try to tan such an area or to use any occlusive type of dressing. If the area is infected and the granulating tissue is excessive one should apply fine mesh gauze over which is placed fluffs of gauze in which a catheter is inserted for the application of boric acid solution. A sea sponge is placed over this and the entire dressing is secured by an Ace bandage. The dressing is moistened with boric acid solution at two-hour intervals. Pressure is an important element in the control of granulation tissue. The pressure should not be excessive. One readily learns the amount of pressure from experience, and it is important that the bandage be so applied that this pressure is maintained. The control of granulations by pressure dressings is the most satisfactory method of treatment. When the wound is not infected fine mesh gauze, in which scarlet red has been incorporated, is applied directly to the granulating area and a pressure dressing placed over this. If epithelization does not occur readily, the grafting of skin should be considered. Small granulating areas may be treated by the use of a silver nitrate stick.

Prevention

No discussion of the subject of burns should be concluded without reference to the importance of constant propaganda for the prevention of these accidents. The general practitioner, because of his numerous contacts, can perform an invaluable service in this field. It is estimated that in the United States alone from 6,000 to 7,000 people yearly lose their lives as a result of burns, and of this number, 45 per cent are children under five years of age. Reliable statistics demonstrate that these accidents kill nearly as many children under fifteen years of age as all other household accidents combined. Of the non-fatal home injuries, burns constitute a large percentage. Ignorance of the serious consequences of seemingly simple household accidents explains the carelessness which is the principal contributory factor in most cases. This offers physicians, in their daily contacts in homes, an opportunity to practice preventive medicine in a neglected field, and offers medical organizations a worth-while project to be included in their public health activities.

BIBLIOGRAPHY

1. Bancroft, F. W., and Rogers, C. S.: Treatment of cutaneous burns. Ann. Surg. 84: 1–18 (July) 1926.
2. Goldblatt, David: Contribution to the study of burns, their classification and treatment. Ann. Surg. 85: 490–501 (April) 1927.
3. Berkow, Samuel: Method of estimating extensiveness of lesions (burns and scalds) based on surface area proportions. Arch. Surg. 8: 138–148 (Jan.) 1924.
4. Dunbar, John. A review of the burn cases treated in the Glasgow Royal Infirmary during the past hundred years (1833–1933) with some observations on the present-day treatment. Glasgow M. J., 122: 239–255 (Dec.) 1934.
5. Bettman, A. G.: Tannic acid and silver nitrate in burns. Surg., Gynec. & Obst. 62: 458–463 (Feb. 15) 1936.

Additional References

Harkins, H. N.: Recent advances in the study of burns. Surgery 3: 430–465 (March) 1938.

Seeger, S. J.: Treatment of burns, with report of 278 cases. Wisconsin M.J. 31: 755-759 (Nov.) 1932. Hydrogen-ion concentration value of tannic acid solutions used in the treatment of burns. Surg., Gynec. & Obst. 55: 455–463 (Oct.) 1932. Treatment of burns. Dean Lewis' Practice of Surgery. Vol. 1, c. 17, January, 1935. Hagerstown, Md.: Wm. F. Prior Co., Inc.

Hyperinsulinism*

By JOSEPH SMITH, M. D.
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FOLLOWING the introduction of insulin in 1922 for the treatment of diabetes, cases of so-called insulin shock or hypoglycemia were described in various places in this country and abroad. These cases were characterized by pallor, weakness, sweating, tremors, and, in some cases, by convulsions, stupor, and finally coma.

In 1924 Harris[1] reported five patients in whom he had observed the symptoms of insulin shock which were not due to the administration of insulin. He has described the condition as "spontaneous insulogenic hypoglycemia."[2] Other similar cases were reported from various quarters and in 1927 Wilder and his associates[3] reported a case of cancer of the islands of Langerhans in which the primary tumor contained as much as 40 units of insulin per 100 gm. of tumor tissue. This case presented in an extreme form the hyperinsulinism syndrome described in the cases of insulin overdosage, the blood sugar going down as low as 25 mg.

In 1928 Finney and Finney[4] described a case with a blood sugar reading of 30 mg. At operation no tumor was found but the pancreas was resected, 22.5 gm. of the tail and body being removed with only temporary relief of symptoms.

In 1929 Roscoe R. Graham[5] performed an operation on a patient who had been ill with the disease for seven years and who had a blood sugar as low as 40 mg. The adenoma was 1.5 cm. in diameter and originated from an islet in the middle of the pancreas.

Following these reports many patients presenting the hyperinsulinism syndrome were treated surgically. In 1935 Whipple and Frantz[6] reported six cases of their own in which islet adenoma were found at operation, and, also, fifteen similar cases described in the literature up to that time. They classified the pathological conditions found in all twenty-one cases as follows:

Adenoma	11
Carcinoma	5
Uncertain or undetermined	5

The ages in this group varied from one to fifty-six years; the disease was as frequent in one sex as the other and occurred most commonly in the fourth decade.

Whipple and Frantz also tabulated seventeen cases in which no tumor was found at the time of operation. They set forth the pathological reports in these cases as follows:

Normal pancreas	11
Pancreatitis	2
Indefinite findings	4

Corff[7] has classified hyperinsulinism into two main groups, each group having two or more sub-groups, as follows.

1. *True hyperinsulinism,* in which insulin is thrown into the blood in increased amounts due to—

a. Tumors of the islands of Langerhans, most frequently adenoma.

b. Definite hypertrophy of the islands of Langerhans, without tumor.

2. *Relative hyperinsulinism,* due to—

a. Lack of antagonistic glandular action as in hyperthyroidism.

Thyroid secretion has been supposed to inhibit the production of insulin and hence the removal of the sugar from the blood. Thus, in hypothyroidism the blood sugar is often low and in hyperthyroidism it is often high.

b. Disease of the adrenals.

Addison's disease characterized by low blood pressure, low blood sugar, and low blood chlorides, probably due to disease of the adrenal cortex, also interferes with the function of adrenalin formation by the medulla of the adrenal. Hence patients with destruction of the adrenals respond to the exhibition of chlorides, glucose, and adrenalin. (Abrams and Gilligan[8] state, however, their investigations show that the response of the sympathico-adrenal system to insulin is normal in patients with hypothyroidism and that there is no antagonism between the internal secretions of the normal thyroid gland and of the pancreas.)

c. Tumors of the pituitary gland.

The pituitary gland is supposed to exercise a controlling action on both the thyroid and adrenal

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

glands. Hypoglycemia due to destruction of the anterior pituitary lobe has been described by Cushing, Wilder and others.

d. Interference with the center regulating the secretions of the islands of Langerhans, such as diseases affecting the pons or over-activity of the vagus. Hypoglycemia is seen in tumors of the pons and also of the mediastinum with pressure on the vagus.

Malamud and Grosh[9] have observed a case of chronic hypoglycemia with psychotic manifestations, convulsions and organic dementia in which they found correlated destruction of the cerebral cortex and basal ganglia. They attribute these central nervous system changes to the toxic effect of insulin and suggest that the glucose tolerance test is an index of the severity of the pathologic-physiologic process.

Case Report

History.—An unmarried nurse, aged 35, complained of attacks which began in 1930 and occurred every three or four months, generally late in the afternoon. They were characterized by weakness, sweating, dizziness, a desire to sit down, and lack of will power, followed by sleepiness and semicoma. She obtained relief by taking crackers and milk.

By 1932 the attacks had become more frequent, occurring once or twice in the morning and once in the afternoon. There was some temporary improvement after partial thyroidectomy performed that year for adenoma. In 1934-1935, the patient had attacks every day, usually around 8 or 9 a. m. In 1935-1936 she had attacks at about 8 and 11 a. m. and 4 p. m. She felt better five to ten minutes after taking orange juice or glucose. Glucose, taken one-half hour before attacks, decreased and sometimes even warded off the attacks, and she carried glucose for this purpose.

Her personal and family histories were unimportant.

Examination.—The physical examination revealed no positive findings. Blood pressure readings during or soon after attacks, which were sometimes quite severe and once accompanied by epigastric distress, were 90/60, 100/70, 120/70, 100/70, 128/80. The blood sugar readings were 69.7, 59, 53, 30.9, 60, and 61 mg. per 100 cc. of blood. An examination of the blood showed: red cells 4,250,000; white cells 9,450; hemoglobin 85 per cent; polymorphonuclears 72; small lymphocytes 14; large lymphocytes 12; eosinophiles 2; color index 9. The coagulation time was 8 minutes; the bleeding time one-half minute; the blood calcium 10 mg. per 100 cc. of blood. Urinalysis showed: specific gravity 1.024, acid, albumin 0, and sugar 0; microscopic examination revealed an occasional leucocyte. The glucose tolerance test showed the following:

	Blood sugar in mg. per 100 cc. of blood.
After fasting	84
Hours after 90 gm. glucose.	
½	183
1	83
2	84
3	99
4	52*
5	64.9
6	63.5

* Severe attack.

Treatment.—Thirty grains each of sodium chloride and sodium bicarbonate for one week did not materially affect the blood pressure or blood sugar. The following table shows the patient's response to 1 cc. of 1:1,000 adrenalin, given at 8 a. m.:

Time	Blood pressure	Blood sugar in mg. per 100 cc. of blood.
Immediately after adrenalin	120/70	56.1
8:30 a. m.	122/60	70.4
9:00 a. m.	138/75	135.1
10:00 a. m.	120/70	105.8
11:00 a. m. Severe attack	----	----

The results of thyroid administration are given below:

Date	Gr. dessicated thyroid	Blood sugar in mg. per 100 cc. of blood.
2/11/37	5	
2/12/37	5	
2/13/37	4	
2/14/37	2	
2/15/37		52.9

On February 23, 1937, a median laparotomy through the gastro-colic omentum was made. The pancreas was uncovered. No tumor was found. The pancreas felt rather hard and slightly nodular. The tail and body were freed from splenic vessels about two-thirds the length of the pancreas and 22 gm. of the pancreas resected. The edges were sutured with fine catgut. An accidental injury to the blood supply of the transverse colon necessitated resection of four inches of this viscus.

Figure 1. Gross specimen of pancreas showing groove of the splenic vessels.

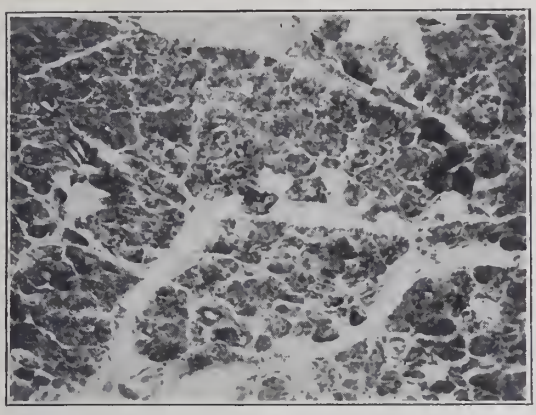

Figure 2. Section of pancreas showing normal islets.

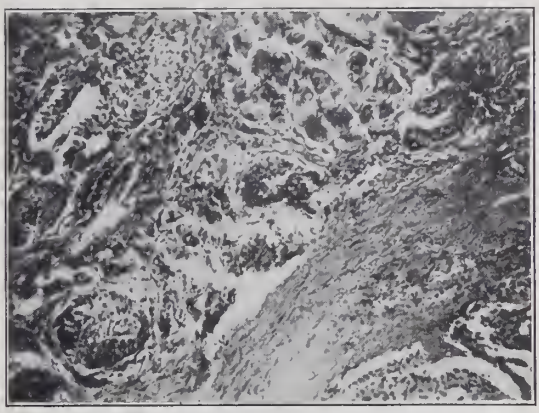

Figure 3. Section of pancreas showing area with dense stroma enclosing large alveoli filled with elements of the character of island tissue.

Two Penrose drains were inserted into the bed of the pancreas and the wound was closed. The patient made a slow but satisfactory recovery. There was some drainage of pancreatic juice for two or three weeks, but no skin excoriation was observed. The patient slowly gained in weight and in July, 1938, was back doing regular nursing duty.

The pathologic report on a section taken from one of the small shot-like nodules felt in the pancreas was, according to Dr. C. H. Bunting, as follows:

> "The section shows a central area with dense stroma enclosing large alveoli filled with elements of the character of island tissue. As the surrounding pancreas shows no marked connective tissue growth (only pressure atrophy in one area) I should think the stroma growth secondary to the island growth and, as there is also an apparent tendency to invade into the normal secreting tissue, I think the lesion belongs in the group of cancers of the island rather than that of adenomata."

The postoperative blood sugar record is given below:

Date	Time	Blood sugar in mg. per 100 cc. of blood.
2/25/37	4:30 p. m.	253
2/26/37	--------	149
3/1/37	8:30 a. m.	99.6
3/2/37	7:15 a. m.	119.7
3/3/37	7:15 a. m.	89.3
3/6/37	7:15 a. m.	133
3/10/37	7:15 a. m.	82.6

Summary

Hyperinsulinism may be confused with brain tumor, alcoholism, cerebral hemorrhage, anemia, epilepsy, diabetic or uremic coma, etc. Physical examination is of no value in diagnosis; history and laboratory tests alone are of help. In treatment, adrenalin or pituitrin are indicated; in severe cases, glucose given intravenously is helpful. A high caloric diet should be well distributed through the day. Surgical removal of adenomata, when found, yields the best results. Resection of 50 to 70 per cent of the pancreas may give some relief, at least temporarily.

BIBLIOGRAPHY

1. Harris, Seale: Hyperinsulinism and dysinsulinism. J.A.M.A. 83. 729–733 (Sept. 6) 1924.
2. Harris, Seale: Hyperinsulinism, a definite disease entity. J.A.M.A. 101: 1958–1965 (Dec. 16) 1933.
3. Wilder, R. M., Allan, F. N., Power, N. H., and Robertson, H. E.: Carcinoma of the islands of the pancreas. J.A.M.A. 89: 348–355 (July 30) 1927.
4. Finney, J. M. T., and Finney, J. M. T., Jr.: Resection of the pancreas. Ann. Surg. 88: 584–592 (Sept.) 1928.
5. Reported by Howland, G., Campbell, W. R., Maltby, E. J. and Robinson, W. L.: Dysinsulinism—Convulsions and coma due to islet cell tumor of pancreas with operation and cure. J.A.M.A. 93: 674–679 (Aug. 31) 1929.
6. Whipple, A. O., and Frantz, Virginia K.: Adenoma of islet cells with hyperinsulinism. Ann. Surg. 101: 1299–1335 (June) 1935.
7. Corff, Meyer: Hyperinsulinism. Am. J. Surg. 34 (N. S.): 241–247 (Nov.) 1936.
8. Abrams, M. I., and Gilligan, D. R.: Carbohydrate metabolism in human hypothyroidism induced by total ablation of the thyroid gland. Am. J. Med. Sci. 188: 796-800 (Dec.) 1934.
9. Malamud, N., and Grosh, L. C., Jr.: Hyperinsulinism and cerebral changes; report of a case due to an islet cell adenoma of the pancreas. Arch. Int. Med. 61: 579-599 (April) 1938.

DISCUSSION

Francis D. Murphy, M.D., Milwaukee: Doctor Smith's paper emphasizes the importance of an accurate diagnosis of this rare condition and the effectiveness of proper therapeutic measures.

While milder forms of hyperinsulinism or hypoglycemia are not considered common diseases the type of case reported here is rare and less than

twenty-five authentic cases with comparable results have been reported.

Hyperinsulinism or chronic hypoglycemia may be classed into two forms, the genuine and the relative. In either type the cases may be mild or severe. The genuine type is usually caused by adenoma, carcinoma or hyperplasia. The relative form is the result of liver disease, starvation or metastatic carcinoma of the liver.

The severe forms are usually easy to diagnose while the milder ones often are unrecognized and untreated for many years. As in most unusual diseases the most important factor in diagnosis is to have the condition in mind.

On December 4, 1926, William Mayo performed the first operation on the pancreas for hyperinsulinism. This was done on a physician and a carcinoma of the islets of Langerhans was found with metastasis to the liver. This case was reported by Wilder and his associates in 1927. Shortly afterwards Thalhimer and I observed a similar case and reported it with autopsy findings. Since then I have had an opportunity of seeing several such cases; in one recently observed there was no carcinoma of the pancreas but a widespread carcinoma of the liver.

The classical cases differ from the milder ones in degree only. The onset of the clinical features is usually insidious. One of the chief symptoms is the psychic change which the patient undergoes. At first there are periods of altered personality that are called by some "depersonalization." Then periods of semiconsciousness develop and the so-called "dreamy" episodes come on. Often these manifestations occur at irregular intervals and last from a few moments to an hour or more. There may be sweating, weakness, anxiety, incoherence of speech and actions, unconsciousness and sometimes convulsions. At first recovery from these attacks is spontaneous but later on glucose given by vein or by mouth is necessary to revive the patient. In untreated patients convulsions may come and go until finally exhaustion causes death.

The diagnosis is made by observing the blood sugar during the attack. At this time it is very low, 40 mg. per cent or less. A therapeutic test may prove the diagnosis, for the patient is relieved by giving sugar. When the liver is involved primarily, adrenalin will not revive the patient, but when the disease is due to involvement of the islets of Langerhans, adrenalin causes an outpouring of glucose from the liver and brings relief.

Although the more pronounced cases are fairly easy to recognize, the milder forms are frequently difficult to diagnose. In questionable cases a glucose tolerance test, a starvation test or an insulin sensitiveness test may be used to confirm the diagnosis.

Doctor Smith is to be congratulated for his accurate diagnosis and his effective and satisfactory operative work, and most of all for focusing attention on this rare but important disease.

Serum Therapy of Pneumonia*

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THE beneficial effects of antipneumococcal serum in the treatment of pneumococcal infections have been known for the past twenty-five years. However, its acceptance as a therapeutic agent in the treatment of pneumococcus pneumonia has been delayed by two things, the lack of potent antiserum and the difficulty in determining the type of pneumococcus producing the infection. Felton[1] in 1924 presented a method by which a potent and highly refined horse antipneumococcal serum could be obtained. Armstrong[2] and Logan and Smeall[3] in 1932 simultaneously adopted the quellung phenomena, first described by Neufeld in 1902, for use in sputum examinations. This work has formed the basis of a rapid and simple method for determining the type of pneumococcus in cases of pneumonia.

With the use of serum, in either lobar or atypical (broncho) pneumonia, two results have been noted: First of all the death rate of the disease is materially lowered (table 1). Secondly, there is prompt relief of the patient's subjective symptoms, often immediately following the injection of the serum, with a definite crisis occurring within twenty-four hours of the time that an adequate amount of serum is given. Serum does not, however, have any effect on the development of complications (empyema, otitis media, etc), the incidence of such complications being essentially the same in both serum treated and non-serum treated cases. Lord and Heffron,[4] Bullowa,[5] Finland,[6] Plummer[7] and others have reported the use of serum in a sufficiently large number of cases of pneumonia due to pneumococci types 1 and 2 so that its beneficial effects are now established beyond doubt. Equally good re-

*From the State Laboratory of Hygiene, University of Wisconsin Medical School.

sults are also reported in a smaller series of cases due to pneumococci types 4, 5, 7, 8, and 14. Sera for all of the other types of pneumococci are just beginning to come upon the market so that no definite data are available for them.

TABLE 1.—*Comparative Mortality of Serum and Non-Serum Treated Cases of Pneumonia*

(Compiled from Lord and Heffron, and Plummer)

	Serum treated within 96 hours of onset		No Serum Given	
Types	Cases	Mortality Percentage	Cases	Mortality Percentage
1	1043	13.9	2047	30.0
2	281	22.4	1144	42.9
4	12	16.7	66	25.8
5	240	16.3	554	33.0
7	185	14.6	471	23.1
8	124	11.7	494	24.5
14 (Adults)	31	32.2	184	34.7
14 (Infants)	39	10.3	311	12.2

Within the past year Finland,[6] Horsfall et al.,[8] and Loughlin and his co-workers[9] have published the results they obtained with the use of rabbit antipneumococcal serum in the treatment of the various types of pneumococcal pneumonia. Although their results are all favorable, the number of cases in which rabbit serum has been used is too small to draw definite and lasting conclusions.

If the precautions listed below are followed, the use of horse serum entails only a negligible risk to the patient. Lord and Heffron[4] report three deaths due to serum in 1,755 cases in which it was used. Blankenhorn[10] noted only one fatality in 230 treated patients. Rabbit antisera are still too new to make any definite statements as to their dangers. So far no deaths or serious accidents have been reported in 154 patients treated with rabbit antisera. Experiences such as these show that serum may be used as safely in the home as in the hospital. This eliminates the necessity of transporting seriously ill patients to a hospital, a procedure which may do more harm than good in a country practice where the distance to the hospital may be great. Furthermore, this means that treatment may be begun very promptly for it is universally agreed that to be effective serum must be given early, preferably within twenty-four hours of the onset of the disease and certainly not later than ninety-six hours. Lord and Heffron[4] have shown conclusively that the mortality increases rapidly with each hour of delay in giving serum. This means, of course, that the diagnosis must depend on the history and the presence of minimal signs in the chest. To wait until definite clinical consolidation is present often postpones serum therapy until it is too late for it to be of value. Typing of the sputum for pneumococci should be carried out early on the slightest suspicion. Repeated typings, if the first is negative, should be done when the clinical evidence warrants it. Typing of the sputum must be accurate, of course, since the antisera are absolutely type specific. Type 1 antiserum will have no effect on pneumococci of types other than type 1.

Before administering the serum the following steps must be observed:

1. *Take a blood culture.* In patients with bacteremia more serum is required than in those whose blood stream has not been invaded by pneumococci.

2. *Obtain a history as to whether or not the patient is sensitive to horses or rabbits or their emanations.* Where a history of sensitivity to these animals is obtained, specific serum therapy should be omitted regardless of the results of the skin and ophthalmic tests for sensitivity. However, if the patient is sensitive to horses, rabbit serum may be used, and vice versa, if the various sensitivity tests are negative. Similarly, serum may be given to allergic patients where the allergy is due to some other cause than rabbits or horses. Serum must be given very cautiously in such cases. Desensitization of sensitive patients is too uncertain to be relied upon.

3. *Obtain a history as to the previous use of horse or rabbit serum.* If it has been used within the previous seven days, a second dose of serum may be given cautiously if it is preceded by the subcutaneous injection of 5 to 15 minims of a 1:1,000 solution of epinephrine. In such cases the patient must be watched very closely and the serum discontinued at once if any untoward symptoms arise.

4. *Make a skin or ophthalmic test for serum sensitivity, using a 1:100 or 1:10 solution of normal horse serum respectively.* Antipneumococcal serum should

not be used as the concentrated serum may produce a positive reaction in normal people. The skin test is unreliable when rabbit serum is used. The test recommended by Horsfall and his associates[8] and Loughlin et al.[9] is the ophthalmic test or preferably the intravenous sensitivity test. In the latter test 0.1 cc. of therapeutic rabbit serum is diluted to 5 cc. with normal saline solution. This solution is slowly injected intravenously. In sensitive patients, within five minutes of the injection, there is a decrease in the arterial systolic pressure of 15 mm. of mercury or more and an increase in the cardiac rate of fifteen beats per minute. It is exceedingly dangerous to give serum to patients who show a positive reaction to any of these tests.

The amount of pneumococcal horse antiserum given should depend on the individual case. In type 1 pneumonia, minimal, initial dosages of 60,000 units are generally advised. In pneumonia due to other types of pneumococci, dosages of 100,000 units are recommended. More serum must be given, usually double the initial dose, (1) if bacteremia is present, (2) if the pneumonia involves more than one lobe of the lung or is spreading, (3) if the patient is elderly or (4) if the serum is started late in the course of the disease. Failure of the patient to respond to apparently adequate doses of serum suggests that some complication is present, such as empyema, otitis media, etc., or the original typing is in error, and should be rechecked. A definite improvement in the patient's condition should be apparent in twenty-four to thirty-six hours after giving adequate amounts of serum. Rabbit serum is still too new for dosages to be fixed and recommended. Usually 100,000 units are given as an initial dose. More serum is needed in complicated cases than in simple ones, of course.

At the present time there are no laboratory tests by which one can determine when a patient has received enough serum. Most persons working in this field do not give over 300,000 units of serum to any one patient. The clinical response of the patient to serum should determine whether or not it may be discontinued. Testing the patient's blood for the presence of specific agglutinins is unreliable as a test of adequate dosage. The Francis test is still experimental in nature.

During the actual administration of the serum a syringe loaded with a freshly prepared 1:1,000 solution of epinephrine should be close at hand. Serum which contains a precipitate should not be used. The serum is given intravenously and may be injected slowly in the undiluted state or it may be added to several hundred cubic centimeters of normal saline solution. Five thousand units of horse antiserum, warmed to body temperature, are given first. Two hours later, if there is no reaction to this initial dose, 20,000 to 40,000 units more are given, followed in another two hours by the remainder of the projected therapeutic dose. In some pneumonia centers the first dose of serum given consists of 20,000 units, and the second intravenous injection two hours later contains the rest of the initial dose. With rabbit serum the entire therapeutic dose is given two hours after an initial test dose of 5 cc. The oral administration of acetyl salicylic acid before the injection of serum is of some benefit in the prevention of mild thermal reactions.

With the improvement of methods for refining antisera, reactions following the use of such therapeutic measures are becoming less common. Fatal reactions, as has already been said, are to all practical purposes negligible. Such reactions, when they occur, are of the thermal variety. Acute fatal allergic reactions should never occur if proper precautions are taken before starting serum therapy. Mild reactions, such as nausea, vomiting or transient urticaria, may occur imediately after one or more of the intravenous injections. These reactions may possibly be due to some unsuspected mild allergic condition. They are inconstant in appearance, and they not infrequently occur after the first injection but not after subsequent ones.

Mild thermal reactions, usually consisting of a chill followed by a fever and coming on about one hour after the full dose of serum is given, are reported to occur in about 20 per cent of the patients receiving serum. They are more apt to occur after the use

of rabbit serum than after the use of horse serum. The condition is treated symptomatically. Treatment should be prompt and energetic, as these reactions at times seem to have a deleterious effect on patients who are elderly, debilitated or very ill.

Serum sickness, occurring seven to ten days after giving the serum, is fairly common and is found in about 20 per cent of the serum-treated cases. It is impossible to predict whether or not it will occur in any particular individual. It is most apt to occur in patients given large or repeated doses of serum. Serum sickness is reported to occur less often after rabbit serum than after horse serum. Although this is a distressing condition to the patient, the possibility of its occurrence should never deter one from giving serum, since it is usually a mild transient affair readily yielding to the use of epinephrine and analgesic drugs.

In summary, one may say that the use of horse antipneumococcal serum in the treatment of pneumococcus pneumonia is of unquestioned value and that it has now reached the point where it may be safely used. Rabbit antipneumococcal serum is still new and untried, and its general use is not to be recommended until more is known about its undesirable effects. Chemotherapy in the treatment of pneumonia may eventually be of value. At present its use is fraught with the dangers and disappointments that surround any new, untried treatment. The hope of the pneumonia patient at the present time lies in the early recognition of the disease and the early use of specific antiserum in addition to the usual supportive measures now generally in vogue.

BIBLIOGRAPHY

1. Felton, L. D.: Isolation and concentration of specific antibodies of anti-pneumococcus sera. Boston M. & S. J. 190: 819–825 (May 15) 1924.
2. Armstrong, R. R.: Immediate pneumococcal typing. Brit. M. J. 1: 187–188 (Jan. 30) 1932.
3. Logan, W. R. and Smeall, J. T.: Direct method of typing pneumococci. Brit. M. J. 1: 188–189 (Jan. 30) 1932.
4. Lord, F. T., and Heffron, R.: Pneumonia and serum therapy. Revised edition. New York: The commwealth Fund, 1938.
5. Bullowa, J. G. M.: The management of the pneumonias, London: Oxford University Press, 1937. Pages 283–363.
6. Finland, M. and Brown, J. W.: Specific treatment of pneumococcus type I pneumonia. Am. J. M. Sc. 197: 151–168 (Feb.) 1939.
7. Plummer, N.: Use of serum in the treatment of the higher types of pneumonias. J.A.M.A. 111: 694–698 (Aug. 20) 1938.
8. Horsfall, F. L., Goodner, K., and MacLeod, C. M.: Antipneumococcus rabbit serum as a therapeutic agent in lobar pneumonia. New York State J. Med. 38: 245–255 (Feb. 15) 1938.
9. Loughlin, E. H., Bennett, R. H., and Spitz, S. H.: Treatment of lobar pneumonia with rabbit antipneumococcus serum. J.A.M.A. 111: 497–502 (Aug. 6) 1938.
10. Blankenhorn, M. A.: Present status of the serum therapy of pneumonia. J.A.M.A. 111. 1260–1262 (Oct. 1) 1938.

The Consideration of Scars, Stumps, and Functional End Results in the Treatment of Injuries*

By RALPH M. CARTER, M. D.
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ALL living tissues, particularly human tissues, possess the inherent ability to themselves repair injuries and losses of substance which they may have undergone. Such repair, however, is never perfect to the point of regenerating a missing part, and it is very exceptional for the edges of a wound to reunite by means of tissue exactly similar in every way to that of the injured organ. Almost always healing takes place by means of connective tissue. Such tissue is fibrous in appearance, firm and sometimes hard in consistency, and whitish in color; in other words, it forms a scar. Fortunately, there are some exceptions to this rule, and certain tissues are able to completely regenerate themselves. This is true in the case of bones. If it were not, every fracture would end in the formation of a pseudarthrosis. It is true also under favorable circumstances in the case of the peripheral nerves. But healing by scar formation is most frequently the rule for the majority of

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

lesions of the organism, and it is thus that wounds of the skin, the mucous membranes, and organs such as the kidneys, liver, etc., heal.

Scar Formation and Evaluation

Owing to a property possessed in high degree by newly formed connective tissue, scars assume a marked importance on account of their possible influence upon the functional end result following the healing of injuries and wounds. This property is the excessive tendency to contraction as scars become older. It is obvious, however, that only in certain locations and under certain circumstances does this tendency exert a deleterious influence. For example, in the linear scar following an operation for hernia, contraction of the scar is not only not harmful, but may be looked upon as a positive advantage, owing to the fact that the severed parts are thereby drawn more closely together, and a firmer union thus obtained. On the other hand, the scar following healing of an extensive surface wound, such as a burn, by its contraction may produce a high degree of disability. This, again, is conditioned by its location. A large scar on the anterior aspect of the thigh, if well-healed, is of little importance; the same scar back of the knee, could easily give rise to a flexion contracture which it might be impossible to overcome. This is true of all extensive scars in the vicinity of articulations. As a general rule, it may be said that scars on the extensor surfaces are productive of less functional disability than those on the flexor surfaces, although there are exceptions to this rule.

It is thus obvious that scars may assume a preponderantly important role in the production of functional disability. In the treatment of wounds, this should be kept constantly in mind, and every effort made to obtain as perfect healing as possible.

In the evaluation of scars, aside from defects in the scars themselves, several factors are of importance.

The first of these is the site or location of the scars. Those in the vicinity of articulations, especially on the flexor surfaces, have already been mentioned. Those involving any of the natural orifices of the body, such as the mouth, nose, palpebral fissures, ears, etc., may not only give rise to serious functional disabilities, but to a high degree of disfigurement. Scars involving tubular structures, such as the esophagus, intestine, ureter, urethra, etc., may occasion disturbances of normal physiology to a degree which is out of all proportion to the severity of the disturbances resulting from the original injury. Finally, whether the scar is exposed to continual irritation as on the palm of the hand, the sole of the foot, or on an amputation stump, may be the determining factor in the presence or absence of functional disability.

A second factor of importance in the evaluation of scars is the consistency of the scar itself. Ordinarily, a well-healed scar, provided its extent is not too great, eventually presents the character and resistance of the normal skin. Not infrequently, however, scars are seen which are very thin and fragile. Let it be understood that the reference here is not to recently healed scars, which are always fragile. Recovery is not always complete when the wound is closed; sufficient time should be allowed to elapse for a scar to harden in some degree before the end of the healing period is assumed to have been reached. But occasionally scar tissue is seen which never becomes hardened, which remains thin and fragile, pinkish in color, extremely sensitive, and which breaks down upon the slightest irritation. Not infrequently such tissue is seen following Thiersch grafts. Again depending upon their location, such scars may occasion a greater or lesser degree of functional disability. Finally, occasionally wounds are seen which may never heal, as for example, certain varicose ulcers; apparently this is the result of an inherently deficient healing reaction in tissues of inferior quality and low viability.

A third factor to be taken into consideration in the evaluation of scars is the extent of the original wound, both in surface area and in depth, for upon this directly depends the amount of scar tissue produced.

So, much, briefly, in regard to general considerations applying to all scars. Certain other conditions which influence the nature

and character of the scar also frequently have to be taken into account.

The nature of the wound and the course of the healing process exert their influence. This is to say that wounds which heal by primary intention as a rule give rise to more satisfactory scars than those which result from slow healing or infected wounds.

Incised wounds healing by means of linear scars as a rule give rise to little difficulty, although at times this may not be true in the case of scars of the hand or fingers. On the other hand, scars arising from burns, either thermic or chemical, owing to the extensive loss of tissue, are frequently very troublesome.

As regards the age of the patient, this is ordinarily of little significance, aside from the possibility that wound healing may be somewhat slower in the aged. The exception to this is in the case of extensive wounds of the extremities or trunk in infants, such as result from burns. In such cases, the scars produced may fail to keep pace with the natural growth of the uninjured portions, and serious deformities and crippling disabilities may be produced.

Bacterial inflammation in the immediate neighborhood of a scar may often give rise to a secondary infection of the scar itself, with further loss of tissue, and extension of the original cicatrix.

Finally, there are certain abnormalities or complications of scars themselves which must not be overlooked. For example, we may have colored scars, resulting from tattooing by powder grains, coal dust, or other foreign substances, and which are of importance on account of the cosmetic defects to which they give rise. Scars may be excessively painful and remain so, a condition oftenest seen in amputation stumps, especially of the lower extremity, and not to be confused with the hypersensitiveness of recent scars mentioned above. There may be inflammatory exacerbations in recent scars, especially in those in which the tissue is unusually fragile. Laparotomy scars not infrequently stretch, becoming much larger, and giving rise to postoperative hernias; the same process in a well-healed hernia scar may cause a recurrence of the hernia. Adherent scars, particularly those adherent to tendons, frequently give rise to a high degree of disability. While not common, keloid formation is occasionally seen. Such growths on the face may be disfiguring; on the other portions of the body, they readily may be subject to constant irritation. And very rarely, certain scars may undergo malignant degeneration.

Stumps and Prosthetic Appliances

Turning now to a brief consideration of amputation stumps, we know that the ideal stump should be well covered with supple skin and a sufficient pad of underlying tissues; it should be painless, not only upon pressure, but should also be free from spontaneous pain; and there should be no stiffness of the neighboring joints. These desiderata form the indications for planning repair and treatment following the original injury, and in later examinations should be kept in mind for the purpose of determining ultimate functional disability. In every case, the presence of complications should be sought with care.

In amputations of the fingers, atrophy of the interosseous muscles of the hand is occasionally seen. This is particularly important if it affects the muscles of the thenar eminence. Occasionally such atrophy may extend upwards into the muscles of the forearm, and even of the upper arm. Objective disturbances of sensibility, such as insensibility to touch, pain, heat and cold, may usually be demonstrated, if present; subjective disturbances, such as neuralgic pain or neuritis, may give rise to real disability, although physical evidence of their presence may be lacking. In all cases, the character of the scar should be carefully determined. In amputations of the fingers and upper extremity, the best situation is on the dorsal aspect; if it is palmar or terminal, it is frequently exposed to constant irritation. As has been said, it should have a sufficient pad, and should be non-adherent. In the treatment of wounds in which amputation is required, it should be remembered, as a rule, that a planned operative scar is much more satisfactory than an accidental one. The latter is too often poorly placed, thin, ad-

herent to the bone, and without protection; on the other hand, following a surgical amputation, the stump can usually be covered with thick tissues, which play a very important protective role. Therefore, wounds should be carefully trimmed and so far as possible regular amputations performed when necessary. In amputations of the fingers, removal of the entire injured phalanx is usually much more satisfactory than section of the bone in continuity. The stump of such a conserved phalanx is rarely of much use, and is often in the way, because of the ankylosis of the neighboring joint which is usually present.

Regarding the question of prosthetic appliances for individuals who have lost an arm, it may be said that those having lost a leg, almost always wear an artificial substitute; those having lost an arm do not. There are two very good reasons for this. The first is that one cannot walk with one leg, and the constant use of crutches constitutes an additional handicap in engaging in any gainful occupation; furthermore, one's range of activity is much circumscribed. With an amputated arm, however, while work is not easy, nevertheless, there are certain occupations which may be engaged in, and above all, the individual can go without difficulty wherever he wishes. The second reason is of equal if not more importance, and that is, that while prostheses of the lower extremity almost uniformly give good results, those of the upper extremity do not. This is true in spite of numerous researches during the war and afterward. In Europe since the war, and in this country more recently, certain surgeons have been performing the so-called cineplastic amputations. In individual cases, the results of this are sometimes spectacular, to say the least. But the long period of time required for the preparation of the stump, and particularly for the muscle training necessary, would seem to preclude the use of the procedure for any but exceptional cases. Above all, artificial appliances for the arm lack one function which is necessary for the efficient operation of the hand, and which can never be supplied, and that is the sense of touch. This means that all finer movements must be performed with the aid of vision.

Amputations of the lower extremity may affect any portion of the leg, from a simple disarticulation of one of the phalanges of the toes to disarticulation at the hip. If the area of ground contact of the heel is preserved, the leg is not shortened, and while an artificial foot may be useful, it is not really necessary. Above this level, an artificial leg becomes indispensable. Therefore, all amputations of the leg should be made with a view to obtaining the most satisfactory stump possible, to obtaining rapid healing, and to fitting the artificial member at the earliest possible date.

Amputations

The efficiency of an artificial leg depends to some extent upon the level at which the leg is amputated. In principle, these levels are as follows:

1. *Amputation of the forefoot.*—In these cases, the heel remains, and furnishes a very good and very solid point of support.

2. *Tibio-tarsal amputation and its derivatives.*—The foot is entirely lacking, including the skeleton of the heel, but the skin and subcutaneous cellular-adipose cushion has been preserved. The leg is shortened, but the point of pressure falls upon a flap of skin which is accustomed to support the body weight, and the individual can therefore walk upon his stump.

3. *Amputation through the lower portion of the leg.*—In this region, fleshy masses for padding the bone are insufficient, and weight cannot be borne upon the end of the stump. The point of support for the artificial leg must therefore come higher up, in the region of the knee; on account of the increased leverage due to its length, however, the stump is useful in communicating movement to the artificial leg.

4. *Amputation through the upper portion of the leg.*—This is usually understood to mean amputation at the junction of the upper and middle third of the leg, or about one hand's breadth below the knee. Here again the padding is deficient, and the point of support for the artificial leg must be taken from bony prominences in the region of the

knee. The stump being shorter, the movements of the artificial leg may be less satisfactory. The older surgeons formerly looked upon this region as the "site of election;" with the improvement in recent years in the construction of artificial legs, the considerations giving rise to this view are no longer so important.

5. *Disarticulation at the knee.*—The action of the knee being absent, the functional result is somewhat less satisfactory than in any of the preceding classes. The artificial leg can no longer flex at the knee by voluntary action; nevertheless, since even imperfect flexion is very useful, it is provided for by a system of springs and bolts.

6. *Amputation through the lower portion of the thigh.*—The results here are comparable to those given by disarticulation at the knee; however, there is less leverage for the artificial leg because the stump is shorter.

7. *Amputation through the upper portion of the thigh.*—Here the stump becomes so short that the primary consideration is solidity at the expense of motion in the knee; therefore, in many cases, a knee joint in the artificial leg is not provided, in order to avoid accidents.

8. *Disarticulation at the hip.*—Since the hip joint is completely absent, the individual is able to walk only by throwing forward the pelvis on the amputated side; the only function of the prothesis is to furnish a solid support, so all articulations are done away with. This is the most disabling of all amputations of the lower extremity.

Conclusions

In conclusion, it must be emphasized that scars not infrequently give rise to serious, if not crippling disabilities. By having these remote results in mind, and by using foresight in the treatment of wounds immediately following their receipt, many of these disabilities may be avoided. Suture lines should be planned with care. Rapid, clean wound healing should be promoted by every means possible, splints and plaster casts should be used where indicated, and skin grafting should not be looked on as a measure of last resort. The same principles apply to amputations; these operations should not be looked on merely as a means of getting rid of damaged tissue, but the effect on ultimate function should be foreseen, so far as possible. In the case of the lower extremity, particularly, every procedure should be carried out with a view of obtaining the greatest efficiency in an artificial leg.

Author's Note.—In the preparation of this paper the following work has been freely utilized and drawn upon, and credit for this assistance is hereby acknowledged: Guide pour L'Evaluation des Incapacites, by Imbert, Oddo and Chavernac. Ed. 2. Paris: Masson et Cie, 1923.

Discussion of Secondary Anemias of Infancy

By E. C. HARTMAN, M. D.
Janesville

IN LAST month's issue of the Wisconsin Medical Journal appeared an article, "Secondary Anemias of Infancy," presented at the 97th anniversary meeting of the State Medical Society of Wisconsin in Milwaukee, September, 1938, by Robert L. Cowles, M.D., Green Bay. Doctor Cowles' conclusions were:

1. Hypoplastic or deficiency anemia is a frequent condition, and while the mortality is low the morbidity is great.

2. All premature babies and most twins are especially prone to develop anemia.

3. Proper administration of iron is both the prophylactic and actual treatment of this class of cases.

4. Proper diet and vitamin feeding are not sufficient alone to counteract an anemia once it is developed.

5. Prophylaxis of vitamin and iron deficiency diseases of the newborn can be simplified by giving one preparation containing all of the essentials and this should be started at the beginning of the third month.

6. No case of anemia is too slight to be ignored.

Following is the discussion of Doctor Cowles' paper, presented at the annual meeting by Dr. E. C. Hartman of Janesville:

Of the many diseases which afflict the infant in the first year of life, this one which Doctor Cowles has so ably discussed has probably received the least attention from those responsible for the care of babies. This is not entirely the fault of the physician for we know that in the past, and even in the present, the parents were satisfied if the babe was making a fairly satisfactory gain in weight. That has been and still is the principal criterion on which the child's well being and progress was and is based. Because of the low mortality and often times the apparently insignificant morbidity the condition has not been recognized either by the parents or by the busy family doctor, and has not received the attention it deserves. The onset is frequently so insidious that its presence is not noted until it is far advanced. There can be no question that this neglect has been responsible for the poor start in life and the subsequent development of infection and other troubles that occur in the second and third years of many babies' lives. It has always seemed to me reasonable to assume that a babe who has suffered from even a moderate degree of secondary anemia during the second half of its first year will suffer more from the ordinary infections which it is bound to contract during the second and third years. I have sometimes wondered if there might be any connection between this condition and the prevalence of abnormal tonsils and adenoids.

For several years I have compared the development of the breast-fed baby with that of the bottle-fed baby. While the breast-fed child has had a definite advantage in bone development and tissue turgor, there has been very little difference in the weight gain and occurrence of secondary anemia. What difference has been noted has been in favor of the breast-fed infant. This advantage, I believe, to be due to the fact, that gastrointestinal disturbances and other infections are less frequent in the baby on mothers' milk. Sometime ago (as a matter of comparison) I made a graph of the blood picture of infants from the third to the seventh month of life. This series of cases showed with few exceptions, that nutritional anemia did not begin to make itself evident before the fifth month. From this time on, the hemoglobin curve dropped rather rapidly, unless the child's diet was reinforced with hemopoetic iron-producing substances. The cases in which the hemoglobin curve dropped earlier were almost without exception in infants who had received an inadequate formula or supply of mothers' milk. This study was not at all original but was conducted for my own satisfaction and to determine whether the babies in my community lived the same kind of lives as those reported by others. Consequently, it has been a routine practice in our clinic to start cereal feeding at four and one-half to five months and vegetable feeding at five and one-half to six months.

The constitutional factor in secondary anemias has been of great interest to me. Why some infants are peculiarly subject to these anemias, while others under practically identical conditions have escaped, has been a problem which is not easy to solve and I have not been able to find a great deal in the literature concerning it.

Some years ago, Traub wrote a very interesting article on "The Constitution of the Individual" in which he used as a basis for his observation, a series of twins. At that time I had several sets of twins whom I observed, and I assisted him by providing certain statistics concerning their development. It was interesting to note in several of these pairs, whose environment and diet were as nearly as possible identical, that a definite difference in the blood picture was observed. It is true that no great difference was found in identical twins but it was interesting to note that under identical feeding and hygienic conditions, and even the same rate of growth, there was an undoubted constitutional factor present.

That secondary anemia is not as prevalent today as it was a decade or two ago is, we must admit, due partly to the sagacity and business acumen of the pharmaceutical and baby food manufacturers. They recognized the value of research in the field of dietetics and have flooded the market with infant foods and advertised them to the public. Many of these preparations have considerable value.

There is a slight difference of opinion as to the treatment of simple nutritional anemia. Some authors contend that food, rich in iron, will produce the desired blood change more rapidly than iron itself. Doctor Cowles undoubtedly is correct in his statement that the giving of some form of iron in cases of marked secondary anemia is absolutely necessary, but in many cases of somewhat lesser degree of hypochromia, an even more rapid return to normal has been observed through the use of food containing an adequate amount of iron. In a small series of infants in whom the hemoglobin was 60 per cent to 70 per cent, half were given an adequate milk formula and iron in the form of ferric and ammonium nitrate in doses of 10 to 12 grams per day. The others were given a diet rich in iron including egg yolk, scraped beef, spinach and cereal. There was little difference in response, although the group depending on iron in the form of food had a slight advantage. However, in another series where the hemoglobin was below 60 per cent, the group which received the iron combination and the diet responded considerably more rapidly. These infants were all below the age at which solid diets are usually started and had been on inadequate formulas.

Doctor Cowles deserves our thanks for directing our attention to this subject at a time when the term "dietary deficiency" usually suggests vitamins. The public is so well aware of the necessity of providing the few vitamins not included in the ordinary adequate diet that a genuine case of vitamin deficiency is comparatively rare. Two years ago at the annual meeting of the International Postgradu-

ate Assembly in Detroit, Dr. Allen Brown of Toronto was to conduct a clinic on vitamin deficiency and found that in the whole city they were unable to produce a case of rickets. But any physician who will take the trouble to check the hemoglobin of the infants who come to his office will be able to produce a case of nutritional anemia every day in the week. The presentation of this subject is timely, and I feel certain that those of us who heed the recommendations in Doctor Cowles' paper will as a result be better friends to the little folks who look to us for care and guidance.

Comments on Treatment

EDITORS
A. J. Quick, M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

Digitalis*

Of all the drugs used in the treatment of heart disease digitalis remains the most reliable and trustworthy. Few other drugs are so important and none require more experience, skill and care in administration.

For an understanding of the clinical use of digitalis its pharmacological action must be considered. This may be summarized as follows: (a) It slows the heart rate by virtue of its action on the vagus. (b) It retards the conduction through the auriculoventricular bundle of His. (c) It acts upon the muscle of the auricles and ventricles and thereby increases the tonicity and the contractile power of the heart muscle resulting in a more complete contraction of the ventricles and more effective emptying of the chambers. This leads to a greater cardiac output and improvement of the circulation.

The Chief Indications for Digitalis: There are three, and possibly four, main indications for the use of digitalis:

(a) Congestive heart failure associated with auricular fibrillation. The results of digitalis therapy are most outstanding in this condition.

(b) Congestive heart failure with normal rhythm. Here the effects of digitalis are desirable, but they are not as dramatic as in cases where fibrillation exists.

(c) Auricular flutter. In these cases digitalis converts the flutter into fibrillation which it controls satisfactorily.

(d) Hypertensive heart disease. Some authorities believe that small doses of digitalis, given before heart failure begins, prevent further dilatation and hypertrophy and forestall heart failure.

Methods of Administration and Dosage: Digitalis is most commonly prescribed in the form of a tablet, pill, powdered leaf in capsules, or tincture. These preparations are standardized so that 1 cc. of the tincture, one tablet, one pill and one capsule each represent a cat unit which is a widely used American unit of potency. It does not make much difference which preparation is used, for in most cases the digitalis effect is obtained by any one of them. Occasionally it is found that a patient responds better to one form than another; and the tolerance to the drug varies in different individuals. As a general rule when digitalis reaction is required the drug should be given in sufficient doses to obtain the desired effect as soon as possible. This is accomplished best by giving a cat unit four to six times a day. Although other methods have been advocated, none is superior to the administration of ordinary doses at frequent intervals throughout the day. Digitalis should be given until the therapeutic effect has been obtained and then the dose should be moderated so that administration of a cat unit three times a day will be sufficient to maintain the optimum digitalis action. Digitalis may be given intramuscularly, but this is to be discouraged as much as possible because of the pain caused by the injection and because effective action is difficult to obtain in this way. For rapid digitalization, which is rarely required, 3 grains (two tablets,

(Continued on page 332)

* This article was prepared for *Comments on Treatment* by Dr. Francis D. Murphy, Milwaukee.

THE WISCONSIN MEDICAL JOURNAL

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« « « EDITORIALS » » »

"Sleeptights"

THE physician should be aroused to the necessity for legislation in the sale of drugs under the heading of barbiturates which have flooded the market in the past five years. These sleep inducers have been taken up by the public so generally that their use has reached alarming and uncontrolled, though not uncontrollable, proportions and something should be done about it. Evidence of the vast growth of addiction is the testimony of druggists in large cities who claim that sleeping pills are now sold as easily and cheaply as aspirins or laxatives. Yet they are almost as inherently dangerous as morphine.

Mr. Average Man, suffering from insomnia, no longer seeks the advice of his doctor but rather that of his friend or friend's friend, and goes to the corner drugstore to buy his relief—a relief pregnant with dangers of which he knows nothing. Soon enough one tablet is not sufficient and he takes a second, and then a third, and so on until the accumulative effect renders him a sick man. Any number of distressing symptoms may occur, ranging from acute toxemia, kidney ailment, and sexual disorder to temporary mental disturbance, often disconcerting to the diagnostician.

Insomniacs are doping themselves with a score of hypnotics sold under a variety of trade names, all of which drugs can be purchased without prescription. Unfortunately they are self-administered without cognizance of their contingent danger. This long line of proprietary medicines originates from the first of the barbituric acid derivatives produced by the German chemist, Emil Fischer, in 1903 and are only a sort of forerunner of what is yet to come. Almost every month pharmaceutic manufacturers place a new compound on the market. Since we are aware that these drugs if misapplied can produce irreparably harmful pathological results, should we not concentrate on a law which will protect the people from these much publicized "Sleeptights"? P. F. D.

COUNTY SOCIETIES WITH 100% MEMBERSHIP

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Please Note . . .

WE SHOULD like to draw the attention of our readers to the excellent article on page 318 entitled "Antenuptial Blood Tests in Wisconsin" by Dr. W. F. Lorenz. While he recognizes the Thomson Act, passed in 1937, as an excellent piece of legislation which will do much to eradicate syphilis in this State, he is also aware of its shortcomings. As is characteristic of much legislation, in actual practice deficiencies are often revealed which were not anticipated by those who originally promulgated it. Theoretically The Thomson Act may have seemed inerrant, but time and usage have proved its fallibility in some few exceptional cases where a marriage license has been refused unjustifiably. Doctor Lorenz would rectify the situation by adding an amendment to the law as it stands.

He explains that an antibody in the body fluid of a syphilitic person may persist long after the syphilitic lesions have abated. In such latent cases where transmission of the disease is impossible the blood test which detects the antibody and not the virus at all may persist in showing a positive reaction although the cerebrospinal fluid may be completely negative. The conception that the Wassermann test is conclusive evidence on which to base permission to marry or not to marry is an erroneous one. The test cannot be depended upon to differentiate between syphilis in a communicable form and syphilis that has been completely arrested in its activity.

Doctor Lorenz recommends, in conclusion, that a patient having a positive blood test with no clinical evidence of disease activity anywhere should have the privilege of further consultation before prohibitive marriage bans are raised. He suggests a medical commission as a determining agency to which a laboratory victim may appeal for a more exact verdict. P. F. D.

A Challenge

WHEN the *Special Committee to Study the Distribution of Health Service and Sickness Care in Wisconsin* reported to the House of Delegates of the State Society last fall, it emphasized a special need in the field of graduate instruction in these words:

"The committee finds that the need for graduate instruction is greatest where the physician serving large areas has the least opportunity to leave his practice and attend refresher courses."

The committee went on to say that it commended the work of the Council on Scientific Work and voiced its encouragement of efforts "looking toward the development of a continuous and effective program of graduate instruction *in the field*."

On pages 311–313 of this issue of the JOURNAL will be found the Council's answer to this suggestion of the Special Committee. At a cost of less than 30 cents an hour, Wisconsin physicians are given an opportunity to get graduate instruction close at home in any one of three centers. The courses are to be held in Appleton on April 18, in Madison on April 19, and in Eau Claire on April 20.

The program which the Council has arranged at a cost of several thousands of dollars is deserving of attendance by every physician in the State. Osler once said that the man he felt concerned about was the man who was "too busy" to go to medical society meetings and refresher courses. Such a man, Osler declared, was as certain to lose his standing as the man who did not care to exert an effort to maintain it. Let us not be "too busy" to attend one of these centers.

GRADUATE CENTER DAYS

Appleton—April 18

Madison—April 19

Eau Claire—April 20

. . . . THE PRESIDENT'S PAGES . . . .

Your Council

THE history of organized medicine in Wisconsin has been in the making for a century. Its work has shown a steady, ever advancing progress, until today we are a world leader in health activities and health records. Despite these achievements, there are many forces attempting to change the mode and direction of our efforts. They seem to be possessed with the idea that their methods will demonstrate a more effective and swifter way of reaching the Utopian goal. Those of us trained in medicine and health activities know from experience the realistic dangers that inevitably accompany hasty actions and untried methods. We also fear the public effect of the adoption of European methods which have not brought results equal to our own.

Consequently, your Society is attempting in all sincerity to study every presentation that is being made in the way of legislation, that it may adopt only those methods that of assurance can prove of benefit to our State and contribute to the continued advancement of the care of the sick and health protection.

This month I am presenting to you your Council, in the hope that you may have a better picture in your mind of the men within the profession who are giving so largely of their time and effort in reviewing important matters as they come before your Society, and in promulgating effective programs that may be of health worth to the people of our State. On this Council we have fifteen regularly elected Councilors from the various districts. To these is added our Past President as Councilor-at-Large, making a total of sixteen, as follows:

First District—Dr. H. P. Bowen, Watertown

Dr. H. P. Bowen was born in 1880, graduated from Milwaukee Medical College in 1910 and licensed to practice in Wisconsin in 1910. He is a prominent citizen in his own community and district, has long been active in his county and state medical societies and is a member of the American Medical Association.

Second District—Dr. F. W. Pope, Racine

Dr. F. W. Pope, senior member of the Council in point of service, was born in 1880, graduated from the University of Illinois College of Medicine in 1903 and licensed to practice in Wisconsin in 1903. He has been active in both county and state medical societies and interested and active in civic affairs in his community. He is a Fellow of the American Medical Association.

Third District—Dr. W. T. Clark, Janesville

Dr. W. T. Clark was born in 1882, graduated from the Hahnemann Medical College in 1907 and licensed to practice in Wisconsin in 1910. He has been exceedingly active in his county and state medical societies, is a Fellow of the American Medical Association, a licentiate of the American Board of Radiology and a member of the Radiological Society of North America. He has displayed a keen interest in community affairs and was especially helpful to his community, county and state societies and state government during the early organizational years in the care of the indigent, which became a state problem early in the depression period.

Fourth District—Dr. B. I. Pippin, Richland Center

Dr. B. I. Pippin was born in 1892, graduated from Marquette University School of Medicine in 1914 and licensed to practice in Wisconsin in 1914. He has shown keen interest in county and state medical society work and is active in all community affairs. He is a Fellow of the American Medical Association and comes to us as a new Councilor from his district.

Fifth District—Dr. A. H. Heidner, West Bend

Dr. A. H. Heidner was born in 1889, graduated from Rush Medical College in 1913 and licensed to practice in Wisconsin in 1915. He has been keenly interested in civic affairs, as well as in his county, district and state medical societies, and is a Fellow of the American Medical Association.

Sixth District—Dr. S. E. Gavin, Fond du Lac

Dr. S. E. Gavin was born in 1877, graduated from Rush Medical College in 1899 and licensed to practice in Wisconsin in 1899. He is a Fellow of the American Medical Association, a Fellow of the American College of Surgeons and Past President of our State Society, serving now not only as Councilor but as Chairman of the Council. He is keenly interested in community affairs and has been an officer of his county, district and state medical societies for many years.

Seventh District—Dr. H. A. Jegi, Galesville

Dr. H. A. Jegi was born in 1873, graduated from the University of Illinois College of Medicine in 1896 and licensed to practice in Wisconsin in 1903. He is a Fellow of the American Medical Association. He is the senior member of our Council in years of practice in medicine. He is prominent in community affairs and an active adviser in county and state medical society affairs.

Eighth District—Dr. G. W. Krahn, Oconto Falls

Dr. G. W. Krahn was born in 1888, graduated from the University of Michigan Medical School in 1912 and licensed to practice in Wisconsin in 1913. He is a Fellow of the American Medical Association and has been for many years active in county, district and state medical society work, as well as in community activities throughout his territory. He also is a new Councilor.

Ninth District—Dr. H. H. Christofferson, Colby

Dr. H. H. Christofferson was born in 1875, graduated from the St. Louis University School of Medicine in 1902 and licensed to practice in Wisconsin in 1902. He is a Fellow of the American Medical Association and is interested in community affairs throughout his whole territory. For many years he has been active in county and state medical society activities and now comes to us as a new Councilor from his District.

Tenth District—Dr. F. E. Butler, Menomonie

Dr. F. E. Butler was born in 1880, graduated from the Milwaukee Medical College in 1903 and licensed to practice in Wisconsin in 1903. He is a Fellow of the American Medical Association, a Fellow of the American College of Surgeons and has behind him years of service in county, district and state medical society work and in community affairs.

Eleventh District—Dr. F. G. Johnson, Iron River

Dr. F. G. Johnson was born in 1872, graduated from Rush Medical College in 1900 and licensed to practice in Wisconsin in 1900. He is a Fellow of the American Medical Association and has a long service record in county, district and state medical societies. He is said to be the leading citizen of his community, due to his medical work and activities in public affairs. He is the "elder" in our Council.

Twelfth District—Drs. R. W. Blumenthal, Joseph Lettenberger and R. P. Sproule, Milwaukee

Dr. R. W. Blumenthal was born in 1881, graduated from the University of Illinois College of Medicine in 1904 and licensed to practice in Wisconsin in 1905. He is a Fellow of the American Medical Association, a licentiate of the American Board of Internal Medicine and a member of the American College of Physicians. For years he has been active in county and state medical society matters. He was a former Councilor from his District and returned to us last fall for further service.

Dr. Joseph Lettenberger was born in 1874, graduated from the Wisconsin College of Physicians and Surgeons in 1896 and licensed to practice in Wisconsin in 1899. He is a Fellow of the American Medical Association, a licentiate of the American Board of Internal Medicine, member of the American College of Physicians, and Associate Clinical Professor of Medicine, Marquette University School of Medicine. He has been very active in community affairs and in county, district and state medical activities.

Dr. R. P. Sproule was born in 1894, graduated from the Northwestern University Medical School in 1919 and licensed to practice in Wisconsin in 1919. He is a licentiate of the American Board of Otolaryngology and a Fellow of the American Academy of Ophthalmology and Oto-Laryngology, the American Laryngological, Rhinological and Otological Society, and the American Medical Association. He has been for many years active in county and state medical activities and comes to us as a new additional Councilor from his District.

Thirteenth District—Dr. J. W. Lambert, Antigo

Dr. J. W. Lambert was born in 1897, graduated from the Northwestern University Medical School in 1923 and licensed to practice in Wisconsin in 1924. He is a Fellow of the American Medical Association and the junior member of our Council. He is extremely active in county and state medical society activities, as well as in public matters throughout his whole territory.

Councilor-at-Large—Dr. J. C. Sargent, Milwaukee

Dr. J. C. Sargent was born in 1892, graduated from Ohio State University College of Medicine in 1915 and licensed to practice in Wisconsin in 1917. He is a licentiate of the American Board of Urology, Clinical Professor of Urology at Marquette University School of Medicine, a member of the American Urological Association and a Fellow of the American College of Surgeons. He is our immediate Past President, always active in county and state medical society work, and comes to us this year as Councilor-at-Large.

In our study of this group of Councilors we find on cross section that they are all broadly interested in their communities' affairs. In addition, each has shown a marked interest in his County Medical Society, his District Medical Society and his State Medical Society, having given years of service in varied capacities. This marks them as men of *experience* and *interest* in public welfare. The senior member in years is sixty-seven years young and the junior member is forty-two years old. The average age of members of this Council is fifty-five years. Almost their entire years of practice have been spent in Wisconsin in their present communities. Their senior member in years of practice has to his credit forty-three years, the junior member sixteen years. Their average years of practice is about thirty-one years.

They practice and live in every type of community in Wisconsin. Three are practicing in towns of 1,000 or less; six live in communities with a population of 2,000 to 12,000; three come from cities in the class from 20,000 to 85,000, and four are from the metropolitan city of Milwaukee. Seven of the members are strictly family physicians; three add surgery to their family practice. Three are internists, one is a urologist, one an ophthmalogist and aurist and one a radiologist. Hence we have without any forethought or planned arrangement, a distribution of interest in practice,—a group of sixteen men who make up rather a complete picture representing all fields of medicine. They are all on the staffs of hospitals in their communities.

We only wish it were possible for every member of the Society to sit in on at least one session of this Council when they are at work and hear the various angles of approach to any subject that comes under the activities of that body.

In addition to your regular Council, we have an associate group of Councilors, consisting at the present time of your President-Elect, Dr. R. G. Arveson, Frederic; your newly elected Treasurer, Dr. Ira Sisk, Madison; your Secretary, Mr. J. G. Crownhart; your Speaker of the House of Delegates, Dr. J. Newton Sisk, Madison; and your President.

From time to time, we must add committee chairmen who bring to the Council for discussion the work and problems that come before their committees in their special fields of research. Hence, there is added to your Council thought the efforts of approximately thirty-five committee chairmen, with their 150 committee associates. This month many of them will meet for a day's discussion with your 104 county presidents and secretaries. September will see them joining your House of Delegates with its sixty-nine delegates and sixty-nine alternate delegates, to review the year's work and plan for future activities.

Gentlemen, your Council thought is the result of combined, carefully analyzed studies of close to 450 of your professional associates whom you work with and meet daily. Your State Medical Society of Wisconsin is a democratic organization in thought and action.

A S Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Robert E. Fitzgerald, Wauwatosa, President
Mrs. Frank W. Pope, Racine, President Elect
Mrs. George H. Ewell, Madison, Vice President
Mrs. Walter A. Ford, Sheboygan, Recording Secretary
Mrs. Irwin Schulz, Wauwatosa, Corresponding Secretary
Mrs. Arthur J. McCarey, Green Bay, Treasurer
Mrs. Fred J. Pfeifer, New London, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. Edward C. Pfeifer, Racine

Convention—
Mrs. William C. Liefert, Milwaukee

Finance—
Mrs. Frank W. Pope, Racine

Hygeia—
Mrs. Harry J. Heeb, Milwaukee

Organization—
Mrs. Ernst S. Schmidt, Green Bay

Press and Publicity—
Mrs. George H. Ewell, Madison

Program—
Mrs. J. Gurney Taylor, Milwaukee

Public Relations—
Mrs. Raymond B. Dryer, Poynette

Philanthropic—
Mrs. Oliver M. Layton, Fond du Lac

Nominations

By MRS. D. B. DANA
Kewaunee

THE Nominating Committee is elected at the postconvention meeting of the Board of Directors. Five members and five alternates are chosen, and from among these members the president of the Auxiliary names a chairman.

One duty of the Nominating Committee is to select a slate of officers to be offered for nomination at the next annual meeting. Under our revised constitution, the slate of officers is included with the call to the annual meeting. Each candidate for office must give her consent in writing before her name is announced.

Another duty of the Nominating Committee is to secure delegates to represent the State Auxiliary at the national convention. This year the convention is being held in St. Louis from May 14 to May 18 inclusive. Mrs. Robert E. Fitzgerald, our president, expects to be there and also the following delegates:

Mrs. E. S. Schmidt, Green Bay
Mrs. G. H. Ewell, Madison
Mrs. E. J. Carey, Milwaukee
Mrs. H. A. Jegi, Galesville
Mrs. J. C. Sargent, Milwaukee

The list is not complete and we hope to have full representation at the St. Louis meeting. We are allowed eleven delegates and eleven alternate delegates according to our 1938 membership. St. Louis should be delightful in May, and the St. Louis people are noted for their hospitality. The Nominating Committee would be grateful for information as to members of the Auxiliary who expect to attend the convention.

Philanthropic Committee

By MRS. O. M. LAYTON
Fond du Lac

WHILE the Philanthropic Committee was one of the last committees to be created by the Woman's Auxiliary to the State Medical Society, perhaps its endeavors, supplying the satisfaction arising from true service, become the most effective means uniting our large body. It has been interesting to note the participation of our county auxiliaries in their various projects. While all the activities have been closely related to the work of the medical profession, each one has been influenced by its community needs.

In response to letters sent to each auxiliary in our State, very encouraging reports of their philanthropic work have been received. Some of the projects, which we have reason to be proud of and which we trust will inspire others to do even greater things, are

the donation of sums of money to infants' homes, public health nursing service, loan closets (which nurses find a great help in their work), Chinese relief for medical purposes, and camps for underprivileged children. In addition, equipment and furnishings have been given hospitals upon their request. Orthopedic clinics have received help in various ways, and service clubs have been given information as to the cancer drive. Donations, such as Christmas gifts, both practical and educational, have reached many homes, as well as wearing apparel for those in want.

During the last few years, distress and privation have caused many persons to become discouraged and dissatisfied, and at no time has there been greater need for service. Surely no group is better fitted to fill this need than our auxiliaries.

For next year let each auxiliary aim to be responsible for at least one important philanthropic project, suitable to its particular locality.

Meeting of Board of Directors

By MRS. WALTER A. FORD
Sheboygan

ON JANUARY 25 thirty-seven members of the Woman's Auxiliary to the State Medical Society of Wisconsin assembled at the Y.W.C.A., Milwaukee, for the mid-year meeting of the Board of Directors. With the revision of the constitution and by-laws at the annual meeting in September, the old Executive Board was replaced by the Board of Directors and the Executive Committee. This was the second meeting of the Board of Directors.

After a cordial greeting to the women present and an expression of regret for the absence of some members due to illness, Mrs. Robert E. Fitzgerald, president, gave a most interesting report.

She said that our organization can now boast of twenty-seven county auxiliaries, with a membership of 1,300. The most recent addition to the Auxiliary is Walworth County. She also reported that she had visited the Woman's Auxiliary to the Sheboygan County Medical Society at Sheboygan on January 11. A special point was made of the value to the auxiliaries of frequent conferences with their advisory councils and the importance of council approval for projects undertaken. In conclusion Mrs. Fitzgerald stressed the importance and necessity for a comprehensive study of medical legislation which is under consideration this session.

The appointment of regional chairmen working under the state chairmen was announced. Reports were made by the state chairmen of the work they plan to do and already have under way.

The reports of the county presidents showed a fine spirit, an alertness to the opportunities for service in their communities, and a sincere determination to develop the usefulness of the Auxiliary.

Brown—Kewaunee—Door

The president of the State Medical Society of Wisconsin, Dr. A. E. Rector, of Appleton, addressed the members of the Woman's Auxiliary to the Brown-Kewaunee-Door County Medical Society on March 1 on the subject of sickness care in Wisconsin, discussing in particular the experiment being conducted in Douglas County by the State Medical Society. The meeting was held at the home of Mrs. W. E. Leaper, of Green Bay.

At the business meeting which preceded Doctor Rector's address the auxiliary decided to hold the annual benefit party soon after Easter. This party, which is the philanthropic committee's project, will be a card party at St. Mary's Infants Home, and the proceeds will be used for the home and for the purchase of Hygeia.

At the tea which followed the meeting the Mesdames W. W. Ford. R. W. Kispert, R. B. Lenz, and W. H. Bartran acted as assisting hostesses. Mrs. Rector, who accompanied Doctor Rector to Green Bay, was presented with a corsage.

Dane

The Woman's Auxiliary to the Dane County Medical Society met for luncheon on March 8 at the home of Mrs. H. W. Virgin, Jr., Shorewood Hills, Madison. The assisting hostesses were Mesdames C. W. Aageson, H. L. Greene, E. L. Sevringhaus, A. C. Stehr, and J. G. Bohorfoush.

Dr. F. F. Bowman, health officer of the city of Madison, gave an interesting talk on the work of his department.

The next meeting will be an informal dinner with the Dane County Medical Society, to be held in the Crystal Ballroom of the Loraine Hotel on April 11.

Fond du Lac

The public relations committee of the Woman's Auxiliary to the Fond du Lac County Medical Society, with Mrs. E. H. Pawsat and Mrs. V. A. Toland serving as co-chairmen, arranged a public meeting at the Hotel Retlaw, Fond du Lac, on February 23. About 500 persons were present to hear an address by Mr. J. G. Crownhart, of Madison, secretary of the State Medical Society of Wisconsin, on the subject of socialized medicine.

Preceding the meeting Mr. Crownhart was guest at a dinner gathering sponsored by the Woman's Auxiliary and the Fond du Lac County Medical Society.

Kenosha

Dr. Frank Kirby, director of education at the Abbott Laboratories at North Chicago, discussed the subject of hay fever on March 7 at the meeting of the Woman's Auxiliary to the Kenosha County Medical Society. Mrs. A. Schlapik was hostess, the meeting being held at her home in Kenosha.

Mrs. George Schulte, president, presided at the meeting, and the committee assisting Mrs. Schlapik during the social hour that followed the business meeting was composed of Mesdames Charles Ulrich, H. M. Ripley, Theodore Sokow, Thomas Beatty, E. F. Swarthout, and I. E. Bowing.

Milwaukee

The St. Patrick's Day luncheon of the Woman's Auxiliary to the Medical Society of Milwaukee County was held on Friday, March 10, at the Knickerbocker Hotel, Milwaukee. Mrs. R. E. McDonald, president, introduced Dr. Millard Tufts, president of the Medical Society of Milwaukee County, who greeted auxiliary members and encouraged cooperation in projects sponsored by the society.

Mrs. Arno Fromm, music chairman, had arranged a splendid program with Mrs. Benjamin Lieberman, an auxiliary member, as violin soloist. Accompanied by Miss Betty Ferris, Mrs. Lieberman played "Hymn to the Sun" by Rimsky-Korsakoff and a 17th Century Scherzo by Dittersdorf-Kreisler.

Mrs. J. J. McGovern, program chairman, introduced Dr. Edwin H. Jorris, Sparta, district medical supervisor of the State Board of Health, who gave an instructive and interesting talk on rural public health. He emphasized sanitation, communicable disease control, public health education, and research.

At the business meeting the minutes of the February meeting were read and approved. Mrs. J. L. Kinsey, membership chairman, mentioned Mrs. James E. Bercey as a new member. Mrs. William Studley, social chairman, informed members of the dinner dance to be held on April 29 at the Wisconsin Club for members of the Medical Society of Milwaukee County and auxiliary members. A request was made by the president for the names of members planning to attend the meeting of the American Medical Association in St. Louis.

Polk

Dr. R. G. Arveson, president-elect of the State Medical Society of Wisconsin, and Dr. W. C. Andrews, both of Frederic, entertained the members of the Woman's Auxiliary as well as the members of the Polk County Medical Society on January 19. Dinner was served at the Methodist Parish Hall, after which Doctor Arveson gave a travel talk illustrated with pictures.

Dr. and Mrs. H. C. Caldwell, of St. Croix Falls, entertained the Polk County Medical Society and its auxiliary at the St. Croix Inn on February 23. The auxiliary then held its meeting at the Caldwell home. The guest speaker was Miss Valerie C. Drew, the county nurse, who discussed public health nursing in general and, in particular, her work in Polk County.

Portage

The Woman's Auxiliary to the Portage County Medical Society met on Monday, February 27, at the home of Mrs. Edward Crosby, Stevens Point.

A report on a goiter survey conducted last December in the public and parochial schools of the city, with the exception of the high school, was given by Dr. F. R. Krembs. The auxiliary voted to raise funds in order to put Hygeia in sixteen schools throughout the county.

The program also included several vocal numbers by Shirlee Emmons. She was accompanied by Mrs. Earl E. Kidder.

Rock

The Woman's Auxiliary to the Rock County Medical Society had a dinner meeting at the home of Mrs. F. E. Brinckerhoff, Beloit, on February 28. Mr. Walter Dundore was the speaker of the evening, discussing the Pennsylvania Germans. He is a member of the historical society in Berks County, Pennsylvania, and his address was based on a study of the history and proverbs of that area.

Sheboygan

The Woman's Auxiliary to the Sheboygan County Medical Society met at the home of Mrs. G. J. Hildebrand, Sheboygan, on March 1. Mrs. Ludwig Gruenewald was the assisting hostess. Due to the absence of the president, Mrs. Paul Mason, Mrs. Carl J. Weber presided at the business meeting.

Along with the present trend of health education, through talks by qualified persons, the Woman's Auxiliary has sponsored and organized a speakers' bureau composed of members of the Sheboygan County Medical Society and the Sheboygan County Dental Society. This task was accomplished by the public relations committee of the auxiliary, which consists of Mrs. W. A. Ford, chairman, Mrs. T. J. Gunther, and Mrs. C. M. Yoran. Through the efforts of the auxiliary, lists of the names of doctors and dentists with titles of the talks they are prepared to give are being mailed to civic organizations, parent-teachers' associations, and church and school groups.

The April meeting will be held at the home of Mrs. A. G. Pfeiler at Sheboygan Falls.

ADVISE YOUR PATIENTS . . .

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday

WEAU, Eau Claire—1:45 p.m., Monday, Wednesday and Friday

WHBY, Green Bay—7:30 p.m., Monday; 7:15 p.m., Wednesday; 7:15 p.m., Friday

WLBL, Stevens Point—11:15 a.m., Wednesday

WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday

WIBU, Poynette—8:00 p.m., Tuesday and Thursday

Society Proceedings

Barron—Washington—Sawyer—Burnett

The Barron–Washburn–Sawyer–Burnett County Medical Society met on March 7 in the Commercial Hotel, Barron. Dr. A. W. Bryan of the Jackson Clinic, Madison, was the guest speaker. He addressed the members on "Management of Neurosis." A moving picture film on the administration of oxygen was shown. Eleven members attended the meeting.

Brown—Kewaunee—Door

The regular meeting of the Brown-Kewaunee-Door County Medical Society was held on March 9 at the Northland Hotel, Green Bay. Dr. Robert F. McNattin, director of roentgen therapy at the Cook County Hospital, Chicago, was the speaker of the evening. He discussed the treatment of benign and malignant lesions by radiation therapy, illustrating his talk with case histories, photographs and slides.

Calumet

The Calumet County Medical Society met on February 20 at the Club Altoona, situated near New Holstein. A moving picture film entitled, "Vomiting in the Newborn," was shown. Then the doctors and their wives enjoyed a reshowing of the film taken in 1937 when a contingent from the Calumet County Medical Society took an airplane from Chicago to St. Louis to attend the 1937 session of the American Medical Association.

Chippewa

The Chippewa County Medical Society met on February 28 at the Hotel Northern, Chippewa Falls. Dinner was served at 6:30 p. m. and then a scientific program was enjoyed. Dr. Lyman A. Copps, Marshfield, spoke on "Diagnosis and Treatment of Sinusitis." Dr. Albert H. Lahmann, professor of obstetrics, Marquette University School of Medicine, presented a paper on "Prevention and Treatment of Major Obstetrical Complications."

Clark

A meeting of the Clark County Medical Society was held on February 9 in Greenwood. Dinner was served at the Lyon Cafe. On the scientific program were Dr. B. P. Ingersoll, formerly of Loyal but now of Plainfield; Dr. M. V. Overman, Greenwood; and Dr. H. H. Christofferson, Colby. Doctor Ingersoll spoke on "Water Balance," Doctor Overman on "Drugs in Urinary Tract Infection," and Doctor Christofferson, who is Councilor for the Ninth District of the State Medical Society of Wisconsin, talked on "Council News."

Columbia—Marquette—Adams

The Columbia-Marquette-Adams County Medical Society met on March 21 at the Raulf Hotel, Portage. Dinner was served to the members of the Society and its auxiliary at 6 p.m. A scientific program was then presented, Dr. Joseph Lettenberger, Milwaukee, being the guest speaker. His subject was "Therapeutics." Twenty-five members were present.

Crawford

The Crawford County Medical Society met on March 23 in Prairie du Chien. A chicken dinner was served and the members discussed plans for an immunization program to be given in the first week of April and the first week of May.

Dodge

The Dodge County Medical Society was entertained at dinner by the Sisters of St. Joseph's Hospital, Beaver Dam, at its regular meeting in February. About twenty physicians attended the meeting. Dr. Hugh P. Greeley, Madison, was the guest speaker of the evening. His subject was "Hypertension and Chronic Myocardial Insufficiency."

Douglas

The Douglas County Medical Society met on March 1 in the Hotel Superior, Superior. Dinner was served at 6:30 p.m. to the twenty-one members who attended the meeting. Dr. J. R. McNutt, Duluth, Minnesota, attended the meeting to show a series of x-ray films and point out the diagnostic features of each.

Previous to the regular meeting, Dr. M. A. Shadid of the Cooperative Hospital, Elk City, Oklahoma, spoke to the members on cooperative health insurance plans and answered questions put to him by members of the society on the subject.

Eau Claire—Dunn—Pepin

The Eau Claire–Dunn–Pepin County Medical Society met on March 27 at the Hotel Eau Claire, Eau Claire. Following a 6:30 p. m. dinner a scientific program was presented. Dr. W. D. Stovall, Madison, spoke on "Recent Advances in Diseases Caused by Filterable Viruses, with Special Reference to Rabies." Dr. K. E. Lemmer, Madison, discussed "Recent Advances in the Treatment of Biliary Diseases."

Green Lake—Waushara

The Green Lake-Waushara County Medical Society met in the Grand View Hotel, Ripon, on February 21. Fourteen members were present to enjoy the dinner, which was served at 6:30 p. m., and the talk given by Dr. B. P. Churchill, Milwaukee, on "Everyday Ear Problems in General Practice." Dr. A. E. Rector, president of the State Medical Society of Wisconsin, was a guest at the meeting. He spoke on some of the recent developments in medical practice.

The Green Lake-Waushara County Medical Society met on March 8 in Berlin. Dinner was served to the members and the woman's auxiliary to the society at the Hotel Whiting at 6:30 p.m. The guest speaker of the evening was Dr. Chester M. Echols, Milwaukee, who discussed "Practical Office Procedure in Gynecology."

La Crosse

The La Crosse County Medical Society met at the Linker Hotel, La Crosse, on March 14. Dinner was served at 6.30 p. m. Two physicians from the Mayo Clinic, Rochester, Minnesota, were the guest speakers of the evening. They were Dr. H. C. Hinshaw, who spoke on "Recent Advances in the Treatment of Pneumonia;" and Dr. William H. Feldman, who discussed briefly the incidence of tuberculous disease found at autopsy in individuals dying from other causes. Fifty-three members of the society attended the meeting.

Lafayette

The Lafayette County Medical Society is cooperating with the Lafayette county nurse in conducting its annual diphtheria immunization program in the county. Children from one to twelve years of age who have not been previously inoculated are eligible for treatment under the program.

Milwaukee

The Medical Society of Milwaukee County met jointly with the Milwaukee County Dental Society on March 10 in the Hotel Schroeder, Milwaukee. Dr. Isaac Schour of the Department of Histology, University of Illinios College of Dentistry, spoke on "The Calcification of the Tooth as an Index of the Constitutional Pattern of the Child." Dr. Elmer L. Sevringhaus of the Department of Internal Medicine, University of Wisconsin, delivered a lecture on "The General Features of Mineral Metabolism." Some five hundred physicians attended the meeting.

Monroe

The members of the Monroe County Medical Society entertained the physicians of Juneau and Jackson counties on February 15 at the Sidney Hotel in Sparta. A banquet was served at 6:30 p.m. and thereafter the thirty members who attended the meeting heard Dr. James A. Jackson and Dr. L. A. Holmgren of the Jackson Clinic, Madison, present papers on "Modern Treatment of Hip Fractures," and "Injection Treatment of Hernia," respectively.

Outagamie

The Outagamie County Medical Society met at the Conway Hotel, Appleton, on March 15. After a 6:30 p. m. dinner the forty-two members who attended the meeting heard two lectures. Dr. Victor F. Marshall, Appleton, spoke on "Some Indications for Splenectomy," and Dr. Ovid O. Meyer, associate professor of medicine, University of Wisconsin Medical School, discussed "Diagnostic Considerations in Diseases of the Spleen."

Pierce—St. Croix

Twelve members of the Pierce–St. Croix County Medical Society met in New Richmond at the Hotel Beebe on March 16 at 7 p. m. Dr. W. A. Fansler, assistant professor of surgery, University of Minnesota, Minneapolis, Minnesota, was the speaker of the evening. He addressed the group on "Treatment of Hemorrhoids and Anal Fissure."

Polk

Dr. and Mrs. H. C. Caldwell, St. Croix Falls, entertained the Polk County Medical Society at the regular monthly meeting of the organization on February 23. Dinner was served at the St. Croix Hotel. A scientific program was then presented. Dr. Henry Herrell of Baltimore, Maryland, discussed "Sulfanilamide." Dr. Edward P. Burch, St. Paul, Minnesota, spoke on "Conjunctivitis." Dr. R. G. Arveson, Frederic, discussed hospital insurance. Ten members and four guests were present at the meeting.

Members of the Polk County Medical Society were the guests on March 16 of Dr. K. K. Ford, in Amery. Supper was served at 7 p. m. Two physicians came from St. Paul, Minnesota, to appear on the program. They were Dr. Benjamin B. Souster, secretary of the Minnesota State Medical Association, and Dr. G. R. Kamman, neuropsychiatrist. Dr. Souster addressed the group on "The Mechanism of the Heart Beat and Electrocardiography," and Dr. Kamman spoke on "Psychiatric Disorders Occurring in Middle Life." Eleven members attended the meeting.

Racine

The Racine County Medical Society met on March 16 at the Meadowbrook Country Club at 6:30 p.m. Dinner was served and then a scientific program was presented as follows: "Sulfanilamide Therapy," by Dr. H. C. Hesseltine, assistant professor of obstetrics and gynecology, University of Chicago; "X-ray Interpretation of Diseases and Malformations of the Back," by Dr. Chester Schneider, Milwaukee; and "Testosterone Therapy," by Dr. Walter Kearns, Milwaukee. Forty-three physicians attended the meeting.

Rock

The Rock County Medical Society met in the Hilton Hotel, Beloit, on February 28 at 6:30 p. m. About thirty members heard Dr. W. J. Diekmann of the Chicago Lying-In Hospital, Chicago, speak on "The Toxemias of Pregnancy." Doctor Diekmann's address dealt with a review of 1,380 cases of toxemia in the Chicago Lying-In Hospital and methods of treatment.

Sheboygan

The Sheboygan County Medical Society met on February 28 at 8 p. m. in the Sheboygan Memorial Hospital to hear Dr. F. Eigenberger, Sheboygan, speak on "New Laboratory Methods for the Diagnosis of Cancer." Doctor Eigenberger has recently returned from a three-month tour of Europe and part of the material for his talk was taken from information gleaned on his trip.

On February 21 the Sheboygan County Medical Society, cooperating with the Sheboygan Woman's Club, sponsored a talk on "Medical Care," presented by Dr. Dexter Witte, Milwaukee. Dr. Otho A. Fiedler, Sheboygan, also appeared on the February 21 program, which was very well attended.

Washington—Ozaukee

The Washington-Ozaukee County Medical Society met in West Bend on February 23. In spite of very bad weather, ten members attended to hear Dr. J. H. Sure of Milwaukee speak on "New Developments in Obstetrical Practice," and Dr. Herbert E. Froede, Jackson, present a paper on "Hematuria."

Waupaca

The Waupaca County Medical Society's committee on public relations is drawing up plans for a tuberculosis prevention program to be presented in all senior high schools in the county during the month of April. On the committee are Dr. Sam Salan, Waupaca; Dr. A. M. Christofferson, Waupaca; and Dr. E. A. Weller, Weyauwega.

Winnebago

The Winnebago County Medical Society met on March 2 at the Athearn Hotel in Oshkosh. Dr. W. G. Sexton, urologist of Marshfield, was the guest speaker of the evening. He spoke on "Renal Stones."

Wood

At a meeting of the Wood County Medical Society on February 21, the following physicians were elected to serve as officers for 1939:

President—Dr. George Pomainville, Nekoosa.
Vice-President—Dr. Patrick E. Wright, Wisconsin Rapids.
Secretary-Treasurer—Dr. R. S. Baldwin, Marshfield.
Censor—Dr. H. A. Vedder, Marshfield.
Delegate—Dr. Karl H. Doege, Marshfield.
Alternate Delegate—Dr. F. X. Pomainville, Wisconsin Rapids.

Milwaukee Academy of Medicine

The Milwaukee Academy of Medicine held a business and scientific meeting on March 21 at the Academy headquarters in Milwaukee. Dr. John B. Hitz, Milwaukee, discussed color photography of the hypertensive fundus, illustrating his talk with lantern slides. Dr. Harry A. Paskind, associate professor of nervous and mental diseases, Northwestern University School of Medicine, Chicago, spoke on the subject of epilepsy.

Milwaukee Neuro-Pyschiatric Society

The Milwaukee Neuro-Psychiatric Society met on March 23 at the Milwaukee County Hospital for Mental Diseases. After an informal reception in the apartment of Dr. Michael Kasak and a dinner, the group gathered at 8 o'clock to hear papers prepared by Drs. Michael Kasak, Samuel Wick and Frederick Storchheim. The paper by Drs. Kasak and Wick dealt with "Prognosis of Dementia Praecox." Dr. Storchheim spoke on "Dilantin and Institutionalized Epileptics," and "Unusual Organic Syndromes with Mental Deficiencies."

Milwaukee Oto-Ophthalmic Society

Following is the program which members of the Milwaukee Oto-Ophthalmic Society presented in Chicago on March 6 before members of the Chicago Laryngological and Otological Society:

Laryngoptosis_____J. E. Mulsow
Spontaneous Hemorrhage From the Ear
_____T. F. McCormick
Rhinitis Caseosa_____O. P. Schoofs
Injuries to the Sigmoid Sinus_____E. C. Bach
Carcinoma of the Sphenoid and Ethmoids
_____T. L. Tolan
Transverse Fracture of the Petrous Pyramid
_____W. E. Grove

The program followed a fellowship meeting, and a dinner served in the Tropical Room of the Medinah Club of Chicago.

Milwaukee Society of Clinical Surgery

The Milwaukee Society of Clinical Surgery met on March 28 at the University Club of Milwaukee. Dinner was served at 6:30 p. m. Later in the evening a scientific program was presented as follows:

1. Evaluation of Operative Procedures for Correction of Uterine Prolapse, Dr. John W. Harris, professor of obstetrics, University of Wisconsin Medical School, Madison.

   Discussion—Dr. Louis Fuerstenau, Milwaukee.

2. Prophylaxis of Peritonitis, Dr. Edmund H. Mensing, Milwaukee.

   Discussion—Dr. Max Bornstein, Milwaukee.

News Items and Personals

Dr. B. P. Ingersoll, formerly of Loyal, has moved to Plainfield where he has opened an office in the Waushara Bank Building for the practice of his profession. Doctor Ingersoll, until this move from Clark to Waushara county, was secretary to the Clark County Medical Society.

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Dr. Karl G. Kastl, who graduated in 1937 from the University of Nebraska College of Medicine, and later was on the staff of the St. Agnes Hospital, Fond du Lac, has moved to Granton where he will be associated in practice with Dr. R. R. Rath.

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Dr. Milton C. Borman, Milwaukee, formerly located at 1525 South Layton Boulevard, has opened offices in the Wells Building, Milwaukee. He intends to limit his practice to internal medicine.

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The officers and executive board of the Catholic Hospital Association of the United States and Canada have announced that the 24th annual convention of the Association will be held at the Milwaukee Auditorium, Milwaukee, June 12–16, 1939.

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At a meeting of the Wisconsin General Hospital staff in Madison on March 21, two members of the State Medical Society appeared on the program. Dr. Elmer Sevringhaus presented a case report, and Dr. Llewellyn R. Cole spoke on "Visual Imagery as an Adjunct to Instruction in Acute Exanthemata."

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The Alpha Omega Alpha medical fraternity held a meeting on March 11 in the Service Memorial Institutes, Madison. The guest speaker was Dr. Loyal Davis, professor of surgery, Northwestern University Medical School, Chicago. He addressed the group on "Experimental and Clinical Experiences in the Surgical Treatment of Hypertension."

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The Bardeen Memorial Lecture, sponsored by the Phi Chi medical fraternity, was delivered on February 28 in the University of Wisconsin Medical School auditorium by Dr. Stephen W. Ranson, Chicago. Doctor Ranson, who is director of the Neurological Institute, Northwestern University Medical School, spoke on "The Hypothalamus."

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The Iowa Interprofessional Association, under the sponsorship of the Iowa State Medical Society, took part in the program of the Sixtieth Annual Convention of the Iowa Pharmaceutical Association, held April 4–6 in Des Moines, Iowa. Speakers on the Interprofessional Association section of the program were: J. G. Crownhart, Secretary of the State Medical Society of Wisconsin, who discussed "Looking at Health Insurance Abroad;" and C. E. Rudolph, D.D.S., of the School of Dentistry, University of Minnesota, who spoke on "The Place of Voluntary Organizations in Democracy."

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Several psychiatrists in and near Milwaukee are cooperating with the Milwaukee public schools in presenting a series of child adjustment conferences, March 28 to May 11. They are: Dr. Rock Sleyster (program chairman), Dr. Ralph D. Bergen, Dr. R. A. Jefferson, and Dr. Sara G. Geiger. A number of prominent psychiatrists from outside the State will also assist with the conferences.

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Clinics for crippled children, sponsored by the Crippled Children Division of the State Department of Public Instruction and the Waukesha and Outagamie county medical societies, will be held during

April in Waukesha and Appleton. Invitations have been extended to Drs. H. C. Schumm and John Dieterle, Milwaukee orthopedists, to assist in conducting the examinations in Waukesha.

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"Mental Health and Happiness," was the subject of two addresses given by Dr. R. A. Jefferson, Milwaukee, before parent-teacher associations in Oconomowoc and Hartland on March 15 and 16.

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Dr. Francis Paul, Milwaukee psychiatrist, addressed the Milwaukee Woman's Club at the Pfister Hotel on February 27. The subject of his address was: "Mental Hygiene of Adolescence."

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Dr. J. E. Newton, Hudson, gave a talk on syphilis, March 13, before the Junior Woman's Club of Hudson. He illustrated his remarks with a moving picture film.

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Dr. Leon Pauly, Sheboygan, spoke at a meeting of the United Druggists' Association in Sheboygan, March 8, on "The Use of Vitamins in Surgery."

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Socialized medicine was the subject of addresses presented recently by the following Wisconsin physicians:

Otho A. Fiedler and Ludwig Gruenewald, Sheboygan: School for Workers in Industry, Sheboygan, February 21.

Dexter H. Witte, Milwaukee, and Otho A. Fiedler, Sheboygan: Open meeting sponsored by the Woman's Club, Sheboygan, February 21.

Joseph F. Smith, Wausau Lions Club, Wausau, February 20.

Henry H. Kleinpell, Prairie du Chien; Kiwanis Club, Prairie du Chien, February 20.

B. I. Pippin, Richland Center: Lions Club, Muscoda, February 20.

A. E. Rector, Appleton: Men's Club of First Presbyterian Church, Neenah, February 23.

H. L. Jorgenson, Marinette: Woman's Club, Marinette, March 1.

H. L. Schwartz, Kenosha: Rotary Club, Kenosha, March 7.

M. H. Wall, Superior, Rotary Club, Superior, March 8.

A. M. Christofferson, Waupaca: Lutheran Men's Club, New London, March 2; Eighth District of Wisconsin State Nurses' Ass'n, Marshfield, March 21.

L. J. Moriarty, Two Rivers: Rotary Club, Manitowoc, March 13.

Eben J. Carey, Milwaukee: Shorewood Association of Church Women, Milwaukee, March 17.

George P. Dernbach, Appleton: Rotary Club, Appleton, March 20.

Bryce K. Ozanne, Neenah: Fraternity Club, First Methodist Episcopal Church, Neenah, March 21.

G. W. Krahn, Oconto Falls, Woman's Club of Oconto Falls, March 21.

J. B. MacLaren, Appleton, Menasha Rotary Club, March 22.

Cudahy's anti-syphilis committee met on February 24 to make plans for a campaign against syphilis. Speakers were Dr. Henry Smith, Cudahy, Dr. S. H. Kash, health officer of Cudahy, Dr. Milton Trautmann of the State Board of Health, Madison, and Dr. Albert E. Russell of the United States Public Health Service. The campaign against the disease, financed with funds provided by the United States Public Health Service, was begun in Cudahy March 1 and will continue until May 1.

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Dr. C. H. Boren, Marinette, discussed "Present Day Problems in Education and Medicine," at a meeting of the teachers of Marinette High School on March 20.

On March 6, Dr. Boren spoke at a meeting of the Marinette Rotary Club concerning plans for the construction of a new hospital in Marinette.

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Dr. O. V. Overton, Janesville, was elected president of the staff of Mercy Hospital, Janesville, at the staff's annual meeting.

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Dr. Louis Fauerbach, Madison, spoke on "Early Recognition and Prevention of Cancer" at a meeting of the Lowell Parent-Teacher Association on March 1.

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Dr. Milton Trautmann of the State Board of Health, Madison, spoke on syphilis, March 7, before the Junior Chamber of Commerce, Wausau.

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Dr. Samuel Plahner, Milwaukee, gave a talk on "The Psychology of Tolerance," March 12 before a group of about 125 members of the Young People's Club of the Grand Avenue Congregational Church, Milwaukee.

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Dr. Robert S. Gearhart is now associated in practice with Dr. M. H. Wirig, 122 West Washington, Madison. Dr. Gearhart was graduated from the University of Iowa Medical School in 1936.

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Dr. C. J. Combs, Oshkosh, spoke on "Army Nursing," at a meeting of the Fourteenth District of Wisconsin State Nurses on March 1. The meeting was held at the Mercy Hospital in Oshkosh.

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Examinations for Certification by the American Board of Internal Medicine, Inc.—Written examinations for certification by the American Board of Internal Medicine will be held in various sections of the United States on the third Monday in October and the third Monday in February.

Formal application must be received by the Secretary before August 20, 1939 for the October 16, 1939 examination, and on or before January 1 for the February 19, 1940 examination.

Application forms may be obtained from Dr. William S. Middleton, Secretary–Treasurer, American Board of Internal Medicine, Inc., 1301 University Avenue, Madison, Wisconsin.

Meetings to Be Held

Wisconsin physicians are cordially invited to attend:

1. The ninety-ninth annual meeting of the *Illinois State Medical Society*, to be held in Rockford, Illinois, May 2–4, 1939.

2. The twenty-fourth annual meeting of the *American Association of Industrial Physicians and Surgeons* with the *American Conference on Occupational Diseases and Industrial Hygiene*, to be held at the Hotel Statler, Cleveland, Ohio, June 5, 6, 7 and 8, 1939. Information regarding the program and hotel accommodations may be obtained from A. G. Park, Convention Manager, 540 North Michigan Avenue, Chicago, Illinois.

3. The *First American Congress of Obstetrics and Gynecology*, Cleveland, Ohio, September 11–15, 1939, under the sponsorship of the American Committee on Maternal Welfare, Inc., which includes in its membership the following organizations:

American Association of Obstetricians, Gynecologists and Abdominal Surgeons
American College of Surgeons
American Gynecological Society
American Hospital Association
American Nurses Association
American Protestant Hospital Association
American Medical Association, Section on Obstetrics and Gynecology
American Public Health Association
Central Association of Obstetricians and Gynecologists
Chicago Maternity Center
League of Nursing Education
Maternity Center Association of New York
National Medical Association
National Organization for Public Health Nursing
New England Obstetrical and Gynecological Society
Pacific Coast Society of Obstetrics and Gynecology
Southern Medical Association
U. S. Bureau of the Census
U. S. Children's Bureau
U. S. Public Health Service

This congress, the largest undertaking of its kind ever attempted in the United States, was first proposed by the Central Association of Obstetricians and Gynecologists. Later other obstetrical and gynecological groups passed resolutions approving such a congress and petitioned the American Committee on Maternal Welfare, Inc., to sponsor the meeting. The Committee accepted the responsibility and has arranged to present a program which will be of interest to the following professional groups concerned with the problems of human reproduction, maternal welfare and neonatal care:

1. *Medical group:* General practitioners, specialists, educators.

2. *Nursing group:* Institutional supervisors, general and private duty nurses, educators, public health nurses.

3. *Public health group:* Administrators, field workers.

4. *Institutional administrative group:* Hospital administrators, workers in out-patient and educational groups.

The congress is not in any sense a legislative body and will take no action relative to maternal and infant care. Its purpose is the presentation of scientific material of a factual type and the engendering of a better understanding and coordination of effort among professional and lay groups interested in obstetrical and gynecological problems.

Information regarding the meeting can be obtained by writing the General Chairman of the American Congress on Obstetrics and Gynecology, The Annex, 650 Rush St., Chicago, Illinois.

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The Wisconsin Medical Journal has been requested to announce that the California State Personnel Board desires to recruit qualified persons for the positions of student intern and senior intern in state institutions in California. No written test will be required of applicants for these positions and there is no residence requirement. Applicants will be rated on education, experience and scholastic record. If a candidate's qualifications, after investigation, are acceptable, his name will be placed on the list of those eligible for employment in accordance with his rating.

The position of senior intern carries with it a salary of $50 a month and maintenance for the intern and his family and the possibility of $10 annual increases in salary up to $90 a month and maintenance. The salary offered student interns is $25 a month and maintenance, with possible annual salary increases of $5 up to a maximum of $45 a month and maintenance. Age requirements for senior interns range from 24 to 40 years, for student interns 23 to 40 years. The positions are open to both men and women.

Detailed information may be obtained from Mr. Louis J. Kroeger, Executive Officer, State Personnel Board, 1025 P Street, Sacramento, California.

BIRTHS

A daughter to Dr. and Mrs. C. R. Kwapy, Oconto, on February 19.

A daughter to Dr. and Mrs. J. E. Haberland, Milwaukee, on February 8.

A daughter to Dr. and Mrs. Raymond P. Wiesen, Milwaukee, on March 7.

A son, Carl Adolph, Jr., to Dr. and Mrs. Carl Adolph Fosmark, Madison, on March 21.

MARRIAGES

Dr. Karl Kastl, Granton, to Miss Priscilla Jane Richard, Appleton, on February 16.

Dr. Rolf A. Quisling, Madison, to Miss Marie Sweeney, Madison, on March 16.

DEATHS

Dr. Charles M. Smith, Evansville, died suddenly on February 22 at his home from the effects of a cerebral hemorrhage suffered earlier in the day.

Doctor Smith was born in Evansville on March 23, 1866. He was graduated from Rush Medical College in 1890. After practicing his profession for about a year in Milton Junction, he returned to his hometown in 1892 and continued in practice there until the date of his death. He had been very busy shortly before his death because of the epidemic of influenza and colds.

The doctor had served on the Rock county board for twenty-five years, being elected chairman in 1933. In addition to other civic positions, he held the position of city health officer for a period of thirty years. He was a member of many fraternal organizations, the Rock County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association.

Surviving Doctor Smith are his widow, one daughter and a son, Dr. Dudley Smith, Milwaukee dentist.

Dr. Joseph H. Bertrand, De Forest, died on March 8, at his home after a long illness. He was seventy-six years of age.

Doctor Bertrand was born in Chicago. He was graduated from the University of Illinois College of Medicine in 1886. Upon completion of his internship in the Cook County Hospital, Chicago, he took up the practice of medicine in De Forest.

He built the first drug store in De Forest and operated it until 1918, and was responsible for the construction and maintenance of the De Forest Union Free High School and several other buildings and enterprises which contributed to the growth of De Forest and the well-being of its citizens.

He was a former member of the Wisconsin Pharmaceutical Association, the Dane County Medical Society, the State Medical Society of Wisconsin, and the American Medical Association. He is survived by his widow and two daughters.

Dr. Byron W. Shaw, Waunakee, died suddenly of a heart attack on March 15 in a Madison hospital where he had taken a patient for treatment. He was sixty-eight years of age.

Dr. Shaw was born in Conneaut, Ohio. He was graduated in 1898 from the College of Physicians and Surgeons, Cleveland, Ohio. Soon after his graduation he began the practice of medicine in Waunakee and remained in active practice in that village until the date of his death.

He was a member of the board of censors of the Dane County Medical Society. He was a member of the State Medical Society of Wisconsin and a Fellow of the American Medical Association.

He is survived by his widow, two sons and two daughters.

Dr. Stanley F. Wasielewski, Milwaukee, died in a Milwaukee hospital on February 25. He was thirty-two years of age.

Doctor Wasielewski was born in Milwaukee. He was graduated from the Marquette University School of Medicine in 1933. He was connected with the Milwaukee County Hospital and Dispensary until 1936, when he opened an office for the general practice of his profession at 905 West Lincoln Avenue, Milwaukee. He was the son of the late Dr. F. S. Wasielewski, who died in 1937.

Doctor Wasielewski was a member of the Polish Physicians' and Dentists' Association, the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow and two daughters.

Dr. George H. Kriz, Milwaukee, died on March 5 in a Milwaukee Hospital from the effects of a stroke. He was sixty-six years of age at the time of his death.

Doctor Kriz was born in Milwaukee. He attended the University of Wisconsin and, later, the Baltimore University, receiving his medical degree from the latter school in 1898. He had practiced medicine in Milwaukee for over forty years.

The doctor is survived by his son, Dr. G. A. Kriz, Milwaukee, his widow and one daughter.

SOCIETY RECORDS

New Members

C. H. Perkins, 6219—22nd Ave., Kenosha.
Aart Van Westrienen, 5629—6th Ave., Kenosha.
P. H. Schmiedicke, 1510 Main St., Marinette.
E. O. Niver, 1415 S. Farwell, Eau Claire.
S. J. Leibenson, Ripon.
M. W. Biljan, 7231 W. Greenfield Ave., West Allis.
G. C. Stimpson, Poy Sippi.
D. M. Regan, Berlin.
F. J. Rankin, 118 E. Wisconsin Ave., Appleton.
J. A. Kelly, Green Lake.
H. N. Boyer, St. Luke's Hosp., Racine.
A. J. Williams, 412—6th St., Racine.
R. F. Wagner, 930 Oregon St., Oshkosh.
S. W. Rosenberg, 520—58th St., Kenosha.
M. W. Westermeyer, Oxford.
Allan Filek, 302 Pine St., Green Bay.

Changes in Address

C. F. Schroeder, Amherst, to Princeton.
B. P. Ingersoll, Loyal, to Plainfield.
E. L. Foss, Dresser Junction, to Mayo Clinic, Rochester, Minn.
O. S. Blum, Albany, to 6947 Cornell Ave., Chicago, Ill.
E. H. Federman, Montello, to Eau Claire.

Spring Graduate Courses to Feature Clinics, Round Tables, Lectures

THE Council on Scientific Work of the State Medical Society* will present three one day graduate medical courses in Appleton, Madison, and Eau Claire on April 18, 19, and 20. Each member of the Society is invited to attend.

Teachers from Baltimore, Boston, St. Louis, Cincinnati, Chicago and Milwaukee will be brought to each community to make available to Wisconsin physicians the recent discoveries in diagnosis and therapy. Interesting current medical topics will be discussed by outstanding men in their respective fields.

The speakers who will appear on the program in each city are:

Surgery

L. S. McKittrick, Boston
Palmer Memorial Hospital for Cancer
C. W. Eberbach, Milwaukee
Assistant Clinical Professor of Surgery, Marquette University School of Medicine

Gynecology

R. W. TeLinde, Baltimore

Pediatrics

A. F. Hartmann, St. Louis
Professor of Pediatrics, Washington University School of Medicine

Medicine

M. A. Blankenhorn, Cincinnati
Professor of Medicine, University of Cincinnati
F. D. Murphy, Milwaukee
Professor of Medicine, Marquette University School of Medicine

Dermatology

C. J. White, Chicago
Assistant Professor of Dermatology, Northwestern University Medical School

Wm. S. Middleton, Chairman of the Council on Scientific Work, will act as General Chairman and Correlator at each of the three meetings.

Each full day program has been divided into three sections: The morning sessions will be devoted to dry clinics in surgery, medicine and gynecology. Lectures have been scheduled for the afternoon and evening hours. The third division of the program will be the two hour period set aside for round table dinners. The hour by hour program is as follows—

* Wm. S. Middleton, Chairman, Madison; James A. Evans, La Crosse; George W. Krahn, Oconto Falls; Eben J. Carey, Milwaukee; and C. J. Smiles, Ashland.

Program

APPLETON—APRIL 18
Conway Hotel

MADISON—APRIL 19
Memorial Union

EAU CLAIRE—APRIL 20
Elk's Club

Willian S. Middleton, M. D.
General Chairman and Correlator

10:00–11:00 Dry Clinic in Pediatrics
A. F. Hartmann, St. Louis
Professor of Pediatrics, Washington University School of Medicine
Case of Chemical Imbalance
Case of Feeding Problem
Case of Infectious Disease

11:00–12:00 Dry Clinic in Medicine
M. A. Blankenhorn, Cincinnati
Professor of Medicine, University of Cincinnati
Case of Dyspnea
F. D. Murphy, Milwaukee
Professor of Medicine, Marquette University School of Medicine
Case of Edema

12:00– 1:00 Dry Clinic in Surgery
L. S. McKittrick, Boston
Surgeon in Chief, Palmer Memorial Hospital for Cancer
Case of Biliary Tract Surgery
Case of Diabetic Gangrene
C. W. Eberbach, Milwaukee
Assistant Clinical Professor of Surgery, Marquette University School of Medicine
Case of Thyroid Surgery

1:00–2:00 LUNCH

2:00– 2:30 Office Management of Syphilis
C. J. White, Chicago
Assistant Professor of Dermatology, Northwestern University Medical School

2:30– 3:00 Office Gynecology
R. W. TeLinde, Baltimore

3:00– 3:30 Treatment of Acute Medical Emergencies
F. D. Murphy

3:30–3:45 INTERMISSION

3:45– 4:45 Practical Aspects of Gynecological Endocrinology
R. W. TeLinde

4:45– 5:15 Immunological Program in Family Practice
A. F. Hartmann

5:15– 5:45 Acute Abdominal Disease
C. W. Eberbach

6:15–8:00 DINNER ROUND TABLES

PEDIATRICS—Question Box—A. F. Hartmann
GYNECOLOGY — "Uterine Bleeding — Organic Aspects" — R. W. TeLinde.
MEDICINE—Question Box—F. D. Murphy and M. A. Blankenhorn
SURGERY — Question Box — L. S. McKittrick and C. W. Eberbach.

8:15– 9:15 Early Recognition and Early Eradication of Cancer
L. S. McKittrick

9:15–10:15 Deficiency Diseases as Seen in Office Practice and Vitamin Therapy
M. A. Blankenhorn

The round table dinners will be conducted in much the same manner as the round table luncheons held at the time of the annual meeting. Reservations for the dinners must be made in advance. The dinners will be served promptly at 6:15 p. m.

Members of the Society planning to attend one of the courses should make reservations at once in order to assure that proper accommodations can be arranged for all those desiring to attend.

The Society is indebted to the Council on Scientific Work and particularly to Dr. James A. Evans of La Crosse, under whose active supervision the courses have been prepared, for efforts in making such an outstanding course available to the members.

F. D. MURPHY, M.D.
Milwaukee

Professor of Medicine, Marquette University School of Medicine; internist; Certificate of Honor from American Medical Association, special work on Bright's disease; Clinical Director, Milwaukee County Hospital; Fellow, American College of Physicians; member, Milwaukee Academy of Medicine, Chicago Society of Internal Medicine, Milwaukee Surgical Society, American Therapeutic Society and the American Heart Association; Chief of Staff at St. Joseph's Hospital (Milwaukee).

M. A. BLANKENHORN, M.D.
Cincinnati

Professor of Medicine, University of Cincinnati; Director, Department of Internal Medicine, Cincinnati General Hospital; Instructor in Medicine and Professor of Clinical Medicine, Western Reserve University, 1919–1935; Member, Society of Experimental Pathologists, Central Society for Clinical Investigation, and Society for Clinical Research. Associate Editor, Nelson's System of Medicine; recent contributions to literature in the field of nutritional diseases, epidemiology and serum treatment of lobar pneumonia.

C. W. EBERBACH, M.D.
Milwaukee

Formerly Assistant Professor in Surgery, University of Michigan. At present Assistant Clinical Professor in Surgery, Marquette University School of Medicine. Member of Founder's Group of American Board of Surgery. Fellow in the American College of Surgeons.

R. W. TeLINDE, M.D.
Baltimore

Practice limited to gynecology.

L. S. McKITTRICK, M.D.
Boston

Surgeon in Chief, Palmer Memorial H
Cancer; Visiting Surgeon, Massachuset
Hospital and the New England Deac
pital. Coauthor "Diabetic Surgery"—M
Root.

A. F. HARTMANN, M.D.
St. Louis

Professor of Pediatrics, Washington University School of Medicine.

C. J. WHITE, M.D.
Chicago

Assistant Professor of Dermatology, No
University Medical School.

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Minutes of the Council; Milwaukee, March 5, 1939

1. Call to Order and Roll Call

The Council was called to order by Chairman Gavin at 9:30 a.m., Sunday, March 5, 1939, in the library of the University Club of Milwaukee. A quorum was declared present. Those attending were: Councilors Gavin, Pope, Jegi, Lambert, Johnson, Krahn, Clark, Lettenberger, Pippin, Christofferson, and Heidner; President Rector; President-Elect Arveson; Past President and delegate to the American Medical Association Sargent; Speaker Sisk; Mr. Herman L. Ekern and his assistant, Mr. Russell H. Matthias, insurance counsel; Secretary Crownhart; Assistant Secretary Larson.

2. Approval of Minutes of January Meeting

The minutes of the January meeting as printed in the February issue of WISCONSIN MEDICAL JOURNAL were unanimously approved.

3. Presentation of the Operating Statement of the Wisconsin Medical Journal for Calendar Year 1938

It was moved by Christofferson-Pippin that this statement be accepted and published in the WISCONSIN MEDICAL JOURNAL. Adopted unanimously.

4. Secretary's Appearance Before Ways and Means Committee of the House of Representatives, Washington

It was moved by Johnson-Pope that the mail vote on this question be approved. Adopted unanimously, and the secretary instructed to appear before the Ways and Means Committee on any public hearing on the subject of compulsory sickness insurance.

5. Approval of Secretary Acting as Treasurer in Interim Between Elections of Treasurer After Dr. Stanley J. Seeger's Declination

It was moved by Jegi-Krahn that the mail ballot be approved, giving the secretary authority to act as treasurer during the above period. Adopted unanimously.

6. Approval of Statement Relating to the Services of Mrs. Marguerite Lison Ingram as Director of Crippled Children Division of State Department of Public Instruction, Resigning as of July 1, 1939

It was moved by Clark-Krahn that such statement be adopted. Passed unanimously. The statement was as follows:

"Since its inception in 1927, Mrs. Marguerite Lison Ingram has been director of the Crippled Children Division of the State Department of Public Instruction, devoting her utmost effort to the prevention of disability and the relief of suffering among the crippled children of this State.

"The State Medical Society of Wisconsin, advised of her impending resignation, extends to Mrs. Ingram its deep appreciation for her cooperative effort with the physicians of the State in reducing the incidence of disability and the extent of crippling defects among children who have been afflicted with infantile paralysis and similar conditions.

"The State Medical Society of Wisconsin recognizes that Mrs. Ingram has given of herself far beyond the call of official duty and extends to her commendation for high effort which can be only an inspiration to her successors."

7. County Medical Society Programs on Child Health Day, May 1

Secretary Crownhart explained that only three mail ballots were returned on this subject. Discussion followed by Councilors Pope, Johnson, Jegi, Christofferson, Gavin, Sisk, Lambert, Arveson, Clark, Pippin, and Secretary Crownhart. Also discussed was the subject of tuberculin testing and other measures in the field of tuberculosis control.

It was moved by Jegi-Lambert that the county medical societies be authorized to prepare programs on Child Health Day, if they so desired. Councilor Clark amended the motion by the provision that the State Medical Society offer its cooperation by aiding in preparing such programs for the county societies. Amendment approved by those who made original motion. Motion adopted unanimously.

8. Authorization Relative to Determination of the Federal Income Tax Status of the Society

Secretary Crownhart explained this matter up to the present point, and asked further instructions from the Council. Lettenberger-Sargent moved that in the event the Federal Income Tax Bureau takes exception to the position of the Society and requires the Society to file income tax returns and capital stock returns for 1912-1937 inclusive, such returns be prepared and filed with the statement, "No tax due, and exemption claimed." Adopted unanimously. Further discussion by Secretary Crownhart, and Doctors Sargent and John.

9. Report of the Special Conference Committee on Hospital Insurance

Secretary Crownhart called upon Doctor Sargent who discussed the origin of the Special Conference Committee and its actions up to and including the meeting Sunday, February 19. Doctor Arveson was then called upon, and he explained further developments, after which President Rector carried on the discussion, later participated in by Doctors Christofferson, Arveson and Pope. Secretary Crownhart then outlined and explained developments after the meeting of Sunday, February 19, which resulted in the necessity of presenting the matter to the Council. Discussion followed by Doctors Lettenberger, Heidner, Rector and Secretary Crownhart. Mr. Ekern

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was then called upon, and gave a lengthy report on a conference held by him with certain representatives of the hospital associations, and the results thereof. The meeting was then thrown open to discussion and questions by the members on the subject, and Mr. Ekern answered questions.

(The meeting recessed for dinner at 12:40 p.m., resuming at 2 p.m.)

Chairman Gavin announced that time would be given to further discussion of hospital insurance. Discussion was participated in and questions asked by Doctors Pope, Rector, Lambert, Heidner, Johnson, Sargent, Krahn, Sisk, Christofferson, Arveson, Secretary Crownhart and Mr. Ekern.

It was moved by Christofferson-Krahn-Lambert that the members of the Joint Conference Committee from the State Medical Society be empowered to act as their good judgment dictates in any further developments in this matter, and with the understanding that a special meeting of the Council may be called by them if deemed necessary in the development of future procedures. Adopted unanimously.

Further discussion followed by Secretary Crownhart, with an outline of certain salient points, developed in the Council discussion, that should be included in any enabling law for hospital insurance. Further discussion was participated in by Doctors Heidner, Pope, Rector, Lettenberger, Lambert, Arveson, Sisk, Sargent, Christofferson, Clark, Krahn and Gavin.

10. Election of a Treasurer of the Society and the Council Necessitated by the Declination of Dr. Stanley J. Seeger, Milwaukee, to Accept the Election Accorded Him at the January Meeting

Dr. Ira Sisk of Madison was elected treasurer of the State Medical Society and the Council for the term ending January, 1940.

11. Adoption of Resolution Designating a New Depository for the Treasurer's Account

It was moved by Sargent-Pippin that the following resolution be adopted in the above matter:

> *Resolved,* That the First National Bank of Madison be and hereby is designated a depository in which the funds of this Society may be deposited.
>
> *Further Resolved,* That the Treasurer and Secretary shall and hereby are authorized to sign or countersign checks and orders for the payment of money, withdrawing funds deposited in said bank, and that the said bank shall be and hereby is authorized and directed to pay any checks so drawn when so signed.
>
> *Further Resolved,* That the above-mentioned persons shall be and hereby are authorized to endorse any and all checks, drafts, notes, bills of exchange and orders for the payment of money either belonging to or coming into the possession of this Society. Endorsements for any purpose may be made by the written or stamped endorsement without designation of the person making the endorsement.
>
> *Further Resolved,* That this authorization is to continue in full force until the First National Bank of Madison, Wisconsin, receives notice in writing to the contrary.

The resolution was unanimously adopted.

12. Determination of the Attitude of the Society on State Legislation re Pure Food and Drugs

Secretary Crownhart explained previous bills of this nature in the Wisconsin legislature, and asked the wishes of the Council in regard to such legislation this session. Discussion followed by Doctors Rector, Sargent, Krahn, Johnson, Gavin, Heidner, and Secretary Crownhart.

It was moved by Johnson-Christofferson that this matter be left entirely with the Committee on Public Policy of the Society. Adopted unanimously.

13. Determination of Attitude of the Society on Appointing a Representative to a Conference on Thursday, March 16, Called by the American Medical Association to Consider Problems Involved in the Patenting of Products Concerned With Prevention and Treatment of Disease, and in General With Public Health

Secretary Crownhart read a communication from the American Medical Association and asked the wishes of the Council in this matter. Discussion followed by Doctors Heidner, Sargent, Rector and Gavin. It was moved by Sargent-Christofferson-Heidner that either the president or his appointee represent the Society at this conference. Adopted unanimously.

14. Preliminary Report Relative to Questions of Publicity and Public Relations

Secretary Crownhart gave a preliminary report with suggestions that had been imparted by persons interviewed.

15. Report on the Present Status of Trial Voluntary Insurance Plans

Assistant Secretary Larson gave a report on further developments in these plans since the January meeting of the Council.

16. Determination of Attitude of the Council in the Matter of Removal of the Society's Offices

Secretary Crownhart discussed briefly the apparent advisability of moving the Society's executive offices from their present quarters to a building more suitable from a fireproof standpoint, and asked the opinion of the Council. He then suggested that members of the Council might be appointed by the Chairman for the purpose of visiting the present offices and investigating the existing hazards. Such a motion was made by Lambert-Christofferson, with the provision that the Council be advised by mail (if necessary) of their report. Adopted unanimously. Chairman Gavin appointed Councilors Jegi and Clark to investigate the present offices of the Society as to their suitability from the standpoint of safety to the Society's records.

17. Discussion by Milwaukee Councilors on the Matter of Public Discussions on the Position of Medicine in Wisconsin

Councilor Lettenberger said in view of developments at this meeting, he felt this order of business should be left open for the time being. No action taken.

18. Hospital Insurance

Mr. Ekern, at the request of Doctor Sargent, made a few further pertinent remarks relative to hospital insurance.

19. Public Health Problems

There was further discussion of public health matters by Doctors Clark, Pippin, Heidner, Lambert, Lettenberger and Rector.

The meeting adjourned at 4:15 p.m. on motion of Krahn-Clark.

J. G. Crownhart,
Secretary.

Approved:
S. E. Gavin,
Chairman of the Council.

Journal Financial Statement

Wisconsin Medical Journal
Madison, Wisconsin

Final Income and Profit and Loss Statement for the Year Ended December 31, 1938

Income		
Advertising		$9574.33
Subscriptions		132.00
Total Ordinary Income		$9706.33
Journal Financial Statement—continued		
Total Ordinary Income		$9706.33
Expenses		
Printing	$7764.39	
Salaries	1770.00	
Cuts	477.17	
Mailing	459.63	
Rent	147.00	
Miscellaneous	50.73	
Supplies	41.63	
Accounting Service	180.00	
Depreciation	22.22	
Advertising Solicitation	15.70	
Editorial Expense	56.38	
Total Expenses		$10984.85
Operating Loss		($1278.52)
Deduct: S.M.S. appropriation		1500.00
Net Income for the Year		$221.48

Balance Sheet December 31, 1938

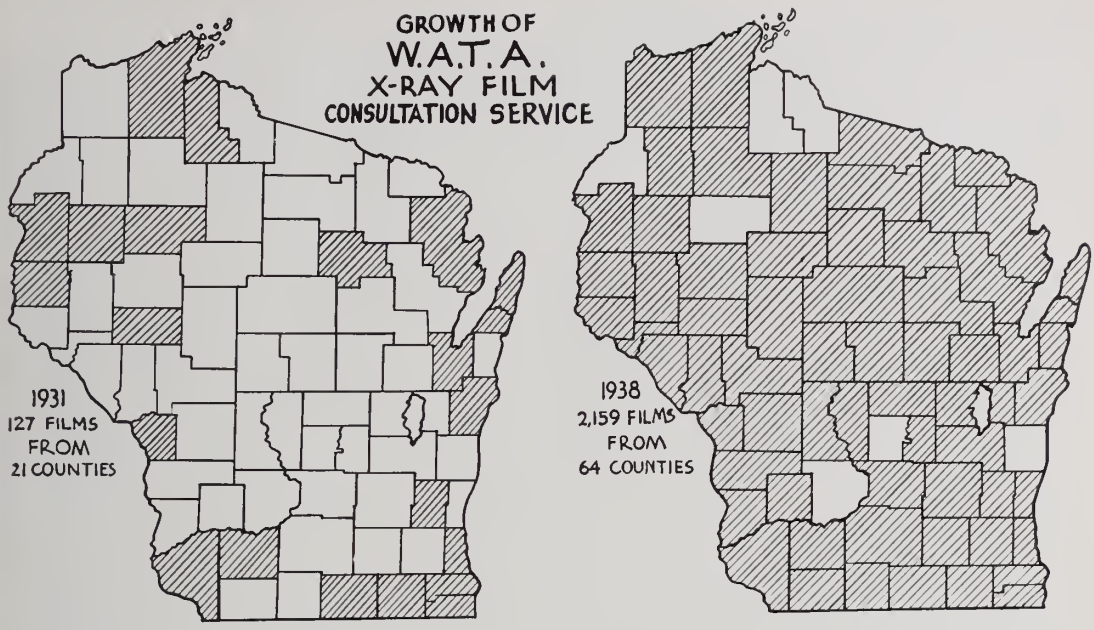
Assets		
Cash in Bank		$2126.17
Accounts Receivable		628.30
Office Equipment	$243.75	
Less: Allowance for Depreciation	129.48	114.27
Postage Deposit		9.38
Mailing Envelopes Inventory		89.95
Copyright Deposit		16.00
		$2984.07
Liabilities		
Accounts Payable		None
Surplus		$2984.07
Total		$2984.07

The W. A. T. A. X-Ray Consultation Service

By OSCAR LOTZ, M. D.
Milwaukee

FROM six films, sent in for reading during 1930, to 2,159 films referred by private physicians during 1938! That is the record of the Wisconsin Anti-Tuberculosis consultation x-ray service. During this same year —1938—the medical department of the Association read 2,140 films referred in groups after tuberculin testing surveys, and 6,452 films taken with the Association's portable x-ray unit. A grand total of 10,751 films read and interpretations suggested within one year!

This service had no definitely prepared plan but was just one of those things that happened one day eight years ago, and by its own success has grown and grown as the proverbial snowball. Back during November, 1930, a flat chest film was received from a physician living in the northern part of the State. Accompanying the film was a note to the effect that the doctor had recently installed a new x-ray unit, but that his experience in the reading of chest films was so limited that he did not have confidence in his own interpretation. Would we look at the film and report our findings to him? We would, and we did. Apparently the doctor was well satisfied with the report, and also apparently took our criticism of his technic—the film had been much over-exposed—



with good grace, for a short time later he sent in two more films. Today this physician is well qualified to read his own films, but whenever a puzzler comes along, we are sure to have an opportunity to give him our version. Our snowball was started rolling down the hill, for during the following year 127 films were received from private physicians and, as stated above, last year more than 2,000 films were read.

Interesting indeed is a review of our earlier years' work with this service, and to note the gradual improvements that have taken place. In the first place, many of the films received during the first few years were all but unreadable—some so light that but the faintest shadows were present in the film, while others were so dark that nothing but the bony structures and the heart could be recognized. Blurring, due to motion of the chest, and marked rotation of the chest on the films, were of daily occurrence. Other errors of technic, as poor washing of films, or using an old solution, no mark of identification, and failure to mark the right or left side of the film, added to the difficulties of interpretation. It is gratifying to note the marked improvement that has taken place in the quality of the films during the time the service has been in force. While occasionally a retake is requested, the general run of films show that physicians are appreciating the value of a good chest roentgenogram more and more.

Another factor that has shown marked improvement is the matter of history. Shortly after the service was begun it was felt that a much better interpretation could be given if something of the history of the case were known. Accordingly, a short history blank to be filled in by the physician was prepared and a copy is enclosed with every report. This history blank is then sent in with the subequent films.

In this connection it frequently has been a matter of great surprise to us to find so many physicians sending in films without one word of explanation or one word of history. The x-ray film is, after all, nothing but a series of shadows—produced by normal or abnormal conditions—about or within the chest, and can be interpreted only when facts or events contributing to the formation of these shadows are known. A diagnosis made on the appearance of an x-ray film alone is merely a good guess based upon past experience. On the other hand, with a good history and a few additional diagnostic tests, the x-ray film of the chest becomes the most valuable factor in making a diagnosis of early tuberculosis that we have at our command today. In this con-

nection we would like to take this opportunity to express our sincere appreciation to those physicians who have so splendidly cooperated with us by accompanying their films with helpful histories.

To physicians not familiar with the service, a brief outline of the method used may be of interest.

Every roentgenogram is reviewed individually. If a question of doubt as to the interpretation arises in the reader's mind, one or two other physicians are called into consultation. In the report to the physician the following factors are noted:

1. Quality of film. Character of film—identification marks—position of patient—motion during exposure.
2. Thorax—any bony abnormalities.
3. Trachea—position.
4. Heart—size, position and shape.
5. Diaphragms—position, contours.
6. Costophrenic angles—clear or obliterated.
7. Hilar shadows—size, density, calcification.
8. Lung fields—presence of any abnormal shadows are noted and described.

After a general impression from the reading of the film is obtained, the history and any other known facts about the case are taken into consideration and a probable diagnosis is suggested. If unable to make a probable diagnosis, a number of possibilities may be suggested for additional study and observation. Except in the most evident case we hesitate to make a positive diagnosis on history and x-ray film. The correlation of all the results of a complete study—history, symptoms, physical signs, sputum and blood examinations, and x-ray study are as a rule necessary to make a positive diagnosis.

This report is then sent to the physician. Very frequently a personal letter with additional suggestions accompanies the report.

In the growth and apparent success of this consultation service the W. A. T. A. takes a justifiable pride, and does so because it believes the service is "helping the man on the job to do a better job." In the entire field of anti-tuberculosis work, there is, after all, no more important member than the family physician who, in the large majority of instances, is the first to see the patient with beginning tuberculosis. If this service has in any way helped to make the physician realize that he can no longer depend entirely upon his stethoscope in questionable chest cases, but must turn to the x-ray—fluoroscope or film—if he would find tuberculosis early, then we will be satisfied that our efforts of the past years to be of assistance to the mainstay of the medical profession—the family physician—have not been in vain.

Antenuptial Blood Tests in Wisconsin*

By W. F. LORENZ, M. D.
Madison

THE "Thomson Act" requiring every applicant for a marriage license to show a negative blood test for syphilis was passed in the legislative session of 1937. The law became effective on July 1, 1937. The Wisconsin Psychiatric Institute was mandated in the statute to make antenuptial blood tests for syphilis without charge.

The Wisconsin statute requires every person, man or woman, to present a certificate to the effect that "a Wassermann test" of the blood is negative before a marriage license can be issued. Furthermore, this finding of a negative blood must be made and recorded with the county clerk within a period of fifteen days prior to the time of the application.

At first we experienced some difficulty because the statute requires a certificate from a laboratory to the effect that a certain named person had a negative blood. Obviously, we at the laboratory could not certify as to the "person;" all we could do was to certify that a certain "blood specimen" was negative. This difficulty was overcome by our suggestion that the physician taking the blood should certify as to the "person" and

* From the Wisconsin Psychiatric Institute.

we would certify as to the laboratory test on a blood specimen labeled by the physician as coming from a certain person. This combination of certification has been used and evidently is acceptable to the county clerks. Possibly this procedure is not in strict conformity with the Act but nothing else was possible under the circumstance. Perhaps this form of certificate may have to be legalized.

There was also some question as to what interpretation should be made of the term "Wassermann test" as it appears in our law. It was ruled by the Attorney General that this term was used in a generic sense and that any good accepted or generally used blood test for syphilis would comply with the law.

Number Examined and Incidence of Syphilis

From July 1, 1937, to December 30, 1938, we received 46,431 blood specimens marked "for marriage license." These came from 45,992 individuals. During this same period of eighteen months 66,408 persons were married in Wisconsin. Taking into consideration only the cases in which the notation concerning "marriage license" appears, our records account for approximately 70 per cent of those who married in Wisconsin during this period. The 30 per cent of those who married and are not in our file very likely were examined at private or municipal laboratories either within or outside of Wisconsin.

Among these 45,992 applicants for marriage examined by us 295 showed a distinctly positive reaction for syphilis. This represents slightly more than 0.6 per cent of the marriage applicants handled at our laboratory. While this is a very low rate of syphilis for a group of young adults, it must be realized that in this instance those who knew themselves to be infected would not be likely to apply for a marriage license in Wisconsin unless they also knew from previous tests that their blood was negative. I believe this 0.6 per cent represents largely those individuals who were entirely unaware of their syphilitic infection. Among these would be found many innocent victims from accidental infection and entirely guiltless of immoral conduct, and a large number without a visible chancre or secondary signs. The above 0.6 per cent rate of syphilis found in our cases must be applied to the 20,416 cases examined at the other laboratories. (Only 70 per cent of the total number who married are accounted for in our records). Therefore, in considering this infected group one should add at least 120 to the 295 cases found in our series or probably a total of 415 cases.

Analysis of Positive Cases

The 295 infected individuals discovered by us are evenly divided between the two sexes, —147 males, 148 females. This I believe is a very remarkable and significant finding. It is remarkable because medical experience shows the usual ratio to be about 3 or 4 males to one female infected with syphilis. Yet, in this group the ratio is one to one.

I believe this fact supports the contention that those who were discovered to have syphilis by this required blood test represent a special class. It seems to me that the equal distribution of syphilis found between the two sexes in this group points to either innocence or ignorance concerning their infection. I believe this law acted like a dragnet, pulling out of a young adult group the cases in which the person was wholly unaware of his or her infection. On such a common basis one would expect, from an equal number of both sexes, to find an equal number of such cases. This seems even more likely when one considers the conditions under which these persons were examined. Obviously, anyone who had knowledge of his or her infection or even suspected such a possibility would not go ahead and make plans for a marriage, arrange for a wedding, etc., without first being certain that he or she could get a license. The fact that a blood test was required was well known by the public. It is reasonable to assume that no one would knowingly place himself in the embarrassing position of calling off a planned wedding under the provision that now operates in our State; the implications are too obvious.

In this group of 295 syphilitic individuals (or the estimated 415) there were very likely

many cases of congenital syphilis, many cases with extra-genital chancre, and very likely many cases without primary lesion. That syphilis can be contracted without a visible chancre is well known. Without doubt, very few of these patients had ever consulted a physician and very likely none had ever suffered any major illness because the present day tendency to perform routine blood examinations for syphilis on all sick adults would have revealed their syphilitic infection.

Without any doubt, this group includes the well known type of syphilis that passes through the primary stage without a chancre and also without the usual secondary manifestations. The latter, when present, do not escape attention and practically always lead to medical attention. In Wisconsin where routine blood testing on all adult sick is a common practice no physician would fail to have such a blood test made in any form of rash or suspicious mucous membrane lesion. It is highly probable that many of these cases were without any signs or symptoms of syphilis.

From a medical standpoint, such cases—that is those without secondary manifestations—are especially serious. They are more vulnerable to the later serious forms of syphilis. A good skin reaction seems to render a person more or less immune to neurosyphilis. In our paretic and tabetic patients we rarely get any history of "secondaries;" apparently the infection remains general and does not tend to become the type with relatively harmless focal lesions. The skin reaction appears to bring out a form of immunity or resistance that may be responsible for the state of clinical latency. Many of these cases probably had no such natural aid to prevent neurosyphilis. We have then in this group the syphilitic persons who, from our present knowledge, offer the poorest prognosis, that is, those (1) not known to be infected; (2) untreated; (3) unaided by natural resistance or immunity.

It must be conceded therefore that this law has accomplished much good even though it has been a shocking experience for some unfortunate individuals. The good comes from the fact that since the disease has been discovered it can be treated and the person can be cured; upon the other hand, had these persons not learned of their infection they would have remained untreated. The fate of the untreated syphilitic person is well known. Five, ten or twenty years later the heart, blood vessels, the viscera and the nervous system may be the site of a syphilitic lesion. Miscarriages and syphilitic offspring are other tolls of untreated syphilis. These individuals can be saved from these later consequences now that their infection has been discovered.

Saving to the State

How much the discovery of these 295 cases means to the State and communities is difficult to measure. Some of these infected individuals were a possible source of innocent infection to others. They contemplated marriage. Now that they have knowledge of their infection, presumably they will observe caution in any intimate contact made with others.

The hidden and unknown focus of syphilitic infection in our population is the most difficult aspect of our problem to eradicate the disease. These cases at least are now no longer hidden and unknown. Whether all of these individuals had syphilis in a communicable form is very doubtful, but very likely all were unaware of their infection and would have gone on without treatment. Therefore, we could apply the predicable outcome of untreated syphilis to these 295 persons or the probable 415 estimated.

Vonderlehr and Usilton,* in a recent article state that ten to twenty years after infection 16.9 per cent of all persons with untreated syphilis present evidence of symptomatic neurosyphilis. This means paresis, tabes and meningo-vascular syphilis. Over the same period of time approximately 10 per cent will develop cardiovascular syphilis and about 30 per cent will show late skin or bone syphilis three to ten years after infection.

Applying these probabilities to this group of infected persons, assuming they would continue in the untreated class, approxi-

* R. A. Vonderlehr, M. D., L. J. Usilton, M. A.: Venereal Disease Information, Vol. 19, No. 11, (Nov.), 1938.

mately seventy would show up with paresis, tabes or meningo-vascular syphilis within the next ten or twenty years. Every such person admitted to our state hospitals costs the State about $2,500 to $3,000 to maintain and treat during an average period of hospitalization. If, as the result of these tests, even one individual has been prevented from developing paresis the State has more than broken even because it cost the State approximately $2,700 to perform the blood tests made upon these applicants for marriage.

If, however, the operation of this law served merely to detect syphilis,—if there did not follow an effort to treat syphilis, then of course the probable future case of paresis or tabes has not been prevented. Being especially interested in this aspect of the problem I sought to discover how many of these persons presumably were treated after the infection was discovered. From numerous inquiries made I believe the vast majority of them went on antisyphilitic treatment. In twenty-two cases, blood tests were negative in four to nine months after the initial positive Wassermann test. Eighteen months have elapsed since the first cases were discovered by this routine examination of marriage applicants, but since two years is the period urged as the minimum of intensive treatment no matter what the blood test may be, these twenty-two cases must not be regarded as any criterion of what may yet be accomplished.

The Laboratory Procedure

Every blood specimen received was first examined by a very sensitive flocculation test. We use both the Eagle micro and the Kline methods as a sort of screening process. All bloods that reacted to any degree upon these preliminary tests were then retested with a complement fixation method. For this we use the Kolmer modification in which there is an eighteen hour period of icebox incubation. This method is regarded as highly specific. In addition, we also retest, with a micro flocculation method that was developed at our laboratory during the last six to eight months. In short, we focused on these bloods a number of reliable tests.

We took part in both of the serodiagnostic evaluation studies undertaken by the United States Public Health Service. In 1937 and 1938 we were scored 100 per cent specific. This means in every case we reported "positive" the blood was from a syphilitic person. Under these circumstances, barring error in handling, I believe the bloods reported as "positive" were from syphilitic persons. Furthermore, many positive bloods were repeatedly examined. This would be natural under the circumstances. Without doubt, the "positive" report was a surprise in every case. One physician referred to it as a "bomb shell." In conformity to our repeated recommendation in all of these "positive" cases a second or third blood specimen was sent in for retesting. I am impressed with the care used by the medical profession in carrying out the provisions of this law. For example, some persons were tested five and six times in the course of several weeks. In all, from the 295 syphilitic individuals we received 538 blood specimens that we know of. Very likely there were another hundred or more specimens from these same individuals sent in but under some other name or with no identification at all.

Positive Cases Reported Only to Physicians

In carrying out our part of this program we adhered to our original policy of reporting the results of the test to the physician who sent in the blood and to no one else unless definitely instructed to do so by the attending physician. Furthermore, while we have a record from which I quoted these data, this record is preserved as a confidential file and no one excepting the physician who is on record with the case can get any information on an individual case.

The widely scattered distribution of these positive cases is evidence that syphilis is no longer an urban problem as it appeared to be several decades ago. The rate for Milwaukee County is eight per 100,000 of population compared to ten per 100,000 in the rest of the State. However, it must be held in mind that our data came from only 70 per cent of those who married during this period of eighteen months.

Distribution of Cases

The 295 cases of syphilis are quite evenly distributed throughout the State and more or less proportional to the population. We kept track of the county of residence in these cases and our record shows the following distribution:

Adams	3	Manitowoc	6
Ashland	4	Marathon	9
Barron	2	Marinette	2
Bayfield	1	Milwaukee	81
Brown	17	Oconto	1
Buffalo	3	Oneida	6
Calumet	3	Outagamie	9
Chippewa	4	Ozaukee	2
Clark	1	Pepin	1
Columbia	3	Pierce	1
Dane	6	Polk	1
Dodge	2	Portage	3
Door	2	Price	2
Douglas	6	Racine	8
Dunn	1	Rock	4
Eau Claire	9	St. Croix	8
Fond du Lac	9	Sauk	4
Green	1	Sawyer	1
Green Lake	3	Shawano	4
Iron	1	Sheboygan	5
Jackson	1	Walworth	3
Jefferson	4	Washburn	3
Juneau	1	Washington	3
Kenosha	2	Waukesha	10
Kewaunee	1	Waupaca	5
La Crosse	3	Waushara	1
Langlade	2	Winnebago	11
Lincoln	2	Wood	4

Should the Law Be Amended?

We had much correspondence with physicians and others concerning cases in which, from a medical standpoint, there seemed to be no objection to marriage in spite of a "positive blood." The actual number of such cases that came to my personal knowledge from correspondence or otherwise was very small. Some were seem personally. They were cases of congenital or prenatal syphilis without any evidence of clinical activity whatsoever. Some did not even have the usual stigmata associated with congenital syphilis. They were inactive from a clinical standpoint. Several cases had been intensely treated and showed no evidence of disease; the cerebrospinal fluid was completely negative but the blood persistently positive.

The modern view is to take into account the duration of the disease, the amount, type and period of treatment. In short, cure and communicability are clinical problems. A blood test alone is insufficient evidence on this point. Invaluable as the blood tests are to discover syphilis, nevertheless that is all any present day test can do. It does not discriminate between syphilis in a communicable form from syphilis that has been completely arrested in its activity. Apparently in syphilis like many other infections an antibody appears in the body fluids. This evidently persists in some individuals long after the syphilitic lesions have subsided. The blood tests in a vast number of syphilitic patients never become completely negative and yet from the experience of many observers these patients live a natural span of life if they have been thoroughly treated. In latent syphilis 25 per cent remain "seropositive." Such individuals cannot communicate syphilis to others and yet their blood test may be positive.

It must be held in mind that the blood test does not react to a virus, as many laymen seem to think. On the contrary, the blood test detects an antibody,—possibly a substance that is actually protective to the person and certainly not infectious. I believe this distinction cannot be over-emphasized. The popularity of the test has drawn so much attention to the blood that many people believe the test discloses "a poison." This misconception must be corrected by the medical profession.

Without any doubt those who initiated and passed this piece of legislation were concerned primarily with preventing the spread of syphilis. The operation of this law has accomplished this to an immeasurable extent and if continued will be an important contribution to the complete eradication of syphilis, but in using as the sole criterion a so-called "negative blood test" some few individuals who could not possibly communicate syphilis, in fact are cured of the disease, were denied the privilege to marry. I would suggest that some sort of a medical commission be provided to which such cases could be referred. If all the evidence points to a cure or inactivity of the disease, with no likelihood of transmission to another person or an offspring, and if such a person has had at least the minimum of what is today regarded as adequate treatment, then the requirement of a so-called "negative blood" should be waived. In short, we should pro-

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vide for an appeal from a mere laboratory verdict and avoid the efforts and temptations to evade the law by substituting someone else's blood or resort to some other subterfuge. I feel sure that by and large the person who suddenly discovers he or she has syphilis will not marry until treated and cured.

So much publicity has been given to syphilis that no rational person would knowingly go without treatment. If such a person undergoes the minimum of modern treatment and if, from a clinical standpoint, there is no evidence of disease activity anywhere, including the central nervous system, then a positive blood test should not prohibit marriage.

Conclusions

1. Among 45,992 applicants for marriage licenses, 0.6 per cent were found to be infected with syphilis.

2. The infected persons were equally distributed between the sexes.

3. Very likely the vast majority of those found to be infected were: (1) Unaware of the infection; (2) untreated; (3) without secondary skin reactions and therefore without natural resistance to disease development.

4. The suggestion is made that a clinical judgment supplant a laboratory test in cases that have received adequate antisyphilitic treatment.

The Physician and May Day

By AMY LOUISE HUNTER, M. D.
Wisconsin State May Day Chairman, Madison

MAY Day—Child Health Day—has been celebrated for many years. It was first sponsored by the American Child Health Association. Then in 1928 it became a national day when by Congressional resolution, authorized by the President, May 1 was set aside as Child Health Day. Such programs as Summer Round-Ups, the significance of which is now understood by every physician, were early established as May Day programs. Through these Round-Ups many children were brought under medical care for treatment and correction of defects. Educational programs urging immunization and vaccination also have brought many children to doctors for protection against diphtheria and smallpox. In addition to well established programs such as these, a theme has been chosen and special material prepared and extensively distributed throughout the United States each year which have been of assistance in establishing better health for the children of the nation. After the American Child Health Association went out of existence, the responsibilities for May Day planning were, by request of the American Medical Association, assumed by the Federal Children's Bureau.

For every state a May Day chairman is appointed, and a committee with representatives of lay and professional organizations and state departments dealing with education, health and welfare comes together to plan programs for the coming year. The national slogan and objective this year are:

Slogan: The health of the child is the power of the nation.

Objective: To bring to the attention of each community—

The importance to the child's health, development, and well-being throughout life, of proper food, rest, exercise, medical care, and protection against disease.

The ways of informing parents and others how child health may be safeguarded, and

The means whereby such safeguards may be made available for all children.

Good Nutrition in Relation to Health

A subcommittee of specialists in nutrition has given freely of its time in assembling suggestions for this year, as well as preparing a list of references and available bulletins on nutrition. More than 3,000 copies of the material have been distributed, and addi-

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tional copies are available on request either from the State Medical Society office or through the Bureau of Maternal and Child Health of the State Board of Health.

Each community needs the support of its doctors in planning for programs for better health of its children. Physicians are playing a larger role in community programs for prevention than ever before. The health of individuals is assuming a more significant place in programs for public health. Nutrition is an important factor. Participation of the medical profession in educational programs helps to establish a closer relationship with the people in the communities which they serve. After all, HEALTH is our best form of life insurance; each individual needs the supervision of his family physician if health is to be early established and well maintained. The shift of age distribution of individuals making up the population, which has occurred in the last decade or two, indicates the need for more routine health examinations. The physician will play a larger and larger part in community health programs in the years to come.

The Journal Bookshelf

BOOKS RECEIVED FOR REVIEW

Anemia in Practice. By William P. Murphy, A. B., M. D., associate in medicine, Harvard Medical School; senior associate in medicine, Peter Bent Brigham Hospital, Boston; consultant hematologist, Melrose Hospital, Melrose, Mass. Three hundred and forty-four pages with forty-one illustrations. Price, cloth, $5. Philadelphia: W. B. Saunders Company, 1939.

Surgical Anatomy. By C. Latimer Callander, A. B., M. D., F. A. C. S., associate clinical professor of surgery and topographic anatomy, University of California Medical School; member of Founders' Group of the American Board of Surgery; member of American Association of Traumatic Surgery; associate visiting surgeon to the San Francisco Hospital. With a foreword by Dean Lewis, M. D., Sc. D., LL. D., F. A. C. S. Ed. 2, entirely reset. Eight hundred and fifty-eight pages with 819 illustrations. Price, cloth, $10. Philadelphia: W. B. Saunders Company, 1939.

The Complete Guide to Bust Culture. By A. F. Niemoeller, A.B., M.A., B.S. With a foreword by Edward Podolsky, M.D. One hundred and sixty pages, illustrated. Price, cloth, $3.50. New York: Harvest House, 1939.

The Vaginal Diaphragm: Its Fitting and Use in Contraceptive Technique. By Le Mon Clark, M.S., M.D., Chicago. One hundred and seven pages, fifty-three illustrations. Price, cloth, $2. St. Louis: The C. V. Mosby Company, 1939.

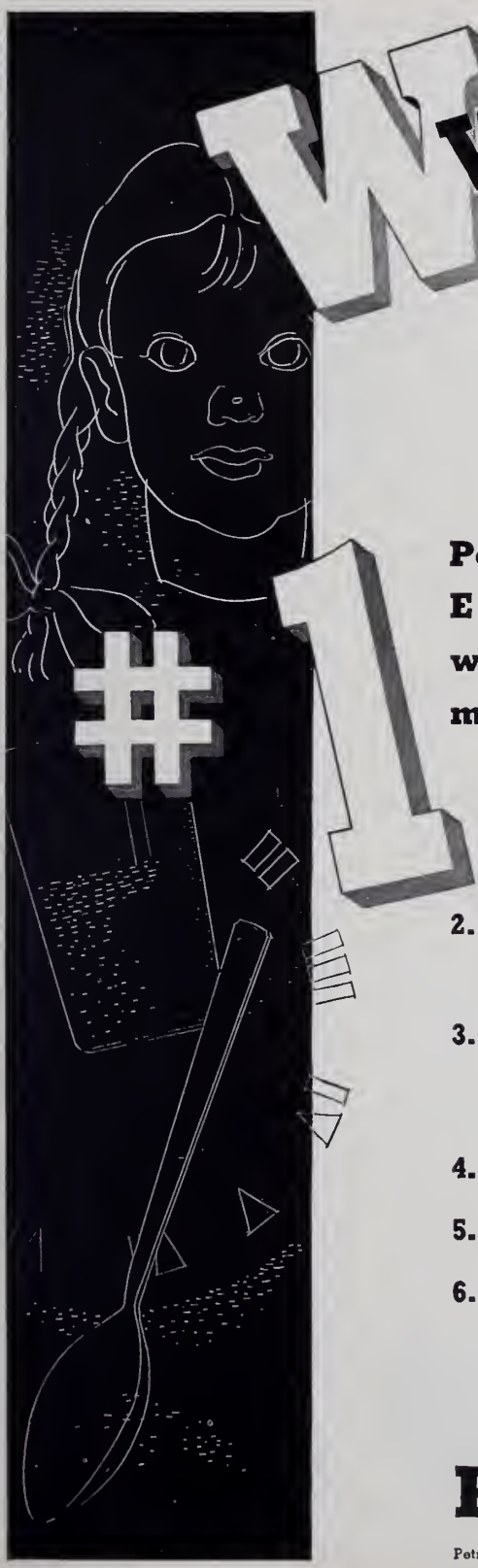
Clinical Gastroenterology. By Horace W. Soper, M.D., F.A.C.P. Three hundred and fourteen pages, with 212 illustrations. Price, cloth, $6. St. Louis: The C. V. Mosby Company, 1939.

Gonorrhea in the Male and Female. By P. S. Pelouze, M.D., assistant professor of urology, University of Pennsylvania; consulting urologist to Delaware County Hospital; special consultant to United States Public Health Service; member of board of directors, American Social Hygiene Association and American Neisserian Medical Society. Ed. 3, thoroughly revised. Four hundred and eighty-nine pages, well illustrated. Price, cloth, $6. Philadelphia: W. B. Saunders Company, 1939.

Clinical Biochemistry. By Abraham Cantarow, M.D., associate professor of medicine, Jefferson Medical College; biochemist, Jefferson Hospital, Philadelphia, and Max Trumper, Ph.D., clinical chemist and toxicologist, formerly in charge of the laboratories of biochemistry, Jefferson Medical College and Hospital, Philadelphia. With a foreword by Hobart A. Reimann, M.D., professor of medicine, Jefferson Medical College, Philadelphia. Ed. 2, revised. Six hundred and sixty-six pages. Price, cloth, $6. Philadelphia: W. B. Saunders Company, 1939.

Civilization Against Cancer. By Clarence Cook Little, Sc. D. One hundred and forty-nine pages. Price, cloth, $1.50. New York: Farrar and Rinehart, Inc., 1939.

The Foot. By Norman C. Lake, M.D., M.S. D.Sc. (Lond.), F.R.C.S. (Eng.), senior surgeon and lecturer on surgery, Charing Cross Hospital; surgeon, Bolingbroke Hospital; director of studies, London Foot Hospital; late senior examiner in surgery, University of London and external examiner in surgery, Victoria University, Manchester. Ed. 2. Three hundred and sixty-six pages, well illustrated. Price, cloth, $4.50. Baltimore: William Wood and Company, 1938.



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BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

The 1938 Year Book of Obstetrics and Gynecology. Edited by J. B. DeLee, A. M., M. D., professor of obstetrics, University of Chicago Medical School, and J. P. Greenhill, B. S., M. D., F. A. C. S., professor of obstetrics and gynecology, Loyola University Medical School, Chicago. Six hundred and seventy-two pages, well illustrated. Price, cloth, $2.50. Chicago: Year Book Publishers, 1939.

As in the past, this volume reviews all the complete literature on obstetrics and gynecology published in the year 1938. The articles have been edited and the authors' comments are helpful. This volume should be in the library of everyone interested in obstetrics and gynecology. M. J. T.

Anemia in Practice. By William P. Murphy, A.B., M.D., associate in medicine, Harvard Medical School; senior associate in medicine, Peter Bent Brigham Hospital, Boston; consultant hematologist, Melrose Hospital, Melrose, Mass. Three hundred and forty-four pages with forty-one illustrations. Price, cloth, $5. Philadelphia: W. B. Saunders Company, 1939.

In this book there is assembled much of the information regarding the anemias which is now available. The author, who has had a very wide experience with blood dyscrasias, has made available many details regarding these subjects.

Diseases of the blood other than the anemias are not discussed. Over two-thirds of the book is devoted to pernicious anemia and the writer goes into much detail regarding various aspects of the disease. This compilation and relation of his experiences make the presentation well worthwhile for it would be difficult to obtain the wealth of material here available without recourse to many sources. Chapter V is especially valuable and interesting for it historically relates the introduction of liver therapy by Dr. Minot and the author thirteen years ago. Another chapter is particularly worth while because it discusses the complications of pernicious anemia which are often not recognized or well enough understood by many physicians. The explicit instructions for the treatment of pernicious anemia and the emphasis upon the "cardinal principles" for successful therapy are commendable.

Sixty-one per cent of 440 of the author's patients demonstrated neurological disturbances. The value of liver therapy upon the neural changes is discussed in detail and the writer feels, contrary to the opinion of a minority, that it is of great benefit. Dr. Murphy emphasizes that the mode of administration of liver is of minor importance here whereas large dosage is a paramount need. He emphasizes that the red blood cell level should be maintained at 5,000,000 or more and he states that it is often impossible to do this over a long period of time with peroral administration of whole liver or liver extract; therefore, recourse to parenteral therapy is indicated. In tabular form the author gives figures showing the reduction in mortality for pernicious anemia from 5.7 per 100,000 in 1926, the year that liver therapy was introduced, to 2.3 per 100,000 in 1935.

One chapter deals with laboratory procedures which the author considers to be important for the adequate study of the anemias. The final chapter has to do with transfusions.

The material is presented in a simple readable style. There are many excellent case reports. The work is distinctly of the monographic type and probably will be of gerater interest to practitioners interested in hematology than to other physicians or medical students, for it will serve better as a reference than as a textbook. The author's purpose in this presentation is well met and he is to be commended. O. O. M.

Roentgen Diagnosis of the Extremities and Spine. By Albert B. Ferguson, M.D., director of roentgenology, New York Orthopedic Hospital. Four hundred and thirty-five pages, profusely illustrated. Price, cloth, $12. New York: Paul B. Hoeber, Inc., 1939.

The author has approached the subject of roentgen diagnosis of the extremities and spine from a fresh viewpoint and as a result has produced a book which differs considerably from the usual monograph. The subject matter is presented essentially from the standpoint of general pathologic change as recorded in the roentgenogram. Various chapters are given over to the discussion of the different anatomical structures comprising not only bone but soft tissues as well, and the differentiation of the changes that may be produced by different diseases. As an exam-

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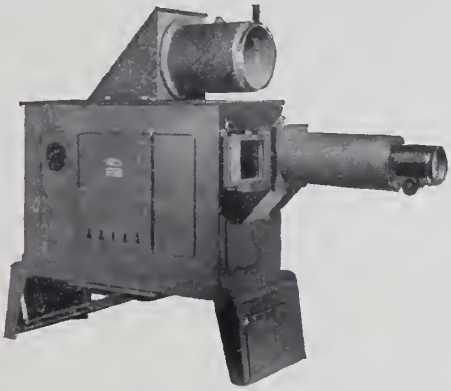

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ple may be mentioned the discussion of the periosteum. The various types of subperiosteal calcification are described according to their varying appearances in the roentgenogram and this in turn leads naturally to the differential diagnosis of the various diseases which may involve the periosteum.

The volume is well illustrated with a total of 508 reproductions of roentgenograms. These are printed as positives of the x-ray negatives which, in the reviewer's opinion, detracts somewhat from their value. Generally the illustrations are of good quality but there are no identifying symbols to indicate the points which the author wishes to emphasize. Descriptive legends are, however, clear and concise.

The book is an excellent contribution to the existing literature on the subject, based as it is on the author's wide experience as Director of Roentgenology at the New York Orthopedic Hospital. It reflects the author's personal views rather than being a compilation of the literature and it can be read with profit by roentgenologists and orthopedic surgeons alike. L. W. P.

Consultation Room. By Frederic Loomis, M.D., Oakland, California. Two hundred and eighty-one pages. Price, cloth, $2.50. New York: Alfred A. Knopf, 1939.

Here is a book which is good medical propaganda. One reads it and leaves it with a pleasant feeling toward the medical profession. It is an incomplete autobiography of a very modest and capable obstetrician and gynecologist. The autobiography is incomplete because it is merely the vehicle for carrying the stories of roughly classified groups of cases which have come under the author's care. The detailed description of these cases, the method in which the writer has handled them, and the eventual solution of many of the problems presented, develop many most interesting and human stories. Through these stories the character of the writer is definitely portrayed and through them one obtains of him a clear picture—a picture a credit to the medical profession. The book will solve for some people delicate and intimate problems. It will stimulate others to seek aid in problems too frequently kept hidden because of embarrassment and timidity. F. L. W.

A Manual of Fractures and Dislocations. By Barbara B. Stimson, A.B., M.D., Med.Sc.D., F.A.C.S., associate in surgery in the College of Physicians and Surgeons, Columbia University, New York City; assistant attending surgeon to the Presbyterian Hospital, New York City. Two hundred and fourteen pages, illustrated with ninety-five engravings. Price, cloth, $2.75. Philadelphia: Lea & Febiger, 1939.

This manual of 200 pages by Dr. Stimson contains a fund of useful information in handling the ordinary type of fracture. All of the essential details in treating a fracture are dealt with.

The manual will be found most helpful for the medical student and the intern, and next most useful for the general practitioner.

The diagrammatic illustrations of various types of fractures and their treatment are very satisfactory.

Blank pages are left following each division in the book for additional notes to be made by the student or the practitioner.

Serious trouble will be avoided in many instances if the principles enunciated by Dr. Stimson are applied. H. W. W.

The Treatment of Fractures. By Charles Locke Scudder, A.B., Ph.B., M.D., F.A.C.S., consulting surgeon to the Massachusetts General Hospital; formerly assistant professor of surgery at the Harvard Medical School; fellow American Surgical Association; member of the American Society of Clinical Surgery. Ed. 11, revised. Twelve hundred and nine pages with 1,717 illustrations. Price, cloth, $12 net. Philadelphia: W. B. Saunders Company, 1938.

Dr. Scudder's eleventh edition of The Treatment of Fractures is a valuable addition to the literature on fractures and their treatment. He has made a wise choice in contributors of special subjects.

Dr. Scudder opens his book with The Method for Measuring and Recording Joint Function. This is of particular value from a medico-legal standpoint and a procedure that should be applied by everyone caring for a fracture in or near a joint.

The discussion of Extension and Counterextension either by fixed traction or skeletal traction is commendable.

An interesting chapter is one on Birth Fractures and Epiphyseal Injuries. This is not included in the usual textbook on fractures.

The chapter on Initial Treatment and Transportation is of great value to the general practitioner who does not specifically handle fractures but is required to give first aid.

There is also an excellent chapter on the Healing of Fractures in Health and Disease.

The book is well organized, of suitable type, and the illustrations are clear, numerous and useful. The ordinary and the unusual fractures are discussed in detail. No useful and practical method has been omitted. The practitioner with this book in his library has a comfortable guide in the treatment of all types of fractures. H. W. W.

Surgical Treatment of Hand and Forearm Infections. By A. C. J. Brickel, A.B., M.D., departments of anatomy and surgery, Western Reserve University. Three hundred pages with 166 text illustrations and thirty-five plates, including ten in color. Price, cloth, $7.50. St. Louis: The C. V. Mosby Company, 1939.

This volume presents a clear and concise description of one of the most difficult surgical conditions; namely, hand infection. The first two chapters are devoted to an anatomical study which is greatly

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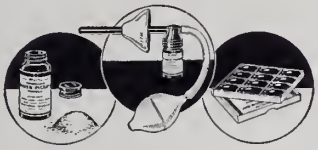

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enhanced by the colored plates and pertinent clinical notes.

The general principles involved in the surgical treatment follow in chapter three. Chapter four describes in detail infections involving various structures in the hand and forearm. A case history is cited in each instance and the method of handling each case discussed in detail. The author has been very careful to give specific instructions regarding the type of drainage to be instituted and its duration. The reviewer believes that these principles and instructions are one of the high points in the entire volume. Repeatedly, mention is made regarding the early institution of movement and its importance in preventing deformity. The close observance of this will, without a doubt, help to retain the function of many infected hands which otherwise would be rendered useless. The chapters on human bites, the management of diabetics, and the patients with peripheral vascular disease are well presented. The final chapter on the medico-legal aspects of such cases is of definite value. The colored plates are excellent but the structures involved would probably have been more easily identified if they had been labelled as were the line drawings on the opposite page. A repetition of the line drawings in the later chapters where one is referred back to the original drawings would have added greatly to the convenience of the reader. The photographs for the greatest part are good. This volume is excellent and new and important principles have been ably presented. It should become the property of every general practitioner or surgeon who at any time comes in contact with or treats hand infections. J. W. G.

COMMENTS ON TREATMENT

Digitalis-Murphy

(Continued from page 295)

pills, capsules or 2 cc. of the tincture) may be given four times a day for two or three days. In case of emergency 7.5 grains in solution, such as 10 cc. of digifoline or some other preparation, may be given intravenously and repeated two or three times a day for several doses.

Contraindications: It is as important to know when digitalis should not be given as when it is indicated. In brief, the conditions in which digitalis is frequently used and in which it is not only ineffective but may actually be harmful are as follows: (a) the tachycardia following operations and postoperative infections, (b) the rapid heart of acute infectious disorders such as pneumonia, (c) coronary thrombosis, (d) extrasystoles, (e) tachycardia of hyperthyroidism, (f) paroxysmal tachycardia, and (g) heart block. Finally, although the drug may be administered to patients who are arteriosclerotics, Willius points out emphatically that in older people digitalis must be used with considerable caution.

It is important that a patient taking digitalis be examined frequently in order to avoid overdosage. The result of overdosage may be summarized as follows: (a) There may be nausea, vomiting or diarrhea. (b) The heart may be slow and coupling of the beats may occur. (c) There may be cerebral symptoms such as headache, delirium, depression, confusion or visual disturbances. Omission of digitalis for two days usually clears up these unfavorable reactions and the drug may be given again in smaller doses for a period of a few days. Finally, it must be emphasized that digitalis does not combine well with certain other drugs. For example, it must not be given to a patient who is taking calcium, epinephrine, ephedrine or atropine.

In conclusion it must be remembered that no hard and fast rules can be laid down for the use of digitalis. Only by studying carefully every patient receiving this drug can the knowledge and experience be acquired that enables one to utilize the therapeutic potentialities of digitalis to the maximum extent. This has been epitomized by Wenckebach in his statement, "A long life is too short to learn enough about this wonderful drug."—FRANCIS D. MURPHY.

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(1) 1937. Am. J. Digestive Diseases, Nutr. 4, 240.
(2)a. 1933 J. Am. Diet. Assn. 9, 295.
b. 1934. J. Nutrition 8, 449.
(2)c 1936. Ibid. 12, 405.
d. 1936. J. Am. Diet. Assn. 12, 231.
(3) 1932. J. Pediatrics 1, 749.
(4) 1938. Am. J. Diseases Children 55, 1158.

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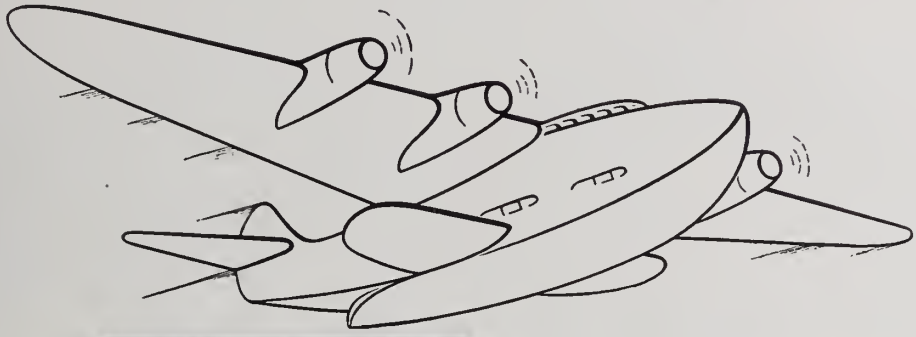

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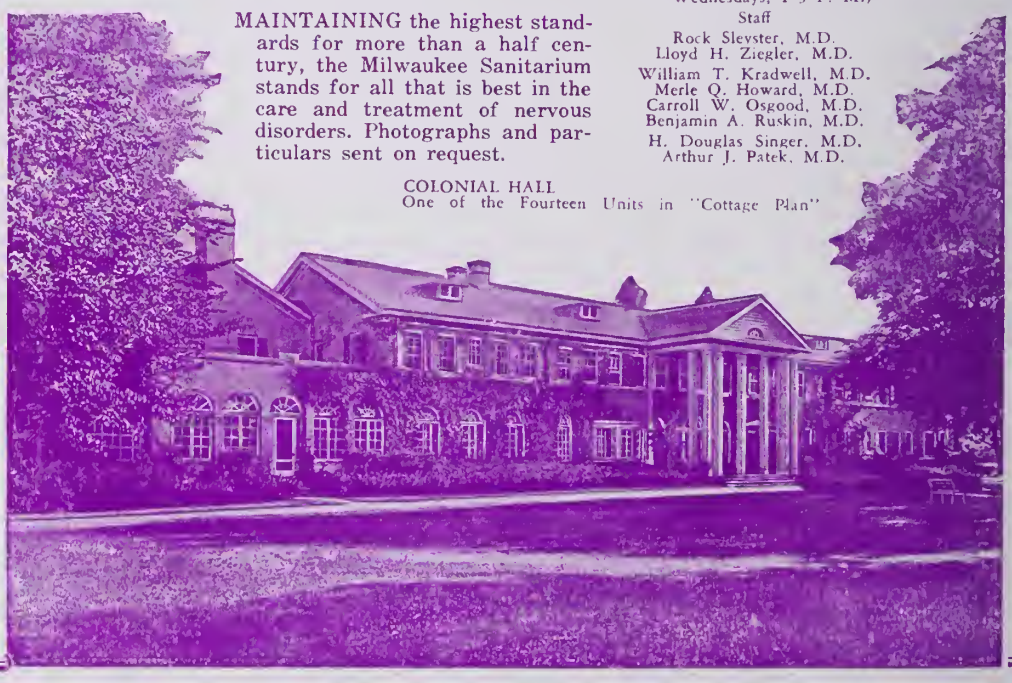

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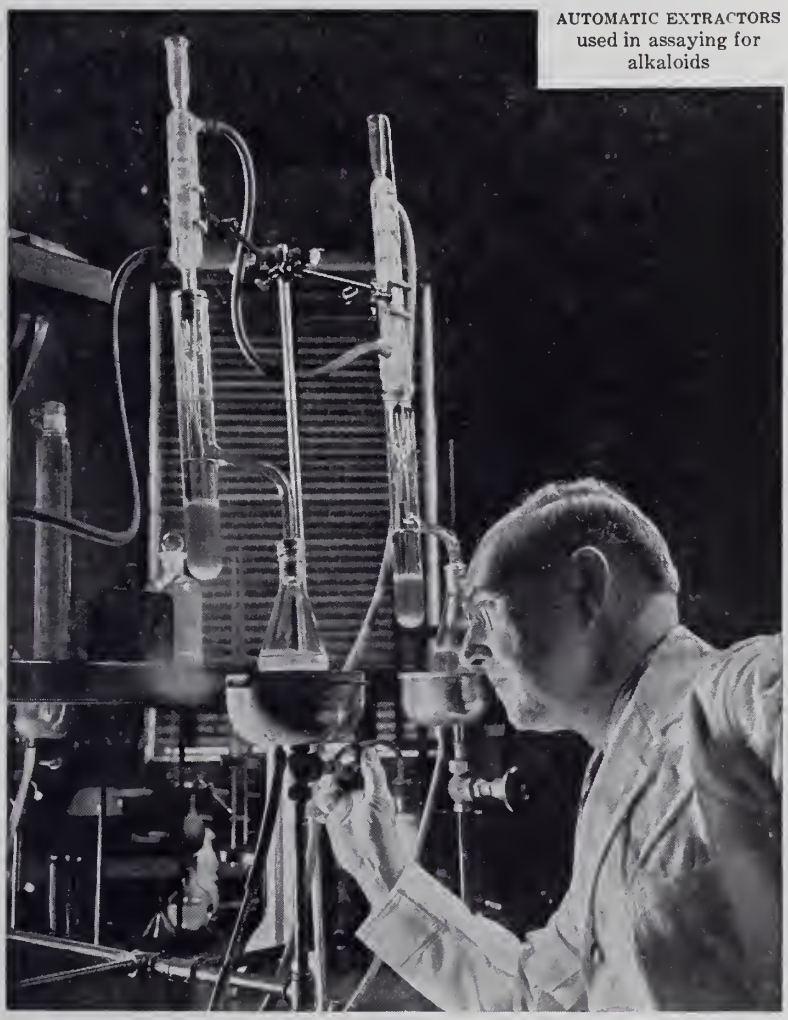

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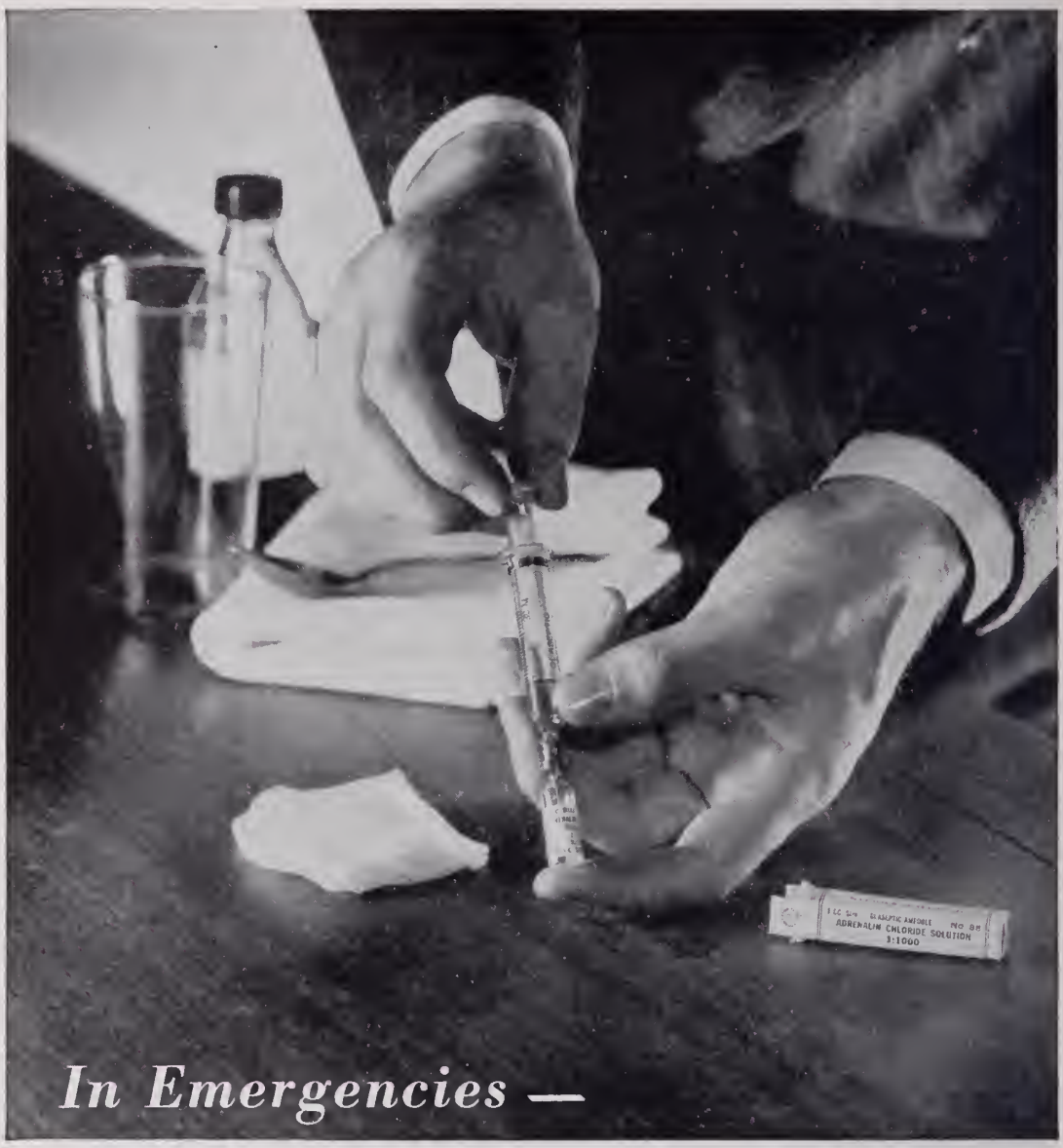

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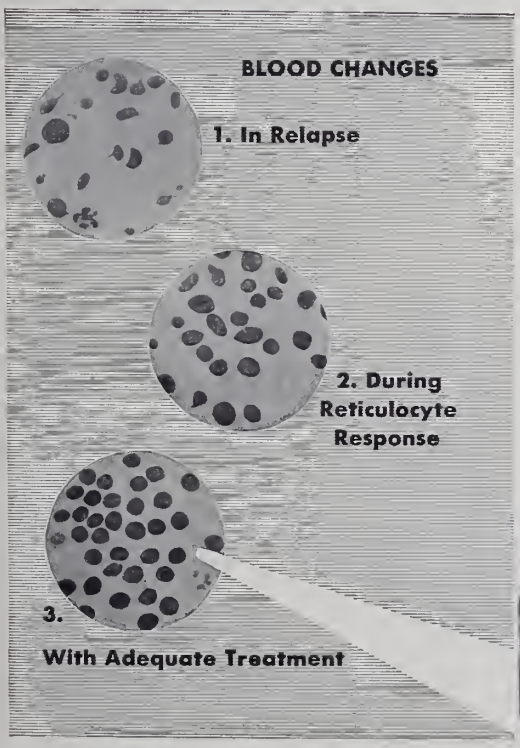

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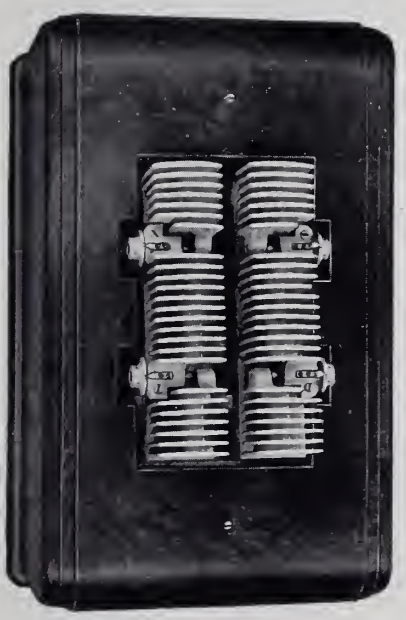

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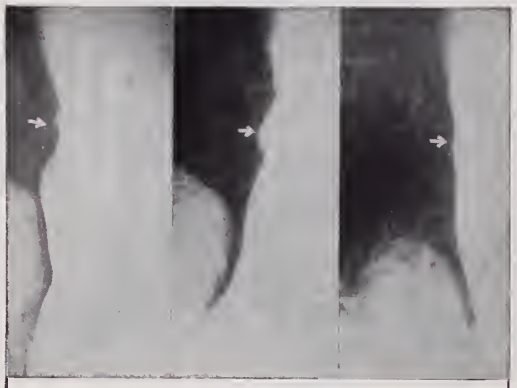

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*Windwer and Matzner, *Am. Jl. Dig. Dis.* 5:743, 1939.

NOTE: The gelatine used in this study was plain Knox Gelatine (U.S.P) which assays 85% protein and which should not be confused either with inferior grades of gelatine or with sugar-laden dessert powders, for these latter products will not achieve the desired effects. When you desire pure U.S.P. Gelatine, be sure to specify KNOX. Your hospital can get it on order.

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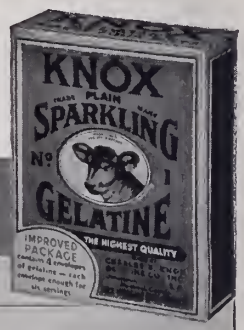

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Medical Management of Chronic Prostatitis*

By HERMAN L. KRETSCHMER, M. D.
Chicago, Ill.

CHRONIC infection in the prostate gland occurs with greater frequency than is generally believed, and our failure to bear this fact in mind often results in overlooking the prostate gland as a focus of infection in certain metastatic conditions, such as arthritis, iritis, neuritis, myalgia, etc. It is not at all uncommon to see patients who have had repeated examinations for a focus of infection in whom no examination of the prostate was made.

Aside from the fact that prostatitis so frequently is overlooked, it should be noted with emphasis that in a certain number of cases no subjective symptoms occur referable to the prostate; hence no examination of the gland is carried out.

Etiology

It is to be regretted that many patients as well as many physicians are of the opinion that chronic prostatitis is due to or is the result of gonorrheal urethritis. This point of view, the result of previous medical teaching and writing, is most unfortunate since it does an injustice to a large percentage of patients who suffer from chronic prostatitis. It is not unusual to see patients given a diagnosis of gonorrheal prostatitis when there is no evidence of the infection and no history of a previous gonorrheal infection.In order to establish or justify the diagnosis of gonorrheal prostatitis, it is necessary to demonstrate the presence of the gonococcus in the prostatic strippings. The presence of gonococci in the prostatic strippings, in my experience, is very rare. In a study of 1,000 cases of chronic prostatitis,[1] gonococci were found only twenty-four times.

Among the predisposing factors that have been mentioned as playing a role in the causation of chronic prostatitis are: horseback or bicycle riding; alcohol; and sexual abuses, such as over-indulgence, withdrawal, prolonging the sexual act, prolonged sexual excitement and masturbation.

It may be difficult to prove or to disprove whether any of these factors play an important role in the causation of chronic prostatitis. In my experience, none has been an important factor; nevertheless, in a few cases a history of over-indulgence in or interruption or prolonging of the sexual act may be elicited.

In a certain number of cases chronic prostatitis is the result or aftermath of an attack of acute prostatitis, and this in turn may be of gonorrheal or nongonorrheal origin. Acute prostatitis, whether of gonorrheal or nongonorrheal origin, frequently is overlooked; hence the condition remains untreated and may predispose to chronic prostatitis. Estimates as to the frequency of acute prostatitis as a complication of gonorrheal urethritis vary within rather wide limits, having been variously estimated as occurring in from 50 to 60 per cent of the cases. On this basis some authors believe that the largest number of cases of chronic prostatitis have this origin.

In the previously mentioned study, made by me and my co-workers,[1] we obtained a history of antecedent gonorrheal infection in 58 per cent of the patients; 33 per cent stated they had never had a gonorrheal infection. It should be borne in mind also that not all patients with gonorrheal urethritis must or do develop acute prostatitis. As a

* Urologist to the Presbyterian Hospital and the Children's Memorial Hospital, Chicago. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

matter of fact, with our present methods of treatment, acute prostatitis occurs rather infrequently.

Urethral Stricture and Instrumentation

Urethral stricture.—The presence of stricture of the urethra and its role in the causation of chronic prostatitis deserve emphasis. This is especially true in strictures of small caliber, and in filiform and impassable strictures. Because of the great regularity with which prostatitis and urethral stricture are associated, every patient in our clinic with a stricture of the urethra is given a careful prostatic examination. As a matter of fact, we have made it a rule that every patient who is under treatment for urethral stricture must have his prostate examined before he is discharged. It is surprising how frequently the two conditions are associated. It is not uncommon in our experience to see patients, who have had efficient treatment for stricture elsewhere, present themselves with symptoms of chronic prostatitis. Although rational treatment for stricture had been carried out, no attempt was made by the attending physicians to direct treatment to the infected prostate.

Urethral instrumentation.—The passage of cystoscopes, bougies, sounds and catheters, especially if repeated, may be the direct cause of an infection in the prostate. Moreover, the passage of urethral instruments not infrequently activates a dormant infection, with the result that the prostatitis is not recognized until after instrumentation. The reactions that follow instrumentation, namely, chills, fever and sweats, should be regarded as manifestations of prostatic infection.

Because of the aforementioned findings we make it a point to examine not only the prostate (per rectum), but also the expressed prostatic fluid. If no pus is found *before* urethral instrumentation is carried out but is found *afterward*, it is fair to assume that there may be a relationship between the instrumentation and the infection. On the other hand, if the prostate is infected before instruments have been passed, the manipulative procedure cannot be considered the sole offender.

Stones, Abscesses, Focal Infection

Stones.—In a consideration of the subject of chronic prostatitis, it might be well to call attention to the fact that in a certain number of patients the cause for failure in treatment may be due to the presence of stones in the prostate. When the stones are large they can be detected by rectal examination; when they are very small and rather numerous, detection on rectal examination is almost impossible. Small stones can be demonstrated best by x-ray examination. Although it is not the purpose of this paper to discuss the relationship between calculi and chronic prostatitis, it is nevertheless of paramount importance to call attention to the fact that the presence of small stones, acting as a foreign body, may be a decided factor in the persistence of the prostatic infection. The need for making a roentgenogram before treatment is instituted is self-evident since the presence of stones may be an important factor in the prognosis.

Abscesses.—The relationship between abscess of the prostate and chronic prostatitis is one that merits a certain amount of consideration, especially when considering the treatment of abscess of the prostate. A detailed discussion of prostatic abscess is not necessary in this paper, but mention should be made of the fact that an abscess may be caused by acute gonorrheal urethritis or trauma from instrumentation, or it may be metastatic, following osteomyelitis, influenza, appendicitis, etc., or infections of the skin such as furuncles and carbuncles.

After the abscess has run its course, that is, has passed through the phases of absorption or rupture or has been relieved by operation, a certain amount of infection of the prostate usually remains, as may be demonstrated by a careful examination of the strippings. Therefore, it is necessary that treatment be directed toward the eradication of the associated prostatitis in every case of abscess of the prostate.

Distant foci of infection.—At the present time it is a well recognized clinical fact that chronic prostatitis not only may be the focus of infection that results in

the production of metastatic disease in remote parts of the body, but that the prostate may be infected from foci in remote parts of the body. Another matter that should be stressed is this: Even when an active infection occurs in a distant part of the body, it may reinfect or reaggravate a dormant or nearly cured prostatitis. This sequence of events is not uncommon in a patient under treatment or in a patient who has been discharged as cured.

As an example of a case that illustrates this point, I should like to present the following case report:

J. S. L., a male aged thirty-three years, was referred to me because of a tired feeling and "lack of pep." He had been told he had an infection in the prostate gland due to streptococci and staphylococci. The general physical examination was negative. The rectal examination showed the prostate slightly larger than normal and firm in consistency. The seminal vesicles were readily palpable. The strippings from the prostate and vesicles showed 4–plus pus. The prostatic fluid showed the presence of staphylococci. The patient was given the usual course of treatment consisting of heat and massage, and was discharged as cured in about three months. Six months after his discharge, he developed an acute attack of ethmoiditis which was treated by a laryngologist. Following the attack of ethmoiditis, the patient complained of frequency of urination and pain in the leg. Examination of the prostate showed the presence of 4–plus pus in the strippings. Routine massage was carried out and there was marked improvement in the symptoms as well as in the strippings from the prostate and vesicles.

Cases of this kind call attention to the fact, mentioned above, that intercurrent infection in remote parts of the body in a patient who has been cured of chronic prostatitis may result either in an aggravation of the prostatitis or in a new infection. It is imperative that a patient in this category, who has a recurrence of his old symptoms or a new set of symptoms referable to the prostate, should have the benefit of careful examination to determine whether there has been acute exacerbation of the old prostatitis or whether a new infection has developed.

Until recently little attention was paid to the bacteriology of the prostatic fluid, and papers dealing with cultural studies were not numerous. Study of this subject, however, has received a great deal of impetus since the advent of interest in focal infections. Many of the early publications are at great variance, not only in regard to the types of organisms found, but as to the types of organisms that predominate. The numbers of sterile cultures reported were not uniform. Cases in which sterile cultures are obtained occur much less frequently nowadays than they did, judging by former reports.

Bacteriologic Studies

In the previously mentioned paper,[1] cultures were made in 407 cases with the following results:

B. coli	231
Staphylococci	142
Diphtheroid bacilli	12
B. pyocyaneus	12
Streptococci	10

As a result of our renewed interest in the subject of the bacteriology of the prostatic fluid, and the use of special cultural methods, our recent results are at variance with the foregoing figures. For your consideration, I should like to present the results of 170 cultures made in the last 122 consecutive cases of chronic prostatitis in our clinic. As our studies progressed we were impressed by the fact that, in a large number of cases in which positive cultures were obtained, the cultures showed more than one type of organism. The results are given in the following table:

TABLE 1.—*Results of 170 Cultures in 122 Patients*

	Number of cultures
No growth	22
One organism	88
Two organisms	50
Three organisms	10

An analysis of the incidence of the various types of organisms found was extremely interesting. Although the colon bacillus heads the list, as it did in our previous series, it was not so overwhelmingly predominant.

In the present series of cultural studies, special attention was directed toward the isolation of the streptococcus. Our efforts were rewarded by finding the organism fifty times. The incidence of various types of organisms is presented in the following table:

TABLE 2.—*Incidence of Organisms*

	Number of times
B. coli	54
Staphylococci	44
Streptococci	50
Diphtheroid bacilli	11
B. pyocyaneus	9
M. catarrhalis	4

When more than one type of organism was present almost every possible combination of organisms were found, so that it was impossible to present them in detail. The most frequent combinations were: B. coli and staphylococci; B. coli and streptococci; staphylococci and streptococci; and staphylococci and diphtheroid bacilli.

Symptoms

The patient with chronic prostatitis may present a history that is so typical and characteristic of prostatitis that our attention is at once directed to the prostate. On the other hand, the symptoms may be so varied and so complex that there is nothing suggestive of chronic prostatitis in the symptomatology. In another group of patients with general symptoms but none referable to the prostate, careful examination often reveals the presence of infection in the gland. This latter group is an extremely interesting one from the point of view of differential diagnosis.

The symptoms of chronic prostatitis, as previously stated, are variable and many different groupings or classifications have been made by different authors. What should be remembered is this: In many of these patients symptoms are present which belong to more than one group.

For purposes of discussion the symptoms of chronic prostatitis will be considered under the following headings:

1. Urethral discharge.
2. Urinary symptoms.
3. Sexual symptoms.
4. Metastatic symptoms.
5. Pain.
6. Nervous symptoms.
7. Silent prostate.

1. *Urethral discharge.*—At the outset it might be well to emphasize the fact that the presence of urethral discharge does not always mean gonorrhea, and the fact that it is imperative to examine the discharge microscopically before we are justified in diagnosing a discharge as one of gonorrheal origin. The discharge in chronic prostatitis is variable. Often it is scant, thin and sticky like glycerine; at other times it may be profuse. Because it is often noted in the morning, it has been called "morning drop." When scant, its presence only in the morning is due to the fact that frequent urinations during the day prevent it from collecting. At times, it may cause the lips of the external urethral orifice to become glued together. It should also be borne in mind that the morning drop may be due to chronic anterior urethritis. In our study,[1] urethral discharge was present in 389 of a series of 1,000 patients with chronic prostatitis.

2. *Urinary symptoms.*—Urinary symptoms in chronic prostatitis may be present or absent. There are no pathognomonic urinary symptoms in chronic prostatitis. On the other hand, the intimate relationship of the prostate gland to the neck of the bladder is such that one would expect an infection of the prostate to produce urinary symptoms. Patients who have attacks of relapsing cystitis may suffer from chronic prostatitis. It is important to bear this fact in mind when instituting treatment, which should, of course, be directed to the prostate and not to the bladder.

The urinary symptoms may be very mild or quite severe. If the cause is not recognized they may be present for a relatively long time. It is not uncommon for the patient to have more than one urinary symptom.

The following urinary symptoms were present in our series of 1,000 cases of chronic prostatitis:

Frequency	346
Burning	307
Nocturia	289
Urgency	149
Hesitation	148
Stinging	121
Pyuria	105
Dribbling	102
Hematuria	86
Straining	80
Prickling	65

3. *Sexual symptoms.*—There seems to be a prevailing opinion that sexual symptoms are uncommon in chronic prostatitis. In my opinion, chronic prostatitis is a common cause of sexual symptoms. As a matter of fact, when sexual symptoms are mentioned by a patient we should focus our attention on the prostate at once.

Many of the cases of sexual incompatibility in married life are due to chronic prostatitis, and as these cases often end in the divorce courts, we as physicians can often prevent the "parting of the ways" by recognizing the underlying causes of marital incompatibility. Chronic prostatitis, is, however, not the only cause of marital incompatibility!

Premature ejaculation was the outstanding symptom in our 1,000 cases and was present in nearly 20 per cent of them. We found, however, that in many cases of chronic prostatitis with large amounts of pus in the prostate there was no disturbance of the sexual function, and in a few instances the sexual function was increased. Following are the sexual symptoms noted in our series of 1,000 cases:

Premature ejaculation	197
Loss of desire	157
Weak erection	139
Loss of erection	77
Nocturnal erection	54
Painful ejaculation	42
Hemospermia	36
Painful sexual intercourse	25
Sterility	18
Prostatorrhea	15

4. *Metastatic symptoms.* — It is hardly necessary to emphasize again the importance of chronic prostatitis as a factor in the causation of metastatic lesions. Although this fact has been stressed many times it is surprising how often the prostate is overlooked or is not considered in the search for the primary focus of infection. The clinical importance of the prostate in this group of cases is a well-established fact and in a search for foci of infection the prostate and seminal vesicles must be differentiated from other foci of infection such as teeth, tonsils, sinuses, etc.

Among the common metastatic lesions seen in general as well as in special practice are arthritis, bursitis, tenosynovitis, myositis, neuritis, and iritis. Unfortunately, in many cases of this group the prostatitis is recognized late in the course of the disease, long after irreparable damage has been done; therefore, the importance of its early recognition is self-evident.

In this group, as well as in the following group, it may be stated that there is a phase of this subject that has a medicolegal aspect. Patients falling into either one or the other of these two groups, who may have sustained a mild strain or injury in their work, are often—unjustly, of course—given compensation when the primary cause of their trouble is due to a focus of infection in the prostate and not to the slight strain sustained in their work.

5. *Pain.*—In a very large percentage of cases the patient complains of pain or abnormal sensations. This may be very mild or moderately severe, although at times it is described by the patient as real pain. The pain may be described as a feeling of fullness, discomfort, soreness, smarting, burning, gnawing, shooting neuralgia, etc. Although the location of pain is variable, it occurs more frequently and more constantly in the back and perineum.

Lumbar backache in middle-aged men is frequently due to chronic prostatitis. On the other hand, it must not be forgotten that the man with backache and prostatitis may have an organic lesion of the spine. Indeed, the prostatic disease may be directly responsible for the lesion of the spine. On the other hand, the patient may have a lesion of the spine that causes the pain and the chronic prostatitis may be incidental. Hence, great care must be exercised in the differential diagnosis.

Perineal pain at times is described as severe and almost constant. Sitting on a hard chair often increases the pain to such an extent that the patient is compelled to use a cushion. Occasionally, relief is obtained by crossing the knees or by making pressure on the perineum with the fingers. Frequently, patients present themselves with lumbar or sacral backache that has been present for many years. Their teeth and tonsils have

been removed and sinus infection cleared up, but, though the pain persisted, no attempt has been made to clear up any possible prostatic disease.

A clear idea of the locations of the referred pain in prostatitis may be obtained in the following table of Young, Geraghty and Stevens:[2]

In the lower lumbar region (backache)	64
In the perineum	35
In the suprapubic region	22
In the groin (one or both)	18
In the testicle (one or both)	18
In the penis or urethra	14
In the rectum	13
In the thighs	12
In the hips	10
Simulating renal colic	10
Over the kidney area	8
Over the sacrum	5
Simulating sciatica	5
In the knees	4
In the legs	4
In the vesical neck	4
In the buttocks	2

6. *Nervous manifestations.*—In a small but very definite group of patients, nervous manifestations are present which are deserving of our most earnest consideration. Only too frequently the patient with sexual disturbances of one sort or another is quickly dismissed with a diagnosis of sexual neurasthenia. When this is done, we are remiss in our duty to the patient. An important point to remember in our consideration of the disturbances of sexual function due to chronic prostatitis, and one unfortunately often overlooked, is the influence of psychological factors.

Every patient who presents a number of nervous symptoms combined with sexual disturbances must have the benefit of a careful examination for evidence of chronic prostatitis. The symptoms may vary in their intensity from fatigue, nervousness and irritability, to depression, melancholia, and, indeed, suicidal tendency. When sexual disturbances due to chronic prostatitis occur in a patient who is introspective, a vicious cycle is established from which there seems to be no escape. It is in this type of patient that our patience may be taxed at times.

One or more sexual symptoms may be present, such as premature ejaculations, failure of erection, weak erections or failure of ejaculation. These symptoms at times are superimposed on a chronic prostatitis by over-indulgence, an indifferent partner or an over-ambitious partner. The patient may ascribe his symptoms to an antecedent gonorrhea or to varicocele. Some of these patients develop great mental depressions, severe melancholia, and even suicidal tendencies. In one case in our series the patient carried out his threat and committed suicide. Ridicule by the patient's partner and unwise advice, either from the physician or the laity, often exaggerate the condition. It goes without saying that in this type of case the factors responsible for the impotence should be determined by close observation and study.

Chronic prostatitis is likewise an important factor in sterility; as a matter of fact, it is one of the common causes of sterility in the male. Before any gynecological procedure to determine the cause of sterility is carried out on the wife, the male should be ruled out as a factor in the condition by careful and repeated examinations of the prostatic strippings. In my experience, it is not uncommon to have a man present himself for examination for sterility and to find the ejaculated fluid loaded with pus but containing no spermatozoa. This, of course, calls for appropriate treatment.

7. *Silent prostate.*—This term is used to designate the type of prostatitis in which there are no positive symptoms referable to the prostate, but in which there are general symptoms that have no apparent relationship.

Metastatic disease in which the prostate is the responsible factor has already been discussed.

"Silent prostate" is often found in the patient with recurring attacks of chills and fever of undetermined origin, the patient with a mild anemia that cannot be explained, and the patient who is below par and has a low grade leukocytosis. The determination of the underlying cause of the symptoms in such cases is at times baffling and calls for careful study of the prostate and its expressed fluid.

Diagnosis

The diagnosis of chronic prostatitis is based on the results of the rectal examination and on the microscopic examination of the prostatic strippings. The rectal examination, especially if the patient is being examined for the first time, should be very gentle so as not to produce pain. Many positions have been recommended by various authors. My personal preference in making a rectal examination is to have the patient bend over the examining table so that the head is low. If the patient is examined in this position, syncope following rectal examination is very rare.

In a large number of patients the rectal examination shows definite evidence of deviation from the normal, and in this group the diagnosis is relatively easy. The changes vary within wide limits. The prostate may be definitely increased in size and in some instances may be tender and even painful, especially if the examiner is the least bit rough. In some of the cases the consistency is changed within more or less wide limits: the gland may be boggy, or, if its consistency has decidedly increased, it may be quite hard—hard enough in a few instances justifiably to arouse suspicion of the presence of carcinoma. At other times the outline of the prostate is irregular; careful examination may reveal its periphery increased in consistency and one or more soft areas can be detected by the examining finger in its center or in one or both lateral lobes, suggesting that the patient has had a small abscess of the prostate. The surface is generally smooth, occasionally irregular, and there are areas of infiltration as well as evidence of adhesions around the gland and of periprostatitis.

In another group, the rectal examination may fail to show any changes in size, shape, or consistency. In my experience, this second group of cases often is passed by as normal when, if a careful examination of the strippings had been made, the prostate would have shown infection. Allow me to add, this group calls for repeated examinations.

The most important piece of evidence in the establishment of the diagnosis of chronic prostatitis is that based on the microscopic examination of the prostatic fluid obtained by massage. The expressed fluid should be examined at once for the presence or absence of pus cells. The amount of pus found upon microscopic examination may vary within wide limits; hence the relationship between the normal prostatic elements and the amount of pus cells in the microscopic field varies in proportion to the amount of pus in the prostatic fluid. The prostatic fluid is allowed to dry on the slide, then it is fixed and stained for the presence or absence of bacteria. Organisms, when present, can be demonstrated readily with methylene blue, and with the Gram stain. The group of cases showing the presence of pus cells offer no problem in diagnosis, and they may supply the answer to the question whether the prostate is responsible for metastatic disease. In this connection it is well to remember the patient may have more than one focus of infection in his body.

The patients who present difficulties in diagnosis are those in whom the strippings show an absence of pus at the time of the first examination. Many patients in whom the prostate was responsible for metastatic disease, have been given a clean bill of health because the strippings were negative at the time of the first examination. Under these circumstances we always make it a rule, before excluding the prostate as a focus of infection, to obtain three negative microscopic reports. It is hardly necessary to emphasize that the second and third examinations should not be made on successive days. I generally allow a week to elapse between the examinations. Finally, I wish to emphasize that when attempting to demonstrate the presence of pus in the strippings great care and gentleness must be the rule. The examination must never produce pain. I believe that massage under the circumstances advised above does not make pus and that pus when present is indicative of chronic prostatitis.

It is well to record each microscopic examination on a chart so that one may have a graphic portrayal of the patient's progress. As the patient's condition improves there is

a gradual reduction in the amount of pus cells and a return of the normal elements. The method of designating the amount of pus present is optional. We use the figures from 1-plus to 4-plus. In some instances, the pus has been recorded successively 4-plus, then 3-plus, 2-plus, and finally 1-plus. An intercurrent infection may cause an acute exacerbation and then we note the figures 4-plus again. By this or any other method of recording one is given a birdseye view of the progress of the disease.

Before the diagnosis of chronic prostatitis can be properly established it is necessary to rule out other lesions of the prostate. Carcinoma of the prostate may at times offer some difficulty in differential diagnosis. Stones in the prostate readily can be ruled out by x-ray examination. Tuberculosis of the prostate does not offer much difficulty—the hard, nodular, irregular prostate with evidence of the disease in the seminal vesicles and often in the vas and epididymis, readily establishes the diagnosis.

Treatment

From the point of view of the general practitioner the treatment of chronic prostatitis may be discussed under two headings—general and local.

General treatment.—I advise the patients to avoid highly spiced and highly seasoned foods, and strong alcoholic drinks. Light wines and beer are always permitted in my practice, and I do not recall a single instance where their use has made much, if any, difference in the progress of the disease. As a matter of fact, in an occasional case a patient who has been used to very light wines and who has not had any for a long time on the advice of a physician speeds on to prompt recovery when he resumes his glass of wine.

We always ask the patient to see that his bowels move well every day, so as to avoid the impaction of feces in the rectum.

A good many of these patients are married and naturally interested in the question of family relationship. We advise them to be moderate and to avoid over-indulgence and whatever irregular sexual practices they may have carried on before coming under observation. In other words, proper sexual hygiene is important in this group of patients.

From the statements made previously in this paper, it is obvious that we must direct our attention to the eradication of any and all foci of infection that the patient may have in remote parts of the body, such as teeth, tonsils, sinuses, etc. Aside from any direct relationship between these two conditions in each individual case, I advise the removal of foci of infection as a general basic principle of health.

Local treatment.—In my opinion, massage of the prostate per rectum is the most important single element in the treatment of chronic prostatitis, and this method of treatment is universally endorsed by all urologists. There seems to be a little difference of opinion regarding the frequency with which massage should be carried out. This in part depends on the amount of pus present in the strippings. As a rule we instruct the patient to report at the office twice a week, and, as the amount of pus diminishes, the intervals between massage are lengthened to once in five days, then once in seven days, once in ten days and, finally, once every two weeks.

We try to follow a definite routine during massage, beginning at the upper border of one lobe and stripping down toward the center, afterward moving the finger toward the lateral border and massaging toward the center, and then the lower border, massaging toward the center. The same procedure is followed on the opposite side. Two or three firm strokes of the finger are then passed over the midline. The massage must always be gentle and never produce pain. When pain is produced and when the massage is so vigorous that bleeding occurs at the external urethral orifice, I believe it does more harm than good. In other words, rough forceful massage is just as harmful to the patient, in my opinion, as massage that is carried on too frequently—say every day or every other day.

It might be well to bear in mind what the objectives of massage are. The first objective is to increase the blood supply to the prostate and in this way aid in the carrying away of infection and stimulating absorption.

The second objective is to empty the prostate of pus and bacteria. Naturally, massage that is too forceful or is carried out too frequently may defeat the objectives we are trying to attain. The procedure is simple. The patient is instructed to report in the office with a full bladder and void an ounce of urine in each of two glasses. Massage is then carried out, after which the patient is instructed to empty his bladder.

The second important element in the local treatment is the use of heat to the prostate. My personal preference is to apply heat to the prostate through the rectum and this may be accomplished in any of several ways, using various special instruments made for this purpose. Some of these instruments are relatively inexpensive. I prefer the Eissner tube to the instruments that have a two-way flow. A simple way to apply heat is by means of various electric prostatic heaters. The electric device of Bransford Lewis has been used with satisfactory results. We instruct the patient in the use of these devices so that he can use them at home. In the beginning, he can use them twice a day —morning and evening is advisable—and later, as he continues to improve, once a day. Some urologists advise the use of hot water per rectum in the form of hot irrigations. The objection to this method has been the fact that in some patients it upsets the bowels. Some patients prefer hot sitz baths. There is no objection to these except that in summer they are rather uncomfortable and in winter they may cause colds. In some instances, relief is obtained from an electric pad or from a hot water bag applied to the perineum.

Fig. 1. Eissner prostatic heater.

Later on dilatation of the prostatic urethra will be found beneficial in certain instances and for this purpose large sounds or a Kolman dilator are used.

A form of local treatment we do not use when the patient's urine is clear is urethral irrigation. We prefer urethral injections of argyrol (5 per cent) or protargol (0.5 per cent). The patient is permitted to lie on his back and he is given 5 cc. injections of 0.5 per cent and later 1 per cent protargol. Then a penis clamp is applied to the glans, the patient lies on his back for about five minutes and in this way part of the medicine flows back into the posterior urethra and bladder. Since we have employed this method instead of deep instillations, the instances of complicating epididymitis have practically disappeared.

Strong solutions of silver nitrate, applied to the verumontanum were enthusiastically advocated many years ago. Today this procedure has fallen into disrepute. I do not use it.

The subject of treatment of chronic prostatitis by intraprostatic injections has again aroused a great deal of interest and has received wide consideration in the past few years. In looking up data in regard to the history of chronic prostatitis one soon learns that intraprostatic injections were popular twenty-five or thirty years ago, and iodine, Lugol's solution, ethidol, and other drugs were highly recommended. Recently, interest in this form of treatment has again revived and mercurochrome has been recommended. I have never resorted to this form of treatment.

The vaccines (either stock or autogenous), boullion filtrate or bacteria-phage have seldom, if ever, in my experience added anything of value to the treatment of this disease.

The most important factor to bear in mind is that the disease is slow in responding to treatment, and the use of heat and massage must be persisted in for a long time. We always impress on the patient that the treatment must continue until the strippings are free of pus under the microscope. We do not continue the treatment without periods of rest. I believe it is a good policy to give the

patient periods of rest after he has been on massage treatment for two or three months.

Prognosis

The prognosis in chronic prostatitis is good, but at best the response to the treatment in a good many instances is slow. Many patients, as well as their physicians, are apt to become disinterested. Often patients stop coming for treatment because they tire of being massaged, and just as often the physician tires of performing the job. This attitude is unfortunate since treatment in many cases must be carried out for a long time. It is difficult in most instances to tell the patient in figures just how many weeks or months he must be treated. But the length of time for treatment can be accurately determined by microscopic examination since treatment must be carried out until the strippings are free of pus. This, and this only, should be our guide.

BIBLIOGRAPHY

1. Kretschmer, H. L., Berkey, H. A., Heckel, N. J., and Ockuly, E. A.: Chronic prostatitis: A critical review of 1,000 cases. Illinois M. J. 71: 152–161 (Feb.) 1937.

2. Young, H. H., Geraghty, J. T., and Stevens, A. R.: Chronic prostatitis: An experimental and clinical study with an analysis of 358 cases. Johns Hopkins Hospital Reports 13: 271–384, 1906. Quoted by: Young, H. H., and Davis, D. C.: Practice of urology. Vol. 1, p. 197. Philadelphia: W. B. Saunders Company, 1926. Also quoted by Hinman, Frank: The principles and practice of urology, p. 593. Philadelphia: W. B. Saunders Company, 1936.

"QUESTION BOX" DISCUSSION*

Question 1. "What is the medical management of chronic prostatitis? What produces the various symptoms? What do the symptoms tell us? What are the symptoms that are necessary to make a positive diagnosis of chronic prostatitis?

Answer of Walter M. Kearns, M.D., Milwaukee: That is a lot of question!

Chronic prostatitis is probably overlooked more often by the general practitioner than any other urological condition. He frequently overlooks the fact that, in addition to discharge and some urinary discomfort, symptoms of prostatitis also include backache, ill-defined leg ache, weariness, lassitude, vague abdominal discomfort and occasionally ureteral colic on both sides, due to reflexes of the twelfth dorsal nerve branches.

It should be remembered that prostatitis is not always a complication of gonorrhea. In the several series of cases of prostatitis covering over 4,000 patients, reported by Von Lackum, Stuhler, Kretschmer and Smith, there was no history of gonorrhea in over 40 per cent. Urologists over the country report similar findings. In my practice, I should say the ratio of prostatitis of venereal origin to prostatitis of nonvenereal origin is, roughly, about 50:50.

Prostatitis often occurs as a complication in various focal infections throughout the body. It is very apt to be a complication in influenza, grippe and colds, and if sexual excitement occurs during the course of any of these acute infections, the patient is apt to develop a more or less acute type of prostatitis.

The diagnosis of prostatitis rests on the finding of pus on microscopic study of prostatic strippings. The strippings obtained from one massage are insufficient to make a negative diagnosis; I think few men are appreciative of that fact. If the findings are negative, massage should be repeated. Very often no pus is found at the first massage but is liberated at the second.

Concerning the bacteriologic aspects of prostatitis, I may say I do very little staining of the prostatic secretion. It is of no great importance what organism is at work because the treatment is the same, viz.: a long course of massage with periods of rest and then more long courses of massage. Prostatitis is an obstinate condition to treat. One must drill patients in patience and educate them to expect a long course of treatment. Usually, the clinical improvement is prompt after a few massages, but after a great number and then a period of rest, pus can still be found. As long as there is an appreciable amount of pus, the massage treatment must go on. Several years ago we went to great pains in making autogenous vaccines from cultures of prostatic fluid in a considerable number of patients. Long periods of injections of graded doses, augmenting the other treatment did not result in enough appreciable benefit to warrant its continuance, except in a few chosen patients.

Question 2. Does sulfanilamide do any good in chronic prostatitis?

Answer of Walter M. Kearns, M.D., Milwaukee: I believe sulfanilamide does aid in the treatment of prostatitis in some instances. I have not used it much in chronic prostatitis, nor have I used it much in acute gonorrhea. But I have used it a great deal in kidney infections. In prostatitis causing relatively acute symptoms, such as dysuria, frequency, burning, or persistent pyuria, I think sulfanilamide is indicated and has proved efficacious.

* The "Question Box" was a feature of the 97th anniversary meeting of the State Medical Society in Milwaukee, September, 1938. Members attending the meeting were invited to write on slips of paper questions on scientific subjects and deposit them in "Question Boxes" placed in the meeting hall. The questions were collected by Dr. E. J. Carey, Milwaukee, who acted as master of ceremonies for the event, and distributed among specialists in various fields who answered them from the rostrum at the close of the meeting.

A Fluoroscopic Technic for Nailing Fractures of the Neck of the Femur*

By LAWRENCE V. LITTIG, M. D.
Madison

NUMEROUS technics for internal fixation of fractures of the neck of the femur have appeared in the literature since 1931, when Smith–Petersen described the use of the flanged nail in open reductions. Many of them, like the technic to be described, are simple and accurate, but they require a larger incision and periods of waiting while numerous roentgenograms are being made.

The following technic, worked out by the writer, has been used successfully in twenty cases by six surgeons. Its use would seem to be indicated, especially in the case of old and feeble people who constitute the majority of those suffering the accident.

The operation is performed on the fluoroscopic table. The patient is given a local, spinal or general anesthetic, as the case demands. The fracture is reduced by the Leadbetter or any other method. Reduction is checked anteriorly-posteriorly by fluoroscopic observation. When the anterior-posterior position is correct, a lateral roentgenogram is made in order to insure accurate lateral reduction.

After reduction, the leg is held steadily in moderate abduction and marked internal rotation by an assistant until the operation is finished. The internal rotation is important, as this brings the neck of the femur parallel with the floor, or table top. The three-flanged nail without a central canal has been used by the writer's associates. The length of the nail to be used is determined after satisfactory reduction has been accomplished. The fluoroscopic screen is placed over the fracture and made stationary. The fluoroscopic tube has been prepared previously with a lead pointer, placed as far as possible above the center of the tube and arranged to move with the tube. This pointer casts its shadow on the fluoroscopic screen and moves with the tube while the screen stays stationary.

The room is darkened. The shadow of the pointer is touched to the lateral aspect of the femur at the point where the nail is to be inserted. A dot is placed on the stationary fluoroscopic screen at this point. The pointer is next moved with the tube, the fluoroscopic screen remaining stationary, to the spot in the head of the femur to which the surgeon wishes the nail to extend. Another dot is made on the fluoroscopic screen. The distance between the two dots on the fluoroscopic screen is the accurate distance between the points on the femur and gives the length of the nail to be used. By sighting along the neck of the femur, the proper place for the incision is determined and a mark placed on the patient's thigh.

The skin over the site of the operation is prepared. The lateral and anterior aspects of the femur are exposed at the already determined point by an incision about 4 inches in length. Then, under fluoroscopic observation, the periosteal elevator portion of the nail guide is placed anteriorly and subperiostealy on the femur. The handle of the nail guide is kept parallel with the top of the table.

Under fluoroscopic observation the nail guide is moved upward or downward and directed so that it points directly through the middle of the neck of the femur. In this position the nail guide is fixed by hammering the points into the lateral aspect of the femur. The barrel of the nail guide will now be fixed and in proper position in all directions for the correct placing of the flanged nail. The flanged nail, attached to a nail driver, is inserted in the barrel of the nail guide and driven into the femur about 2 inches. A second lateral roentgenogram is then made as

* Presented in the Section on Radiology of the State Medical Society of Wisconsin at the 97th anniversary meeting of the Society in Milwaukee, September, 1938.

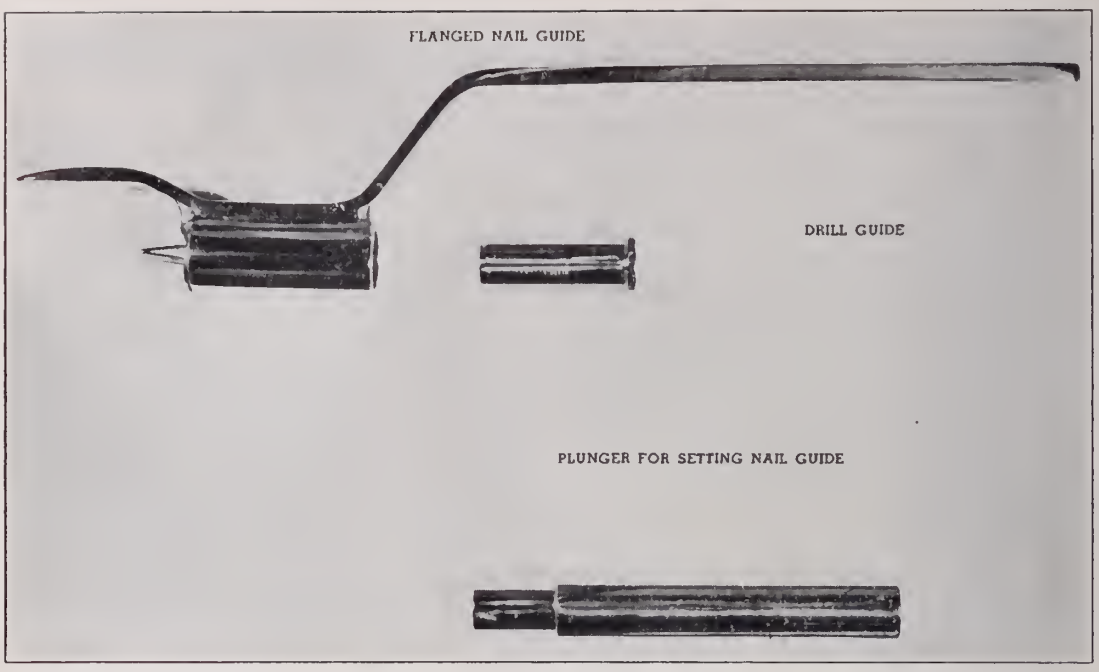

Fig. 1. The author's flanged nail guide.

a check. When the nail is found to be properly placed laterally, it is driven in the rest of the distance, its direction being checked with the fluoroscope. The nail guide may be removed after the nail has been driven in about 2 inches. The surgical field is covered with a sterile sheet each time a fluoroscopic observation is made in order to maintain asepsis.

In using this method, the operating time, from the first fluoroscopic observation to the closing of the skin incision, has varied from twenty to thirty-five minutes; thirty-five minutes being the time required in the first case in which the technic was used.

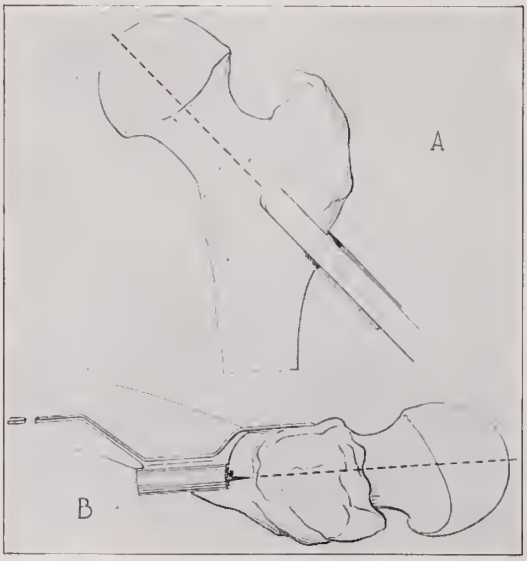

Fig. 2. Diagrams showing (a) anterioposterior and (b) lateral positioning of nail guide.

Fig. 3. (a) Anterioposterior view and (b) lateral view of nail in position.

The nail guide can be used with other nailing technics. There is an attachment for the use of a drill wire and flanged nail with central canal when this method is preferred.

We feel this technic to be desirable because (1) it is simple and accurate; (2) it calls for a very small incision, lessening danger of infection and leaving but a small scar; (3) it requires only twenty to thirty minutes to perform, lessening shock to the patient; and (4) the fluoroscopic apparatus necessary to its employment is available in most hospitals.

Author's Note.—The writer wishes to express his appreciation to Drs. H. L. Greene, A. R. Tormey, B. I. Pippin, E. V. Stadel, J. S. Supernaw and J. A. Jackson, who have successfully used this method.

Clinical Uses of Sex Hormones in Gynecology*

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AFTER Hitschman and Adler's description of the endometrial cycle and the correlation of this with the ovarian histologic picture, it was shown that the sex cycle could be divided into the follicular and luteal phases.

In 1903, Fraenkel[1] demonstrated that if the corpora lutea in rabbits are removed in the early stages of pregnancy, the fertilized ova invariably die. Frank[2] and his coworkers, and, in 1923, Allen and Doisy[3] demonstrated the potency of the follicle fluid in inducing estrus changes in castrated animals. Despite Fraenkel's work many students of this subject felt that the follicle played the all important and perhaps only role in the induction of the sex cycle, including the human cycle. The duality of the ovarian secretion was established with the elaboration of a corpus luteum hormone by Corner and Allen (1928)[4] and by Hisaw.[5] Corner called his hormone progestin, and Hisaw called his corporin.

In 1927, Smith and Engle[6] in this country and Aschheim and Zondek[7] in Germany demonstrated the dominant role that the anterior pituitary gland plays in the maintenance and control of ovarian function. By a series of experiments using implants and extracts of the anterior pituitary body in infantile animals, precocious sexual maturity was induced. Removal of the anterior pituitary in a mature animal causes cessation of follicle formation and estrus. The follicle already present becomes atretic. Atrophy of all sex organs occurs. Pituitary implants or extracts of the anterior pituitary gland cause renewed ovarian activity and complete recovery of the atrophied sex organs. Zondek termed the anterior pituitary gland the motor of ovarian function.

In this discussion we are interested in the following hormones:

1. Anterior pituitary hormones, one of which stimulates ovulation and the other luteinization.
2. Anterior pituitary-like hormone, which arises in the chorionic epithelium, is found in the urine of pregnancy, and is responsible for the Aschheim-Zondek reaction.
3. Estrogenic or follicle hormone which arises from many sources and was formerly called the female sex hormone.
4. Progestin, or the corpus luteum hormone, which is found in the corpus luteum and is also in the placenta.

Menstruation implies regularly recurring bleeding from a premenstrual endometrium. This is to differentiate it from cyclical bleeding in which the regular, recurring bleeding is from an endometrium not in the premenstrual phase. Bleeding occurring from a premenstrual endometrium implies that a corpus luteum has been formed, and that pregnancy could have occurred. In cyclical bleeding there has been no ovulation and no corpus luteum.

The hormones directly involved in menstruation originate in the anterior pituitary gland and ovary. The thyroid, adrenals, and the pancreas are also closely related to the menstrual cycle, for dysfunction of any of these glands may lead to abnormalities of the cycle. All the glands of internal secre-

* From the Department of Obstetrics and Gynecology, Marquette University School of Medicine. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

tion may give rise to menstrual disturbance if their dysfunction is extensive enough. The problem of the menstrual cycle has recently been complicated still further by the assumption of a sexual center in the mid-brain.

The hormones involved in menstruation are the follicle-stimulating and luteinizing hormones arising from the anterior pituitary gland, and the follicle and corpus luteal hormones arising from the ovary. Our knowledge today indicates that the source of the rhythmical stimuli necessary for the menstrual cycle orginates in the anterior pituitary gland. Both the follicle-stimulating and the luteinizing hormones are essential for the stimulation of the entire cycle in the ovary. The hormones act in rotation, first the follicle stimulator and then the luteinizer, although the action of one overlaps the action of the other at the time of ovulation. Not only are both hormones essential for the production of the menstrual cycle, but there must be a qualitative relationship between them. Defective luteinization would give rise to a proliferative phase of the endometrium, resulting in a sterile cycle. An excess of the luteinizing hormone would probably result in a persistent corpus luteum; menstruation would not occur and a new follicle could not form.

The ovary liberates its own hormones after receiving the hormonal impetus from the anterior pituitary gland. The growing follicle secretes the estrogenic hormone. The luteinizing hormone converts the ruptured follicle into a corpus luteum and the latter secretes progestin. The action of the estrogenic hormone is maintained throughout the cycle, for it is produced by the follicle in the first half of the cycle, and by the corpus luteum during the second.

If fertilization and implantation of the egg does not occur, the corpus luteum atrophies and the output of progestin is lowered. The secretion of the estrogenic hormone, which reaches a peak just prior to menstruation, is also withdrawn.

The menstrual cycle is maintained rhythmically from puberty to the onset of the menopause except during periods of pregnancy and dysfunction.

At the present time we recognize the presence of three estrogenic hormones, viz.:

1. *Estradiol.* This is probably the hormone that is produced by the follicle.

2. *Estrone.* Estrone is found in urine. It is considered an excretion product of estradiol.

3. *Estriol.* Estriol is also found in the urine, and may also represent an excretion product.

The unit of estrin is the rat unit (R.U.) or the mouse unit (M.U.). The relationship between the mouse and rat unit was a subject of much discussion among workers and they finally accepted the view that one rat unit is equal to five mouse units and also to from five to ten international units.

Physiological action-crystalline estrone.—This hormone (1) stimulates the growth and development of the female genital tract and breasts; (2) stimulates the endometrium to growth and regeneration; (3) stimulates the growth of the mammary ducts; (4) increases uterine motility.

Progestin or progesterone—the corpus luteum hormone.—Progestin is derived from the corpus luteum, the placenta, and from the urine in pregnancy. The amount in the human corpus luteum is very small. Pratt was unable to demonstrate progestin in 40 grams of human corpus luteum. His standard, the Allen-Corner unit, is about twice as large as the Clauberg unit. Clauberg estimates that 70 grams of human corpus luteum would yield one Clauberg unit. Ehrhardt claims to have isolated progestin from the human placenta and human urine in pregnancy. Butenandt (1934) announced the synthetic production of progestin from stigmasterol, derived from the soya bean. The international unit is equal to one Allen-Corner unit.

The physiological action of progestin includes (1) progestational proliferation of the endometrium; (2) quiescence of uterine motility; (3) prevention of early abortion; (4) inhibition of ovulation and menstruation.

Gonadotropic hormones of the anterior pituitary gland.—The gonadotropic hormones have not been produced in crystalline

form. Similar but not identical hormones have been found in the blood and urine of pregnant women, the placenta, and the urine of castrates. The hormone from the urine of pregnant women failed to produce the action of the anterior pituitary in hypophysectomized rats. Follicles did not grow and ovulation did not take place but a luteinization of the follicle occurred. The gonadotropic hormone in the urine of women in the menopause, whether normal or artificial, when injected into hypophysectomized rats, caused stimulation of follicle growth but no ovulation. The follicle ultimately became atretic.

Recently Davis and Koff[8] produced ovulation in women by the intravenous use of a gonadotropic principle derived from the serum of pregnant mares, a discovery which promises to be far-reaching in its clinical application.

Clinical Application

From the preceding paragraphs it should be clear that an understanding of dysfunctional menstrual disturbances demands a working knowledge of the major factors vital to menstruation; namely, the anterior pituitary gland, the ovaries, the uterus, and also the neuro-endocrine background.[9] The latter includes all elements such as thyroid secretion, the cortical hormone of the adrenal, and the psyche, which bear either direct or indirect influences on the process of menstruation. The etiology of any nonorganic menstrual disorder usually resides in the altered action of one of the above-mentioned organs. The great majority have their origin in disturbed function of the anterior pituitary gland. Most of the remainder are caused by primary ovarian failure, incident to developmental defects. The remaining few have their origin in altered thyroid function, disturbances in the cortex of the adrenal, or lack of uterine response.

For therapeutic purposes, patients with hypopituitarism must be differentiated from those with hypogonadism. The differential diagnosis is generally not difficult. The patient with hypogonadism is underweight, thoroughly feminine, emotional and often suffers from dyspareunia and dysmenorrhea. The hypopituitary type (except the unusual Lorain-Levi type) shows mammary and girdle obesity, hypertrichosis, and is well balanced emotionally. A complete diagnostic analysis must include a thorough physical and pelvic examination and the usual laboratory studies, plus determination of basal metabolism and blood and urine content of the hypophyseal sex hormone and estrogen when feasible. Before the condition is considered one of altered function, organic diseases of the pelvis or any constitutional ailment which could cause the particular menstrual derangement under consideration must be ruled out.

Amenorrhea and Functional Uterine Bleeding

Amenorrhea.—Amenorrhea generally is due to failure of the anterior pituitary gland, the ovary, or occasionally to failure of uterine development. Thyroid disturbances, especially hypothyroidism associated with obesity, frequently cause amenorrhea. Insufficient secretion of the anterior pituitary gonadotropic hormones is the most common cause. The woman with primary ovarian failure generally is eunuchoid in appearance.

Treatment with the hypophyseal hormones is the method of choice. The pregnancy urine extracts are of no value as they do not stimulate the follicular apparatus. In younger women, using small doses of extract from the anterior pituitary (prephysin) over a period of six days at four-week intervals, we have been able to induce menstruation which has recurred at nearly regular intervals in about 40 per cent of the patients. Lately we have been using the gonadotropic principle from the serum of pregnant mares. Mazer and Israel[10] used very large doses of estrogen. Their patients with primary amenorrhea who responded, lapsed into their previous state when treatment was discontinued. Twenty per cent of their patients with secondary amenorrhea continued regular menstruation after withdrawal of treatment.

The estrogenic hormone is of use in amenorrhea to combat uterine atrophy and is followed by menstruation in those individuals who have a fair degree of ovarian function. It can be given orally in doses of 1,000-2,000

international units daily for eight to twelve weeks, or 5,000 international units twice weekly by the hypodermic route. This dose maintains the quantity of circulating estrogen at the normal premenstrual level. The successful hormonal treatment of most severe cases of amenorrhea will depend upon the elaboration of a potent gonad stimulating hormone.

Functional Uterine Bleeding.—Abnormal uterine bleeding is ascribed to a functional origin when the pelvic organs are normal and when no constitutional disease or blood dyscrasia exists to account for it. It is seen at any period of menstrual life.

The diagnosis is made by finding the cystic glandular hyperplasia of the endometrium which is obtained by curettage. This procedure is infrequently necessary in the puberty group, but one must not presuppose that the bleeding is functional at any other time without a microscopic study of the endometrium.

Cystic glandular hyperplasia of the endometrium is considered to be due to an imbalance between the estrogenic hormone and progestin. It is merely an exaggerated proliferative phase of the endometrium with inadequate luteinization and thus the condition is really due to disturbed function of the anterior pituitary gland.

Treatment.—With the elaboration of commercial progestin, it was used in the treatment of functional hemorrhage. The treatment is purely substitutive and the effect is temporary. The pregnancy urine extracts have been widely used and with fairly good results provided adequate dosage is used. The average daily dosage during the active bleeding stage should be from 200-500 rat units given intramuscularly. After the bleeding ceases, 200 rat units once or twice a week for several weeks or months may be given. This continued treatment generally lessens the amount and duration of subsequent periods. The exact mechanism by which pregnancy urine extract controls functional bleeding has not been established. Luteinization of the follicle does not occur and endometrium removed for study during the non-bleeding period shows the same histological picture as during the bleeding phase.

Dysmenorrhea

In the evaluation of the problem of functional dysmenorrhea, the development, the hormonal control, and the nervous control of the uterus must be considered along with the constitutional and nervous make-up of the individual. The asthenic type is more prone to dsymenorrhea as is the sensitive and nervous type. The majority of patients with functional dysmenorrhea have a hypoplastic uterus although many patients with marked infantilism of the internal genitalia have no menstrual discomfort. Also many individuals with normal uteri have dysmenorrhea.

Progestin's property of over-riding the stimulating action of estrin would indicate its use in dysmenorrhea.

Campbell and Hisaw[11] treated eleven cases of dysmenorrhea with Hisaw's corpus luteum hormone, corporin. Five to eight rabbit units were injected daily, beginning five days prior to the onset of the menstrual period. Results were good and in some cases persisted for a few menstrual cycles after discontinuation of the treatment. Elden and Wilson[12] obtained complete relief in 47 per cent of seventeen patients, using doses varying from 2/25 to 1 rabbit unit given in a single dose or in divided doses three to six days before the onset of the menstrual flow. They say relief of pain may be based on Schroeder's theory of dysmenorrhea that sufficient relaxation of the uterine muculature is obtained to insure adequate circulation, thereby overcoming added congestion normally present at this time.

Kennedy[13] believes that dysmenorrhea is due to disturbances in certain uterine nerve ganglia as a result of follicular hormone deficit. Using estrogenic hormone in the period between ovulation and the onset of menstruation, he obtained cures in ten and improvement in thirty other patients. Ten were unimproved.

Mazer[10] reports relief in ten out of thirteen patients with large doses of estrogenic hormone given hypodermically. Goldberg and Lisser[14] report 60 per cent relief from pain in forty patients with the use of Collip's emmenin. Estrogenic therapy in dsy-

menorrhea seems indicated only in those individuals with hypoplastic uteri.

Our own results with the estrogenic substances have been disappointing. In dysmenorrheic patients with uteri of normal size, progestin in 1 rabbit unit doses daily, beginning three days before the flow, and with a 2 rabbit unit dose on the first day of the flow has given relief in 60 per cent of our cases. The complexity of this problem can be pointed out by the fact that in seemingly identical cases, relief will be obtained in one patient and not in the other.

The Menopause

Hormonal findings when the menopause is fully established show an absence of estrone and the presence of large quantities of follicle stimulating hormone. The cessation of ovarian function is entirely due to the failure of the ovary to respond to stimulation. This would indicate that the functional life of the ovary is limited.

Treatment. The most spectacular results with the use of estrogenic hormones are obtained in patients suffering from the symptoms of the artificial or natural menopause. Frank and his co-workers[15] and Mazer et al.[16] have shown that relief from symptoms is due to the decrease in production of the gonadotropic hormone of the anterior pituitary body due to the inhibiting effect of the estrogenic hormone. Frank used a total of 24,000 rat units (120,000 international units) of estradiol benzoate to relieve the symptoms. He found that symptoms were relieved for an average of three to four weeks. Hawkinson[17] found that 10,000 international units every three to four days for about twelve doses controlled the symptoms. Geist and Mintz[18] reported 80 per cent successful results in twelve patients with the use of emmenin. Our form of therapy, with almost complete relief in all patients, is 4,000 rat units of estradiol benzoate twice weekly for four to eight weeks until the symptoms are controlled, followed by emmenin in doses of one teaspoonful daily. Treatment is sometimes discontinued for a short period but generally must be resumed. The oral method as a rule controls those individuals suffering recurrences and no hypodermic medication is necessary.

The results of treatment are checked by the vaginal smear method of Papanicolaou and Shorr.[19] They found that under the effect of estrone the vaginal smear showed large flat cells cornified with small pyknotic nuclei. This type of smear is found normally during the high follicular phase of the menstrual cycle. The menopausal smear shows an abundance of leukocytes with a preponderance of round or oval deep cells.

Gonorrheal Vaginitis

The use of estrogenic hormone in the treatment of gonorrheal vaginitis in children was introduced by Lewis.[20] Using estrogenic hormone hypodermically, he reported the cure of eight patients, in two of whom the vaginitis recurred. The theory for this type of treatment was based on the fact that the administration of estrone causes a thickening of the epithelial layer of the vagina of immature animals. The vagina in children is susceptible to gonococcus infections whereas after puberty it is notably resistant and Lewis reasoned that if the change in the vagina could be induced, the gonococcic infection might be overcome. After more research Lewis and Weinstein[21] believe that the increased acidity noted as the result of the estrogenic action is the essential factor in eliminating the infection. The gonococcus grows best in a medium with a pH of from 7.2 to 7.6. After the vaginal mucosa has reacted to estrogen there is a well marked acidity, the pH ranging from 4.8 to 6. The gonococcus rarely grows in a medium as acid as pH 6 or 6.2. TeLinde[22] confirmed this observation but he feels that the change to the adult type of vaginal mucosa also plays an important role.

TeLinde uses amniotin suppositories for children, containing 1,000 international units. One is inserted daily at bedtime. Epithelial desquamation begins as soon as the vagina is well under the influence of estrogen. Treatment is continued for two weeks after the first negative smear. The usual duration of treatment was one month. Ninety-eight of the 100 patients TeLinde treated were well from three months to two

and one-half years after treatment was discontinued. No evidence has been introduced to show that any harm to the genitalia or breasts resulted from the estrogenic stimulation.

Senile Vaginitis and Sterility

Senile vaginitis.—Senile vaginitis is a nonspecific condition occurring after the cessation of ovarian function. The vagina atrophies during the menopause with a loss of elasticity and distensibility. The exciting factor is generally a recurring minor trauma which injures the low inactive squamous epithelium. The usual pathogenic organisms in the vagina invade these denuded unprotected areas and start an inflammatory process.

Davis[23] reported the hypodermic use of estrogenic hormone (amniotin) with clinical improvement within four weeks. Biopsies of the vaginal mucosa showed a marked increase in the thickness of the squamous epithelium under treatment. With the cessation of treatment the mucosa reverts to the senile type but symptoms usually do not recur, if sufficient treatment has been given so that the mucosa is healed and all subepithelial inflammation has disappeared.

Our method of treatment is 2,000 international units of estrogenic hormones three times weekly for four to six weeks. Occasionally the vaginal suppositories of estrogenic hormone are given as supplementary treatment.

Sterility.—Functional sterility is that type in which patients show an absolutely normal menstrual cycle, have no abnormalities of the genitalia, and do not conceive. The sperm examination reveals the number, type, and motility of spermatozoa to be normal. Endometrial biopsy reveals the premenstrual endometrium often to be in the proliferative phase, so-called anovulatory bleeding. The gonad stimulating hormone derived from the serum of pregnant mares has induced ovulation in human beings. The hormone is best given in two or three divided doses just prior to the expected time of ovulation. We have just begun the use of the gonad stimulating hormone from the serum of pregnant mares (Gonadogen) in a small number of sterile women. Estrogenic hormone has been used in sterility associated with amenorrhea, hypomenorrhea, and with infantile uteri with occasional success. However the method of choice should be the use of gonad stimulating hormones.

Habitual and Threatened Abortion

Corner and Allen have demonstrated the need for the corpus luteum or its hormone for the maintenance of normal pregnancy in the rabbit. In the human being, the corpus luteum has been shown to contain only a small amount of progestin (Pratt).[24] Evidence indicates that the production is taken up by the placenta. Large amounts of pregnandiol, the excretion product of progestin, are found in the urine of pregnant women even in cases in which the corpus luteum has been removed early in pregnancy.[25]

The use of progestin in cases of habitual abortion has a definite experimental background (Corner). The causes of habitual abortion are many and varied and a deficiency of the corpus luteum hormone is only one of many; avitaminosis, hypothyroidism, deficient spermatogenesis, and systemic diseases are a few of the causal factors. However, where no such causes are found, the use of a hormone is indicated. Elden[26] has reported successful treatment with progesterone in seven of eight cases and Kane[27] in thirty-six of forty cases. In eleven patients who have had two or more spontaneous abortions for which there was no apparent cause, we have used progestin in the following dosage: one rabbit unit twice weekly from the time pregnancy occurred through the fourteenth week; thereafter 1/5 unit was given twice weekly through the twenty-fourth week. The patients were not kept in bed but physical activity was markedly curtailed. There have been seven living children born, three patients are in the latter half of their pregnancies,* and one aborted at eleven weeks. One patient had a subsequent normal birth without treatment; another was allowed to proceed in her second pregnancy without the hormone but

* Author's Note.—These women have since been delivered of normal infants.

developed signs of threatened abortion which were controlled by the use of progestin.

Progestin is also advocated in threatened abortion, the physiologic principle of quiescence of uterine motility and progestational proliferation of the endometrium applying to this condition. Krohn, Falls and Lackner[28] reported successful outcomes in nine of eleven cases of threatened abortion. They confined their patients to bed and administered one rabbit unit of progestin twice daily until all symptoms subsided. One rabbit unit was then administered daily for the following week. If the patients remained symptom free, they received one rabbit unit twice weekly until the thirty-second week. In our series of thirteen patients with threatened abortion, only four went to term despite the fact that treatment was instituted early. In the other nine patients symptoms continued with subsequent abortion. Treatment in the successful cases was continued through the sixteenth week of pregnancy using one international unit twice weekly after symptoms subsided.

Summary

Normal menstruation is dependent upon the proper function and integrity of the anterior pituitary gland, the ovaries, the uterus, the thyroid, and related endocrine glands. A disturbance in one or any of these vital centers may result in altered function. The therapeutic efficacy of estrin, progestin, and the anterior pituitary-like element from pregnancy urine in certain gynecologic conditions is well established. With the manufacture of a pure gonadotropic hormone with properties such as the one isolated from the serum of pregnant mares, a much needed therapeutic agent for menstrual disturbances having their origin in altered function of the anterior pituitary gland will be added to our armamentarium.

Clinically, results will depend upon a thorough knowledge of the physiologic principles involved plus the use of adequate doses of well standardized products.

BIBLIOGRAPHY

1. Fraenkel, L.: Die Function des Corpus luteum. Arch. f. Gynäk. 68: 438–545, 1903.
2. Frank, R. T.: Organotherapy in gynecology from viewpoint of general practitioner. Colorado Med. 21: 123–128 (May) 1924.
3. Allen, E., and Doisy, E. A.: Ovarian hormone; preliminary report on its localization, extraction and partial purification, and action in test animals. J.A.M.A. 81: 819–821 (Sept. 8) 1923.
4. Corner, G. W., and Allen, W. M.: Physiology of corpus luteum; production of special uterine reaction (progestational proliferation) by extracts of corpus luteum. Am. J. Physiol. 88: 326–339 (March) 1929.
5. Hisaw, F. L.: Corpus luteum hormone; experimental relaxation of pelvic ligaments of guinea pig. Physiol. Zoöl. 2: 59–79 (Jan.) 1929.
6. Smith, P. E., and Engle, E. T.: Experimental evidence regarding role of anterior pituitary in development and regulation of genital system. Am. J. Anat. 40: 159–217 (Nov.) 1927.
7. Zondek, B.: Ueber die Funktion des Ovariums. Ztschr. f. Geburtsh. u. Gynäk. 90: 372–380, 1926.
8. Davis, M. E., and Koff, A. K.: Experimental production of ovulation in human subject. Am. J. Obst. & Gynec. 36: 183–199 (Aug.) 1938.
9. Israel, S. L.: Treatment of dysfunctional menstrual disorders. Endocrinology 22: 253–261 (Feb.) 1938.
10. Mazer, C., and Israel, S. L.: Studies on optimal dosage of estrogens; experimental and clinical evaluation. J.A.M.A. 108: 163–169 (Jan. 16) 1937.
11. Campbell, R. E., and Hisaw, F. L.: Use of corpus luteum in treatment of dysmenorrhea. Am. J. Obst. & Gynec. 31: 508–510 (March) 1936.
12. Elden, C. A., and Wilson, K. M.: Progesterone treatment for dysmenorrhea. Am. J. Obst. & Gynec. 32: 91–96 (July) 1936.
13. Kennedy, W. P.: Endocrine therapy in dysmenorrhoea. Brit. M.J. 1: 746–748 (April 23) 1932.
14. Goldberg, M. B., and Lisser, H.: On clinical use of emmenin (human placental extract—Collip). Endocrinology 19: 649–655 (Nov.-Dec.) 1935.
15. Frank, R. T., Goldberger, M. A., and Salmon, U. J.: Menopause: symptoms, hormonal status, and treatment. New York State J. Med. 36: 1363–1371 (Oct. 1) 1936.
16. Mazer, C., and Israel, S. L.: Symptoms and treatment of menopause. M. Clin. North America 19: 205–226 (July) 1935.
17. Hawkinson, L. F.: Menopausal syndrome; 1,000 consecutive patients treated with estrogen. J.A.M.A. 111: 390–393 (July 30) 1938.
18. Geist, S. H., and Mintz, M.: Report of treatment of 250 patients suffering from the menopause syndrome. Med. Rec. 147: 437–441 (May 18) 1938.
19. Papanicolaou, G. N., and Shorr, E.: Action of ovarian follicular hormone in menopause, as indicated by vaginal smears. Am. J. Obst. & Gynec. 31: 806–831 (May) 1936.
20. Lewis, R. M.: Study of effects of theelin on gonorrheal vaginitis in children. Am. J. Obst. & Gynec. 26: 593–599 (Oct.) 1933.
21. Lewis, R. M., and Weinstein, L.: Production of vaginal acidity by estrin; its importance in treatment of gonorrheal vaginitis. Surg., Gynec. & Obst. 63: 640–643 (Nov.) 1936.
22. TeLinde, R. W.: Treatment of gonococcic vaginitis with the estrogenic hormone. J.A.M.A. 110: 1633–1638 (May 14) 1938.
23. Davis, M. E.: Treatment of senile vaginitis with ovarian follicular hormone. Surg., Gynec. & Obst. 61: 680–686 (Nov.) 1935.
24. Pratt, J. P.: Human corpus luteum and progestin. Endocrinology 18: 667–675 (Nov.–Dec.) 1934.
25. Jones, H. W. (Baltimore), and Weil, P. G.: Corpus luteum hormone in early pregnancy; report of case in which there was early removal of corpus luteum. J.A.M.A. 111: 519–521 (Aug. 6) 1938.
26. Elden, C. A.: Treatment of habitual abortion by progesterone. Am. J. Obst. & Gynec. 35: 648–652 (April) 1938.
27. Kane, H. F.: Use of progesterone in combating habitual abortion. Am. J. Obst. & Gynec. 32: 110–113 (July) 1936.
28. Krohn, L., Falls, F. H., and Lackner, J. E.: On use of lutein hormone, progestin, in threatened and habitual abortion. Am. J. Obst. & Gynec. 29: 198–206 (Feb.) 1935.

Important Factors in the Conservation of Hearing*

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Milwaukee

OVER forty years of otological observation and fairly consistent efforts to keep abreast of the literature have afforded the writer an opportunity to appraise the advances and also some of the failures of modern otology.

One cannot but be greatly impressed by the long list of earnest investigators, particularly those now engaged in efforts to locate and correct the causal factors of the various forms of deafness. Many studies of defective hearing have been made and are underway in very young and school-aged children, both by the teaching profession and the otologist. Extensive pathologic and physiologic studies have been made of the organ of hearing and its appendages. Much light has been thrown on the changes due to inflammatory conditions involving the eustachian tubes, the middle and inner ear and mastoids. Much information has been gathered as to the effects on these structures of different types of bacterial invasion and their sequelae. Surgical technic has been so greatly improved that procedures undreamed of at an earlier time now can be carried out safely. Vastly improved methods of examination to discover functional defects in hearing have been devised, permitting of a systematic, standardized method of recording percentage of loss in hearing, so that improvement or retrogression can be easily evaluated.

Yet, with all of this stupendous and magnificent progress, second to none in the scientific world, the great causal factor of progressive deterioration of hearing remains a mystery. The process is variously diagnosed as chronic dry catarrh of the middle ear, hypertrophic and atrophic catarrh of the middle ear, etc., and by some, erroneously, as otosclerosis. It is characterized by diminished air conduction for sound, increased bone conduction—as shown by tests with the tuning fork—and with observable bulging or retraction of the tympanic membrane. It is not much in evidence before the age of twenty years but becomes noticeably more frequent from thirty to fifty years of age. As causal factors, hereditary diseases, diseases of early childhood, social diseases, malnutrition, endocrine disturbances and blood and growth deficiencies, all have their advocates and critics.

There is in the literature a sensing of an elusive, but large and decisive element in the causation and continuation of progressive diminishment of hearing, the presence of which, to quote Omar Khayyam, "through creation's veins, running quicksilver-like, eludes your pains." But its full meaning seems to fail of general recognition. It is proposed here to attempt to illuminate this possible factor.

No effort will be made to discuss individual conditions, permanent or transitory, affecting the nose, nasopharynx and eustachian tube, except to classify them as obstructive lesions, interfering with normal ventilation of the middle ear, and as factors causing physical discomfort and breeding the habit of excessive alternate inflation and deflation of the middle ear. Attention will be directed to the fact that even where the obstructive lesion is transitory it may beget injurious habits which remain fixed long after the exciting cause has vanished. No attempt will be made to discuss the many real pathologic conditions of the ears which may arise as complications of acute or chronic conditions of the nose and throat and lead to varying degrees of permanent deafness. The intention of this study is rather to bring into focus a possible causal factor, recognized for centuries by such observers as Eustachi, Valsalva, Politzer and many others; namely, habitual pneumatic abuse.

I do not believe enough consideration and weight has been given to detrimental habits of life which may be injurious to hearing.

* Presented at the 96th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1937.

Many physicians do not realize how easily a habit such as violent nose-blowing may develop and how persistent it is, long after the factors inducing it have disappeared. Many have never seriously considered the cumulative effect of a small amount of increased air pressure incessantly repeated over a long period of time on living structures as delicate as the middle ear and its appendages.

Any nasal or postnasal obstruction to normal ventilation of the ears has its positive and negative phases. Nose-blowing is a positive or compressive factor, while swallowing with an obstructed nose is a negative or rarefying factor. The normal eustachian tube is collapsed or closed. Under normal conditions, it opens only during the acts of deglutition and forceful blowing. If the nose is obstructed, as by holding the alae nasi during the act of swallowing, the mechanism is something like this: The soft palate first rises and then falls like the piston of an engine. When near the limit in its downward stroke the eustachian tube is tripped open. As no air can enter the nasal chambers, they being held shut, rarefaction of air behind the obstruction occurs and is instantly communicated to the middle ear when the tube is tripped open, resulting in drum retraction with an accompanying sense of oppression in the ears. The resulting discomfort in the ears is shortly counteracted by another act of blowing, usually with more or less temporary relief.

Effects of Excessive Atmospheric Pressure

Nature never intended the middle ear structures to be subjected for any length of time to excessive atmospheric pressure, negative or positive. She expressly provided a delicate well-balanced ventilating apparatus for its prevention. When the action described above occurs repeatedly and for a long-continued period she does just what might be anticipated—she throws in more building material to strengthen the exposed tissues against the physical strains so induced. This results in a slowly accumulating degree of tissue change and consequent impairment of hearing.

The fact that tissue change in the middle ear is not easily appreciated—except in the slowly advancing degree of deafness, in the partially observable drum changes, and the very mild symptoms of discomfort felt in the ears—does not mean it is nonexistent. Often a patient will go for years with no other apparent discomfort than that of increasing loss in hearing power. For this he finally seeks and receives treatment, but all too often the treatment does not include attention to daily habit. As has been remarked many times, five minutes of treatment in a doctor's office will not prevent the damaging result of twenty-three hours and fifty-five minutes of abuse while elsewhere.

The degree of deafness in these cases is not acquired in a few days or weeks, but is due to the slow, imperceptible, cumulative tissue change over a period of years.

In a study of the "Effect of Flight on the Middle Ear,"[1] by Armstrong and Heim, atmospheric pressure clearly is shown to be a serious factor in airplane travel. These authors bring out in intensified form the milder effects here under discussion, the severer degrees of which give rise to what they have termed "aero-otitis-media, acute." A careful perusal of this classic paper is well worthy of consideration.

Therapeutic Measures

As Dr. Marvin H. Jones remarked in discussing a paper by Allan Winter Rowe on deafness in children, "Education is the important phase of treatment, not the education of the child but of the doctor, the parents and last, but by no means least, the teacher." The same statement is true in the case of adults.

One may remove the obstructive lesions that interfere with proper ventilation of the middle ear, tinker with the ears and look long for pathologic lesions of one type or another, or investigate the family history, but unless these patients are given a long and patient explanation of the causes and conditions which tend to perpetuate their progressive loss of hearing the results will be nil. The reason for this is extremely simple, for seldom does the patient realize or recognize his own faults, and even while directing his attention to the persistent need of care he will often unwittingly do just what your

explanation is intended to prevent. Where, however, the explanation is intelligently made and assimilated and honest effort is made by the patient consistently to follow instructions, the results are often gratifying, and sometimes quite remarkable. Much depends, of course, on the age of the individual and the length of time the process has continued.

These patients often do better on "let alone" treatment than on active and sometimes meddlesome treatment. And I do not refer to "let alone" treatment by the doctor only, but to continuous "let alone" treatment by the patient himself in the consistent avoidance of middle ear inflation and deflation when he resorts to nose-blowing and to its negative corollary—the holding of the nose in drying it and swallowing at the same instant.

Even if such "let alone" treatment does not lead to recovery of hearing but checks its downward progress, it must be considered valuable, inasmuch as it saves hearing that would have been lost had the pneumatic abuse been continued. I have found it extremely gratifying, after watching a patient whose hearing is slowly regressing under other methods of treatment, to note on substitution of the inexpensive treatment of avoidance of pneumatic abuse and on checking the hearing after a lapse of time, a 5 to 10 per cent improvement. It goes without saying, the earlier this care is instituted and the less advanced the deafness, the greater the chance of its complete correction or retardation.

Some minor surgery of the nose and throat may be necessary to restore and maintain normal breathing and aural ventilation. Some treatment may have to be instituted in acute inflammatory conditions, but the broader one's experience the more one has learned to respect the nasal and upper air passage structures and the use of nonirritating preparations (of which normal salt solution is probably best). One with broad experience cannot condemn too heartily frequent catheterization, "bougieing" and medication of the eustachian tube. Chronic tubal constrictions are rare. They are usually accompanied by considerable destruction of the middle ear. When the middle ear is uninjured the tube is frequently divulsed, too free, opens too readily for the admission of air and more easily permits deflation.

Prevention

Education in proper habits should begin early since hygienic measures bring the best results when instituted at an early period of the process. Many young people between the ages of eighteen and twenty-five years consult the rhinologist and otologist because of frequent head colds and ear discomforts, and before definite hearing defects become permanently manifest. After a thorough functional examination they should be given careful and painstaking instruction in aural hygiene. They should be taught the following things:

1. The nose, upper throat, eustachian tube and middle ear are, from a pathological standpoint, parts of one organ; when the nose and throat become involved pathologically, disease of the ear is a common complication.

2. While care should be followed constantly and at all times to avoid abnormal inflation or deflation of the middle ear, greatly added precautions should be taken during acute head colds and on taking airplane flights.

3. Proper treatment should be given promptly to shorten the period of a cold, and permanent obstructive lesions to nasal ventilation, if correctable, should receive attention.

4. The correction of obstructive lesions, while helpful, will not be effective in controlling the downward trend of hearing, unless the patient consistently avoids pneumatic abuse.

Perhaps the best way to express this last-mentioned idea is to say: In blowing the nose, both nostrils should be free. The force used in blowing should be less than that necessary to inflate the ears. In wiping the nose do not swallow, or in swallowing do not hold the nose at the same instant. Constant forceful nose-blowing frequently leads to stretching or relaxation of the eustachian tube and is unquestionably responsible for the not uncommon symptom of autophony, or the hear-

ing of one's own voice through the eustachian tube.

Snoring

In dealing with this subject it would be a mistake to ignore, before closing, the matter of snoring. As a general rule the snorer is suffering from nasal insufficiency. Sometimes he is only a chronic "back sleeper." Since, on an average, about one-third of a lifetime is passed in sleeping, the chronic snorer, because he is continually deflating his ears while asleep, often is afflicted with retrogression of hearing.

Much can be done to improve this condition. Obstructive lesions in the nose should, of course, be corrected, but, it is just as important that patients who snore be impressed with the need of making up their own minds on retiring to lie on the side and to keep the mouth closed. Just as one can "will" oneself to wake in order to catch a train, so one can "will" to keep the mouth closed.

Comment

In this discussion, there has been no thought of ignoring definite pathologic processes within the field of inquiry. The main idea was to discuss certain fundamental facts that are often unrecognized and receive scant consideration; namely:

1. Progressive deterioration of hearing in many cases can be largely traced to habitual pneumatic abuse.

2. Meddlesome treatment is sometimes a factor in deterioration of hearing.

3. Proper education of the patient in aural hygiene by the medical and teaching professions is necessary.

BIBLIOGRAPHY

1. Armstrong, H. G., and Heim, J. W.: The effect of flight on the middle ear. J.A.M.A. 109: 417–421 (Aug. 7) 1938.
2. Rowe, A. W.: Vital function studies: XII. Analysis of a group of children with impaired hearing. New England J. Med. 211: 954–963 (Nov. 22) 1934.

Psychiatric Problems of the General Practitioner

By R. E. MITCHELL, M. D.

Eau Claire

YEARS ago while a staff man in a New York state hospital I became convinced that many general practitioners were not doing very well by their mental and nervous patients. Subsequent experiences in general practice in Wisconsin have fortified this idea. However, our medical literature for the past few years has stressed the importance of greater interest by the general practitioner in his mental problems and our schools are waking up to the possibilities of psychiatry and mental hygiene. This is encouraging and it is to be hoped the trend will not go too "psychiatric."

Many doctors are a bit on the defensive when the psychiatrist uses the patter of his specialty. Words like psychotherapy, conversion, obsessions, etc., tend to stir up reactions that suggest negativism and intolerance. At a recent meeting while a phychiatrist was reading a paper, a doctor said to me: "Let the goof rattle on. No one knows what he is talking about, and who cares particularly." *Both groups are at fault for this condition.* Much of practical psychiatry and mental hygiene can be stripped of its high-brow disguise of strange sounding words. Many doctors, otherwise alert to modern medical problems, show no interest in psychiatry, a field that should concern every competent practitioner.

We talk of being interested in preventive medicine. Where is there a greater field of effort than in mental hygiene? Every competent psychiatric worker emphasizes the importance of knowing the kind of person who lends himself to mental catastrophes and the conditions under which such disasters occur. Who knows more about such folks in the average community than the family doctor? It has been said the good general practitioner can handle more adequately, more promptly and with less expense fully 90 per cent of the common run of illnesses. Why make a bugaboo about a psychiatric problem? It is no more difficult than any other.

We should not think of psychiatric practice as a thing apart, for there is a definite "nervous" element in many of our medical and surgical problems. I am sure some of these problems do not work out well just because the psychiatric angle is neglected.

Psychoses in an Average Community

The average community is made up of about 4 per cent of essential, high-geared folk who "make" the place; perhaps 20 per cent of good assistants in executive places; 65 per cent of steady workers; and at least 10 per cent of what has been called the "human fringe." This last-mentioned group includes the drones, the misfits, the inferiors, the psychoneurotic and definitely psychotic folks,—all of whom are a definite civic hazard. This 10 per cent group furnishes the bulk of phychiatric practice. I am sure you will agree that the physical and mental welfare of 10 per cent of our population cannot be dismissed lightly. Because of their make-up and environment, these folks furnish real diagnostic and therapeutic problems.

No one expects the general practitioner to be a skilled psychiatrist, but he should at least be on the alert and call in expert advice when it is needed. He does not delay treatment in acute abdominal disease. Why should he delay treatment in acute psychoses?

Whether we think in the older terms of body, mind and spirit or in terms based on the modern biochemical interpretation of mental function, we work at the same job of trying to understand what ails the patient before we plan the treatment. I think it well to place mental patients in a clinical grouping much as we do the sick in other departments of medicine. Thus we may think of them as:

1. The constitutional types—patients in whom the constitutional and hereditary factors are prominent.
2. The type in which alcohol or drug addiction is the big factor.
3. The syphilitic group.
4. The organic types in which the difficulty arises from a head injury, tumor or vascular disease.
5. A diverse group, including post-infection conditions.

To these five groups might be added the psychoneurotics,—those unstable "nervous" folk who wander over the whole field of medicine and surgery, cluttering up the doctor's work with unspeakable situations and wearisome repetitions of childish complaints, abnormal fears and doubts. These patients vary from those in a very mild nervous state to those in a definitely psychotic state.

The Doctor and His Families

The family physician should begin to practice psychiatry in the family when it *begins as a family*. He has a duty in the proper advising of the young mother and her child, in the handling of "problem" children, and in advising the adolescent with regard to vocational guidance, work habits and sex hygiene.

The doctor is usually the first person consulted when domestic friction begins to wear heavily on the family group. It is the same when the man begins to drink, the girl comes in late, or the grandfather pulls some queer stunt. When folks are in trouble they have a tendency to go to the man who deals in trouble, a man they know and can trust, their family physician. He should be just as ready to meet this sort of therapeutic problem as the problem of a broken arm or an acute infection.

As the doctor grows older along with his families and has the opportunity to deal with two or three generations behind the same door, he begins to appreciate what these things really mean.

The question of care for the mental patient will come up. Where shall the patient be cared for,—at home, in a general hospital, in a sanitarium, or a psychiatric hospital? Many difficulties arise in giving advice to a family with a mental problem on its hands. Family differences are encountered. But a little straight thinking and prompt advice from the family physician often settles these matters.

Economic problems intrude. The matter of reasonable care for the low income mental patient presents a timely problem for all of us. Wisconsin is not very adequately supplied with such facilities.

The family doctor is often called on to help determine the mental capacity of a patient about to draw up important papers, a problem calling for the best of judgment. He is frequently asked for advice in adjusting an industrial or injury claim, to answer such questions as: Is it a fair proposition? Is there a tendency to exaggerate or does the injured person deliberately add to his complaints for the sake of a good settlement? The physician should be able to help in such matters.

Incidentally, when we as doctors get into a medicolegal situation, let us do the reasonable thing with our "paper work." Some legal practitioners are not much impressed with the way doctors put their ideas on paper. I am sure we can improve in this particular failing, and when we appear in court as witnesses, we can tell in a simple way what we saw, what was told us, what we learned by examination, and what we could conclude from all this,—and then stop.

The Seven Ages

Shakespeare gave us a wonderfully human outline of psychiatry when he wrote the "Seven Ages of Man." Let us as physicians consider this outline briefly in the light of our experience.

1. *The mewling infant.*—The child is born and his habits begin to form. The sooner essential habits are developed the better for all concerned. A child's conceptions of law and order should come early. The school and the home have fallen down in one very important educational effort. Perhaps the doctor can help to rectify it. We must somehow or other re-introduce the word "no" into our vocabulary. Occasionally the golden opportunity may present. Some thinking young person may ask advice about selecting a grandfather for a child. We should be ready to rise to such an occasion.

2. *The whining school boy.*—At this age we have a chance to help the development of the "up and at it" attitude and the ability to see things through. We do not need to teach our children to be tough, but we can help them learn "how to take it." A diversity of healthy mental interests in the earlier school years, the time when enthusiasms are easily kindled and helpful advice so often sought, makes for a good mental life. Puberty furnishes one of the big hurdles of life. At no time has the doctor a chance to be of greater service.

3. *The sighing lover.*—At this age school is done with and the play time of life is over for most folks. The sexual urge is on. The problems of marriage and home making are insistent. The economic aspects of living come home to stay. Too often the matter of adjusting oneself to a suitable occupation is delayed until now. Venereal disease makes an unceremonious entrance into the scheme of things. One packs up his mental equipment and starts down the journey of life to be a leader, a worker, a drifter or a straggler. The doctor has a chance to be of great aid in this period.

4. *The soldier.*—At this age the man is in his prime; he is doing things and going places. He has positive ideas of what, when and how. He takes advice rather slowly, although the wise leader picks good advisers and listens to them. This is the time when the man is apt to overdo, overstimulate, burn the candle too fast. Let us not ignore his wife; she is equally busy with domestic affairs, with bringing up a family, with social activities. "Out-Jonesing the Joneses" becomes a fixed idea. In these years the real foundations of degenerative disease are usually laid and alcohol and syphilis do their worst. The doctor should be on the alert for the beginnings, not the fully developed disease.

5. *The self-righteous justice.*—At this stage we find the man with a record of performance of which he is proud. His mental habits are fixed. He makes few new friends. The road he travels seems good enough. Usually there is a good woman back of him to whom he gives too little credit for his place in the sun. Such men are important in our modern life. They furnish part of the indispensable folks of every live community; when such a man breaks it is a calamity. Often we see a banker, a judge, a doctor or a respected civic leader begin to slide and no one seems willing or able to do much about it until he makes a mess of things.

All of the things we glibly call "good living" exact a price. Essential hypertension and cardiovascular disease are hard pay masters. At this time, also, the woman who sees such men through has her own troubles with whatever you may choose to call the "change of life."

6. *The lean and slippered pantaloon.*—At this age we find the man who feels that the great days are over and who realizes he cannot carry on as he formerly did. He wisely limits his activities and "lets the rest of the world go by." New things have less appeal. The old days are lived over. Bodily infirmity is no longer in disguise. Fortunate indeed is the man who has saved enough to see him through the evening of life without a feeling of dependency. Most fortunate is the man who has his place in the right sort of a family. For him there will be no lack of sunshine as the final sunset creeps on. But it is not always so; mental breaks are as common as physical ones in the old man. Often at this period of life we see growing concern that ends in family discord and bitter disagreement over the senile activities of some old person. If there is property, often the heirs consult the doctor about what can be done,—of course never as a matter of *personal* interest. Most of us have seen an obstinate, boastful, senile man wreck years of honest effort and bring shame and regret to his family. And we have often seen an old woman, helpless and fearful, an unwilling spectator of this disaster. The doctor should be of service here. At least he can give sensible advice. He should be able to read the signs of senile deterioration and help protect the man and his family from the unscrupulous.

7. *Second childhood.*—By now the story is about told so far as the doctor is concerned. The days are more and more given over to sleepy inactivity and the nights to wakeful, purposeless and uneasy behavior. The vegetative man lives on precariously in a crumbling body.

Are we as physicians going to miss our great opportunity in the field of psychiatric medicine or are we going to continue to give up a part of our heritage as we have in the past,—some of it to quacks and charlatans? It seems to me our people never needed intelligent supervision so badly as right now. Brains are needed and so is honest effort. We can furnish both if we want to, and *it is our job to furnish them.*

ST. LOUIS MEETING OF AMERICAN MEDICAL ASSOCIATION

The 90th annual session of the American Medical Association will be held in St. Louis, Missouri, May 15–19, 1939. The House of Delegates will convene on Monday, May 15. The Scientific Assembly of the Association will open with the General Meeting on Tuseday, May 16, at 8:30 p. m. The various sections of the Scientific Assembly will meet on Wednesday, May 17, as indicated below, and thereafter according to their respective programs:

Convening at 9:00 a. m. the Sections on—

Practice of Medicine.
Obstetrics and Gynecology.
Laryngology, Otology and Rhinology.
Pathology and Physiology.
Orthopedic Surgery.
Urology.
Preventive and Industrial Medicine and Public Health.
Miscellaneous Topics: Session on Anesthesia.

Convening at 2:00 p. m. the Sections on—

Surgery, General and Abdominal.
Ophthalmology.
Pediatrics.
Pharmacology and Therapeutics.
Nervous and Mental Diseases.
Dermatology and Syphilology.
Gastro-Enterology and Proctology.
Radiology.

Comments on Treatment

EDITORS
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Sulfapyridine

Sulfapyridine,* 2-(p aminobenzenesulfonamido) pyridine, is rapidly establishing its right to a place alongside that of sulfanilamide as an effective chemotherapeutic agent. Since its introduction by Whitby in 1938, reports from various parts of the world and also from medical centers in this country indicate that it is active in pneumococcic infections, especially pneumonia, and that its use has been accompanied by a reduction in the mortality rate to about 8 per cent. Obviously, it must be given much wider use before the final conclusions on mortality can be drawn. The distribution of the drug was carefully supervised in this country and it was used only under experimentally controlled conditions until several weeks ago when it was released for general use by the Food and Drug Administration.

It is an amazing fact that sulfapyridine has proved to be more efficacious than was originally expected from results obtained in experimental pneumococcal infections. This new compound, while only slightly more active than sulfanilamide against the pneumococcus in the laboratory, is much more effective in the patient. It is equally effective against all types of pneumococcus except type 3, which apparently is more resistant. Its action on the organisms is a bacteriostatic one. Whether it attacks the capsule is still a moot question.

Sulfapyridine is a white, crystalline, almost tasteless powder which is very insoluble, thus making its absorption erratic and at times difficult to control.

The dosage of the drug employed in adults is that recommended by Evans and Gaisford. Two grams are given every four hours for two doses. Thereafter, one gram is given every four hours until a total of 25 grams has been administered. To prevent nausea and vomiting, it is best administered with charged water, fruit juices or milk.

Clinical improvement follows soon after sulfapyridine is started. The temperature drops critically within twenty-four hours and the signs of toxemia rapidly disappear. The change in the general appearance of the patient is most striking. The physical signs of consolidation in the lung persist, however, requiring the usual time for resolution of the pneumonic process. Conclusions as to the incidence of complications in patients receiving the drug must await the accumulation of a greater experience.

The most frequent toxic manifestations that occur following sulfapyridine administration are nausea, vomiting and cyanosis; these are not usually serious enough to make interruption of treatment necessary. Hemolytic anemia and granulopenia have been reported following the use of the drug.

Observations of the blood concentration of sulfapyridine indicate that the level reached bears no direct relationship to the therapeutic result. Low concentrations of the drug have been followed by clinical responses equal to those accompanied by a high blood level. Clinical improvement even has been observed when only traces of the drug were demonstrable in the blood. Sulfapyridine is present in the blood both free and conjugated, but the ratio varies with individuals. Similarly, the drug is excreted in the urine in the free and conjugated forms in varying proportions.

Sulfapyridine promises to become an exceedingly important drug in the treatment of pneumonia, but further clinical study is necessary before its therapeutic scope, as well as its limitations, can be fully determined.
—Walter Brussock, M.D., Milwaukee.

* Distributors in the United States: Merck and Company, Rahway, N. J., and Lederle Laboratories, Inc., 30 Rockefeller Plaza, New York City.

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« « « EDITORIALS » » »

Pneumonia Control Advances*

EARLY in the current year, President Rector, under authorization of the Council, appointed the Pneumonia Control Conference Committee of the State Medical Society of Wisconsin to consider the problem of pneumonia control in the State. The Committee came to the conclusion that, in view of the lateness of the season of high pneumonia incidence, and the favorable reception of the recently introduced chemotherapic treatment of pneumonia, any program designed to promote mass distribution of serum under state auspices at the present time, was unwarranted. The committee's action was taken after due deliberation of the various angles involved, and in full recognition of the exigency that may be said to have existed in the presence of a dangerous malady of pandemic type. The committee was fully cognizant of the superiority of serum treatment over other measures then routinely employed, but realized too that certain disadvantages (cost, lack of information, meagerness of laboratory control, reactions, prejudice, etc.) were a hindrance to its more general adoption by the profession. To develop an educational campaign by giving greater publicity to this specific treatment seemed a phase of the committee's function, and it was therefore agreed that this could be accomplished best by the distribution of literature in such concise form as to be easily and readily grasped.

While current literature and several recent publications tell the story of serum treatment in convincing fashion, the outstanding contribution—one that gives a condensed but quite complete survey of the subject of pneumonia and its type-specific management—is unquestionably Lord and Heffron's handbook, published by The Commonwealth Fund of New York in 1938. Acknowledgment of cooperation is here made to Dr. C. A. Harper and several other members of the State Board of Health, who met with the committee and submitted the generous proposal to distribute Lord and Heffron's compendium, gratuitously, to all members of the State Society requesting same, the State Board assuming the financial burden. To date about 1,000 copies of the book have been distributed.

* Report of chairman (Dr. A. J. Patek, Milwaukee), Pneumonia Control Conference Committee, State Medical Society.

The content of this publication is illustrated best by quoting the following paragraphs from the book's jacket:

"This handbook, revised in 1938, discusses fully the use of antipneumococcic serum in the treatment of pneumonia, with special attention to clinical diagnosis, selection of cases for serum treatment, identification of pneumococcus type, technique of administering the serum, precautions to be observed, possible reactions and their treatment, and results of serum therapy.

"The 1938 edition contains important new information on dosage and results for Types I, II, V, VII, VIII, and XIV, discusses the use of rabbit serum, sets forth in detail the organization of a pneumonia control program, and brings up to date essential information pertaining to serum therapy of pneumococcus pneumonia."

We would call attention particularly to the statistical charts that demonstrate how great a reduction in mortality followed the use of the serum in contrast with the results achieved by other therapeutic measures.

Close on the heels of the profession's acceptance of this specific biologic agent, there came the startling announcement, from British sources, of the development of a sulfanilamide derivative that inhibited the growth of the pneumococcus. This was a noteworthy achievement, and was followed by substantiating case reports. In quick succession, and almost simultaneously, there have now appeared reports from several large medical centers—all confirming the claims of the British as to the value of the new drug Dagenan (sulfapyridine) in pneumonia. We refer our readers to the several articles that have appeared in recent months in the Journal of the American Medical Association and to the article, "Sulfapyridine," on page 389 of this issue of the Wisconsin Medical Journal, which was prepared for our "Comments on Treatment" section by Dr. Walter Brussock, Milwaukee. There is a striking similarity in the accounts of experience with the use of Dagenan—an overwhelming unanimity of opinion. So favorable is this experience that it is impossible to escape the conviction that the excellent effect of Dagenan in the treatment of pneumonia cannot be attributed to a coincidental epidemic of low virulence, but must be credited to a specific bacteriostatic influence on the pneumococcus.

This conviction is shared by all who have witnessed the gratifying, speedy and critical subsidence of acute symptoms in pneumonias which—following all precedents—should have maintained the orthodox febrile course of the disease.

We cannot dwell here upon the occasional toxic manifestations of the new drug, nor detail the manner of its administration. For these data the reader is referred to current publications, to the article on page 389, and to the brochures of the manufacturers and distributors of Dagenan who have shown a commendably conservative attitude toward chemotherapy.

The readiness with which members of the medical profession have greeted this addition to their armamentarium in the treatment of pneumonia is gratifying evidence of an altruism that pervades their ranks. Chemotherapy promises now not only to lower the mortality of the disease, but there is evidence that it greatly shortens its duration, reduces its complications, and lessens very considerably the cost of illness—all factors that obviously point to a definite gain in the treatment of pneumonia by chemo- as opposed to serum therapy.

Despite the enthusiasm this new treatment has evoked, it should not yet be considered to have supplanted serum therapy; rather must it be looked upon as an addition to our armamentarium in fighting a dangerous illness. It would be a mistake, therefore, to cast serum therapy aside, and the advocates of chemotherapy are not so safe in the saddle as to find warrant for relegating serum treatment to obsolescence. The marvelous results achieved by the latter are still too fresh in memory to justify so drastic a change of front. We are of the firm belief that specific serum therapy must continue to occupy a valuable place in the treatment of pneumonia, and that it is essential for hospitals and laboratories throughout the State to maintain their equipment for speedy typing of pneumococci. Specific serum has saved many lives in the past, and the need for preparedness in a pneumonia emergency is great. This need cannot be met unless laboratory facilities remain available to all who apply. A. J. P.

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. . . . THE PRESIDENT'S PAGE . . . .

Progress

THE past month has been one of marked activity for both state and county societies. It is with a feeling of pride we review a part of these activities. Most of the county societies have presented an excellent scientific program to their members and guests and, in addition, many have held an extra business session to plan health activities for their communities. This arrangement is frequently advisable as it gives ample time for committee reports and leaves the regular scientific meeting free from time-taking discussion on local affairs, permits more timely discussion of the scientific presentation, and a better opportunity for guests and members to mingle.

Many of the auxiliaries have had splendid and profitable meetings which show an increasing activity on their part. They have much planned for the future.

The Advisory Committee on Crippled Children, in conjunction with the Crippled Children Division of the Department of Public Instruction and expert orthopedists, have been busy with their annual survey and examination of these children at various orthopedic centers, in cooperation with the local county medical societies. In addition thereto, the Advisory Committee has met with the orthopedic profession of the State and studied their problems with this group, that each may have a better understanding of the other's viewpoint and opinion.

Your Council on Scientific Work has presented a full one-day program, repeated at Appleton, Madison and Eau Claire. Over 400 of our members attended these courses and spoke in high praise, hoping the work may be continued as all seemed to feel it was the most complete and satisfactory one-day program ever presented in the State for the busy practitioner. Repeating the program at these points made it easily accessible to all without too great a loss of time, and at a small expense. We all extend our thanks to the Scientific Council, our guest speakers and the local societies for their cooperation.

Following the action of our House of Delegates at its 1938 session, the secretaries and presidents of the county medical societies met, with the members of the Council, in Madison on April 23 for an all-day session, to review the work of your societies and plan for the future. Ask for a report at your next business meeting.

Your Pneumonia Control Conference Committee has reported and presents to you by editorial in this month's Journal (see page 390) its preliminary findings. This committee is continuing its work and will make further report at your annual meeting.

Your public relations committees in most of the counties have been active and have performed an excellent service in the cause of public health. Many of these committees have been exceedingly helpful in advancing the scope of work in their own counties. Also, in many instances they have assisted in these activities in other communities. They have also been of great assistance to the officers of your State Society. They are continuing their appearances before public gatherings through the Speakers' Bureau. New requests are coming almost daily from some organization for speakers on public health.

The Women's Field Army in cooperation with the county medical societies has been spreading its educational program throughout the State. We hear many interested reports and words of praise from the public for the facts that are being given to them regarding cancer.

As we review the month's activities and the marked cooperation between an interested public and your county and state societies, we truly feel this was a month of progress.

A E Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Robert E. Fitzgerald, Wauwatosa, President
Mrs. Frank W. Pope, Racine, President Elect
Mrs. George H. Ewell, Madison, Vice President
Mrs. Walter A. Ford Sheboygan, Recording Secretary
Mrs. Irwin Schulz Wauwatosa Corresponding Secretary
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Hygeia—
Mrs. Harry J. Heeb, Milwaukee

Organization—
Mrs. Ernst S. Schmidt, Green Bay

Press and Publicity—
Mrs. George H. Ewell, Madison

Program—
Mrs. J. Gurney Taylor, Milwaukee

Public Relations—
Mrs. Raymond B. Dryer, Poynette

Philanthropic—
Mrs. Oliver M. Layton, Fond du Lac

Our Husband's Business and Ours

By MRS. CHARLES C. TOMLINSON

President of the Woman's Auxiliary to the American Medical Associatian

IN ACCEPTING the opportunity afforded me to submit an article for the Woman's Auxiliary section of the Wisconsin Medical Journal, I recall with pleasure that one of my first visits in an official capacity was to Wisconsin,—and now, as I near the end of my year as president, after having visited many states, I want you, of Wisconsin, to know that I am still proud of Wisconsin, and, further, that I am proud of the splendid auxiliary work that is being done in every unit so far visited.

In these chaotic times, we wives of those who have been called upon unjustifiably to defend the sound principles of scientific medicine are also confronted with greater responsibilities.

The history of the advancement of medical science is a record of self-sacrifice and unselfishness which the wives of doctors know better than others, for we know the peculiarities of the members of this profession (if peculiarities they may be called), and it is difficult or impossible for us to realize that any force could or would seek to jeopardize, or in any manner interfere with, the progress of a profession which has gone much further in keeping clean its own doorstep than has any other. As members of the Auxiliary, it devolves upon us to do everything possible, individually and collectively, to carry the truth to the uninformed.

There are many ways in which we can be of assistance, both in our homes and in our communities. Although every unit has its individual and particular problems, there is one phase of Auxiliary function which can be stressed because of its universal application; that is the *doctor himself* and his home. Regardless of the economic changes that may take place, the practice of medicine will always be strenuous. The problems that the doctor meets daily in the office, the hospitals, and in the homes of the sick tax his health and frequently his disposition to an extent, which, in his constant preoccupation, he seldom appreciates. It falls upon us in our domestic havens to exercise our tact and intuition in supplying such diversion and assistance as is needed to detract from the increasing hurry and strain of professional life. Regardless of what social and economic changes may threaten us, our homes must remain, as in the past, the doctor's sanctuary.

His own health is often forgotten by the doctor, and, as a result of the demands made upon him by the practice of his art and by the economic problems of the day, he forgets to follow in his own life, the timely advice he constantly gives to others. Rules of personal hygiene, particularly those pertaining to food, rest, and exercise, are often neglected. It is not mere coincidence that heart disease robs the medical profession of so many of its

followers often before they reach the prime of life. Therefore, in our great desire to assist our husbands in their humanitarian service, and to lighten and share their burdens, let us remember that healthful living must be encouraged in the home and that we can help our husbands avoid the mistakes they advise others to avoid.

The progress being made in scientific medicine and the changing economic status make it essential that doctors keep up with the trend of the times. Excellent aids to this end are the medical meetings of the county and of the state societies. Lest you accuse me of contradicting the statement I previously made in connection with rest and relaxation, I hasten to add that, in addition to their educational value, medical meetings offer a diversion from routine tasks and thoughts equal or superior to those to be found in any other activity. An exchange of ideas refreshes the mind and the opportunity afforded for good fellowship is invaluable.

In a like manner, attendance at auxiliary meetings results in an improved knowledge of our activities, promotes good fellowship, and enables us to gain a better understanding of our husband's problems both in the home and in the field.

It is important that we keep informed of all developments affecting the practice of medicine, and be able to enlighten lay individuals and groups with whom we come in contact. By so doing, we not only help the men and the profession which is dearest to our hearts, but by enlightening ourselves we can intelligently converse with our husbands on the problems confronting the medical profession,—material for a really worthwhile "fireside chat." Harmony of aim is the secret of a sympathetic attitude and your greater interest in the activities of your husband and his profession may encourage him to go far. In these days of the radio, the automobile, and moving pictures, we will do well to look back to the days of our forebears for fundamentals which are most applicable to present day needs.

A Message From Mrs. Fitzgerald

To the Members of the Auxiliary:

The meeting of the Woman's Auxiliary to the American Medical Association will be held in St. Louis from the fifteenth to the nineteenth of May. St. Louis saw the birth of the national organization some seventeen years ago and consequently it will be most interesting to return to the scene of its beginnings and hear of its accomplishments. Anyone who has ever attended a national meeting knows the inspiration and pleasure to be derived from presence there; the meeting with old friends and the making of new ones is just one of the benefits gained from membership. The reports of the various committee chiarmen and the state presidents give a wonderful panoramic view of the work being done throughout the country. It is stimulating to realize that there are more than 20,000 women banded together by common interests, working toward the same goal.

Every day brings new material for us to study in our campaign for self-education, periodicals carry article after article dealing with some phase of medical economics, and each writer exerts his right to expound his own personal opinion on what should or should not be done in the whole problem of safeguarding the health of the American public. The emphasis in many of these articles is placed on the economic and not the scientific phase of medicine and too seldom is concern expressed over the quality of medical service. It is illuminating to read what others are thinking and so we point out a few recent articles. TIME for January 30 carries an article by Dr. Henry Ernest Sigerist, head of the History of Medicine Institute of Johns Hopkins, which pleads the case for socialized medicine. This is particularly interesting because the author is giving to a group of students the first course in advocating socialized medicine ever offered in the United States.

Dr. Charles Gordon Heyd, past-president of the American Medical Association, has an article in a new periodical called "America's Future" entitled "Do You Want Your Own Doctor or a Job Holder?" One telling statement in the article is, "Medicine is the reflex of the social conditions of the time and the cultural level of the people will determine their type and quality of service." Further on he says, "Socialized medicine is a political expedient." Dr. Heyd offers in proof of the points he wishes to make many statistics and indisputable facts. I recommend the article to you, for in it are answered many of the questions which are asked the proponents of organized medicine.

Then too, our daily papers carry reports of the bills presented before our state legislative body. We should be informed on these matters. Will Rogers used to say, "All I know is what I read in the papers," but he seemed to have a comprehensive knowledge of affairs and people and from this knowledge he was able to evolve some constructive ideas.

Our intensive work in the field of HYGEIA is drawing to a close for this year. The reports that have

come in from the various counties have been encouraging but in view of some of the questions asked concerning our interest in promoting the circulation of the magazine, it might be well to quote the following paragraphs from the "HYGEIA Handbook." Under the heading "The Reason for HYGEIA" we read:

"Realizing the need for some means by which the physician could bring to a clearer understanding on the part of the laity those things which relate to health and disease, the magazine HYGEIA was brought into being.

"It was especially fitting that the 100,000 physicians who are members of the American Medical Association should sponsor a health magazine, in which are given the real truths of medicine and in which the fatuous claims of quacks and cults could be exposed."

The policy of the magazine is outlined in the following words:

"HYGEIA'S policy is to interpret to the layman in simple, understandable language information about scientific measures that are now employed or may in the future be used in prevention and cure of disease. It likewise aims to deal with economic, social, political, industrial and educational problems so far as they have a bearing on the health and welfare of the people."

Another question sometimes asked may best be answered by one sentence taken from the report of the Reference Committee of the American Medical Association, given in May 1936: "While the cost of production (of HYGEIA) was considerably greater than income, it would seem to your committee a legitimate expense in view of what the publciation achieves."

The month of May brings to a close the concerted activity of most of our county groups. Summer is approaching and Auxiliary meetings are laid aside until September when we shall all meet again at the state meeting to be held in Milwaukee. It is our hope that the 1939 gathering will be as well-attended as that of 1938. Won't each one of you plan to be with us, for you ARE the State Auxiliary and without you we cannot supply the inspiration that comes from a successful state meeting.

MRS. ROBERT E. FITZGERALD,
President.

Brown-Kewaunee-Door

The Woman's Auxiliary to the Brown–Kewaunee–Door County Medical Society held its last business meeting of the season at the Y. W. C. A. in Green Bay on March 31. Mrs. D. F. Gosin was program chairman.

Miss Betty Lou McKelvey of the Press–Gazette presented reviews of three new books, "Wickford Point" by John P. Marquand; "Wind Without Rain" by Herbert Krause; and "The New Western Front" by Stuart Chase.

A benefit card party for St. Mary's Mothers and Infants Home was sponsored by the Auxiliary on April 21. The party was arranged by Mrs. Glenn Denys, chairman of the Philanthropic Committee, and Mrs. Robert Burns, chairman of the Hygeia Committee.

Fond du Lac

At a dinner meeting of the Woman's Auxiliary to the Fond du Lac County Medical Society held on March 23 at the Hotel Retlaw plans were made for a philanthropic meeting. This will be held at the home of Mrs. H. A. Devine, Fond du Lac. Serving on the committee with her will be Mesdames Joseph C. Devine, J. W. Helz, A. C. Florin, E. V. Smith, Jr., and P. G. McCabe.

Featuring the evening program were several book reviews given by Miss Jean Dodd of the public library staff and a description by Mrs. Helz of her recent trip to the Virgin Islands.

Marinette-Florence

The Woman's Auxiliary to the Marinette–Florence County Medical Society, of which Mrs. K. G. Pinegar is the president, sponsored the program of the March 15 meeting of the Marinette Woman's Club. At this bi-monthly session, which was held at the Lauerman Blue Room, Miss Amie Zillmer discussed "New Trends in Social Hygiene."

The program was opened by Miss Gertrude Nystrum, supervisor of music in the public schools, who sang a group of selections. Mrs. G. L. Hastings, Menominee, played her accompaniment.

Mrs. J. V. May had charge of the program for the meeting.

Milwaukee

One hundred and eighty-five members and guests were present at the April 14 meeting of the Woman's Auxiliary to the Medical Society of Milwaukee County which was held at the Pfister Hotel.

After a message of welcome by the president, Mrs. Robert E. McDonald, the names of the following new members were announced: Mesdames Edgar Behnke, Charles Feasler, Arthur Hankwitz, Louis Uszler, and J. J. Zaun.

As April was proclaimed cancer month, emphasis was placed on this subject by Dr. Chester M. Echols, past-president of the Medical Society of Milwaukee County, and Mrs. Herbert Ziegler, vice-commander of the Women's Field Army for the Control of Cancer.

Mrs. J. J. McGovern, program chairman, introduced Mr. D. J. McNally, formerly of the Better Business Bureau, who gave an enlightening talk on "Fraudulent Advertising."

The final feature of the delightful program was a style show given by Stuart's shop. Music for this occasion was furnished by Mrs. Arno Fromm, pianist (an Auxiliary member), and Misses Ruth Fine, violinist, and Mildred Catenhusen, cellist.

Winnebago

Guest day featured a regular monthly luncheon meeting of the Woman's Auxiliary to the Winnebago County Medical Society on March 27 at the Hotel Menasha, at Menasha. Invitations were extended to the Winnebago county dental auxiliary and the medical society auxiliaries of Outagamie, Fond du Lac, and Sheboygan counties, with the result that the meeting had an attendance of seventy. Sheboygan county was represented by ten members of the Woman's Auxiliary and Fond du Lac County by twelve members.

After a one o'clock luncheon a short business meeting of the Winnebago county group was held. Mrs. H. J. Lee gave a report of legislative bills pertaining to health insurance.

The entire group then adjourned to the Menasha High School activities room where a program was presented under the direction of Mrs. G. E. Forkin.

Mrs. G. E. Forkin, Menasha, program chairman, introduced Mrs. Ruth Volroth Ross, dramatist of Sheboygan, who presented a program of impersonations, using foreign and historical costumes. Mrs. E. H. Schultz of Menasha played the musical accompaniment for the program, and also accompanied Mrs. Frankin LeFevre of Menasha in a group of songs.

Wood

A meeting of the Woman's Auxiliary to the Wood County Medical Society was held at the home of Mrs. L. J. Bennett, Shore Acres, on April 1. At the business session plans were made in regard to the cancer drive booster dinner, held on April 12 at the Hotel Witter, with Dr. M. Fernan-Nunez, professor of pathology and bacteriology of Marquette University School of Medicine, as speaker. Mrs. Don Waters read several pamphlets on the subject of cancer and discussed briefly medical insurance in foreign countries. Dr. Edward Hougen and Dr. Leland Pomainville of Wisconsin Rapids and Dr. J. J. Smullen of Arpin were appointed by Dr. George Pomainville of Nekoosa, president of the Wood County Medical Society, to act in an advisory capacity to the Auxiliary.

Following the business meeting, Mrs. Rogers Garrison gave a review of the book "Disputed Passage" by Lloyd Douglas, and a life history of the author.

Society Proceedings

Brown—Kewaunee—Door

At its meeting in Green Bay on April 13, the Brown–Kewaunee–Door County Medical Society voted to study the possible abandonment or further curtailment of the activities of the state psychiatric field service in future reorganization of state departments. On the society's scientific program were two Milwaukee physicians, Dr. M. J. Reuter, who spoke on "Occupational Dermatosis," and Dr. A. I. Rosenberger, who discussed "The Role of Emotion in Disease." Thirty-nine members attended the meeting.

Chippewa

The Chippewa County Medical Society met in the Hotel Northern in Chippewa Falls on March 28. Thirty-two members were present to hear the guest speakers, Dr. Albert H. Lahmann, Milwaukee, and Dr. Lyman A. Copps, Marshfield. Dr. Lahmann spoke on "The Prevention and Treatment of Major Obstetrical Complications," and Dr. Copps on "The Diagnosis and Treatment of Sinusitis."

Clark

Members of the Clark County Medical Society cooperated with civic and religious organizations of Clark county in staging on March 26 a motion picture show for the benefit of crippled children. The film shown was "Golgotha," famous religious production.

Crawford

The Crawford County Medical Society met on March 23 in Prairie du Chien to complete plans for a diphtheria immunization program on April 3 and May 1. Preceding the meeting the members enjoyed a chicken dinner at the Savory Restaurant in Prairie du Chien.

Dodge

Members of the Dodge County Medical Society met on April 27 in Beaver Dam. They were entertained at dinner by the Sisters of St. Joseph's Hospital. Dr. C. C. Edmondson of The Spa, Waukesha, was the main speaker of the evening. He talked on "The Treatment of Arthritis."

Douglas

The Douglas County Medical Society met in the Hotel Superior on April 5 in Superior. Dinner was served at 6:30 p.m., seventeen members being present. On the program which followed, Drs. F. G. Johnson, Iron River, and A. C. Taylor, Washburn, discussed medical legislation in Wisconsin and the organization of the cancer committee.

At a luncheon meeting on March 30, Dr. H. N. Haggard, associate professor of applied physiology, Yale University, spoke to the members on the present medical scene.

Fond du Lac

The Fond du Lac County Medical Society met in the Retlaw Hotel, Fond du Lac, on March 25. A large group attended the dinner served at 6:30 p.m. and stayed for the scientific program which followed. Dr. M. G. Peterman, Milwaukee pediatrician, was the guest speaker. His subject was "Convulsions in Childhood." Moving pictures were also a feature of the program.

Green Lake—Waushara

Members of the Green Lake–Waushara County Medical Society met on March 8 at the Berlin Memorial Hospital in Berlin, following a 6:30 p.m. dinner served at the Hotel Whiting. Twelve members attended the meeting. Dr. Chester M. Echols, Milwaukee, addressed the group on "Practical Office Procedures in Gynecology."

The Society met on April 25 at the American House, in Princeton. Following a 6:30 p.m. dinner, Dr. H. K. Tenney, Madison, addressed the group on "Vomiting in the Newborn."

Milwaukee

The Milwaukee County Medical Society met on April 14 to hear a scientific program sponsored by the Society's Committee on Scientific Research. Dr. Walter J. Meek, Ph.D., assistant dean and professor of physiology, University of Wisconsin Medical School, discussed "Cardiac Effects of Anesthetic and Adrenalin-like Drugs." Papers presented by Milwaukee and Wauwatosa doctors included the following: "Trichinosis," by J. W. Rastetter, M.D.; "The Pathogenesis and Clinical Consequence of Urogenital Tumors," by B. O. Holman, M.D.; "The Treatment of Pneumonia," by Robert A. Nimz, M.D.; and "Studies on Intravenous Feeding," G. W. Fox, M.D.

The Milwaukee County Medical Society is cooperating with the city and state health departments in the presentation of night clinics for persons desiring examination and treatment for syphilis.

The society's annual formal spring dinner dance was given on April 29 at the Wisconsin Club.

Outagamie

The Outagamie County Medical Society met in Appleton at St. Elizabeth's hospital on April 13 for a special business session. This meeting was held in lieu of the society's regular monthly meeting so that members could attend the postgraduate courses offered in Appleton by the State Medical Society on April 18.

Members of the society were the guests of the Outagamie County Dental Society on April 20.

Polk

The Polk County Medical Society is cooperating with the Polk County Health Committee in the conduction of a county-wide immunization program, consisting of immunization against smallpox and diphtheria.

Portage

On March 29 the Portage County Medical Society met at St. Michael's Hospital in Stevens Point. Dr. A. G. Dunn, Stevens Point, spoke on the subject of medical legislation and Dr. F. R. Krembs of the same city discussed child health programs. Moving picture films on "Low Cervical Section" and "Ventral Suspension of the Uterus" were shown. Eighteen members attended the meeting.

Price—Taylor

The Price–Taylor County Medical Society held a noon meeting in Phillips on April 13. Officers were elected as follows:

President—H. B. Norviel, Phillips
Vice-President—G. L. Baker, Rib Lake
Secretary—J. L. Rens, Phillips
Censor—D. M. Norton, Medford
Delegate—J. D. Leahy, Park Falls

Richland

The Richland County Medical Society met at the Richland Hospital, Richland Center at 8 p.m. on March 16. A scientific program was presented, Dr. Harold E. Marsh of the Jackson Clinic, Madison, being the guest speaker. He discussed "Modern Treatment of Pneumonia." Twenty physicians attended the meeting.

Rock

The Rock County Medical Society met at the Monterey Hotel in Janesville on March 28. The guest speaker of the evening was Dr. James A. Sargent, professor of urology, Marquette University Medical School, Milwaukee. Dr. Sargent spoke for one hour on "Stones in the Urinary Tract," illustrating his talk with lantern slides. He then discussed the legislative problems now confronting the State Medical Society. Drs. W. T. Clark, Janesville, and O. W. Friske, Beloit, supplemented Dr. Sargent's remarks on legislative matters.

Shawano

The Shawano County Medical Society met on March 30. Dr. G. W. Krahn, Oconto Falls, councilor for the Eighth District of the State Medical Society, attended the meeting as a guest. Dr. M. C. Crane, Wittenberg, and Dr. D. W. McCormick, Shawano, were elected to membership in the society.

Sheboygan

Dr. James C. Hassall, medical director of Rogers Memorial Sanitarium, Oconomowoc, was the guest speaker at the meeting of the Sheboygan County Medical Society in the St. Nicholas Hospital, Sheboygan, on March 30. The subject of his address was "Mental Illness." Twenty-five members of the society attended the meeting.

Trempealeau—Jackson—Buffalo

The Trempealeau–Jackson–Buffalo County Medical Society met on April 12 in the MacCornack Clinic, Whitehall, to discuss a possible health insurance experiment by the society. Mr. George B. Larson, assistant-secretary of the State Medical Society, was the main speaker of the evening. He discussed "Health Insurance Experiments in Wisconsin." Sixteen members attended the meeting. Another meeting is contemplated before any definite action is taken on a health insurance plan.

Washington—Ozaukee

The Washington–Ozaukee County Medical Society met on March 30 in Kewaskum. Fifteen members attended the meeting. Dr. H. A. Devine, Fond du Lac, was the guest speaker. He discussed acute abdominal disease.

Winnebago

Members of the Winnebago County Medical Society are cooperating with the Oshkosh Junior Chamber of Commerce in an antisyphilis campaign. The highlight of the campaign was a lecture on April 18 by Dr. E. F. Cummings, Oshkosh, chairman of the medical society's antisyphilis committee, given in the Oshkosh high school auditorium before members of nine parent-teacher groups. Dr. Cummings also spoke on the prevention and treatment of syphilis before the Kiwanis Club of Oshkosh on May 9.

Milwaukee Oto-Ophthalmic Society

The regular meeting of the Milwaukee Oto-Ophthalmic Society was held on April 11 at the University Club, Milwaukee. Clinical cases were discussed at 6 p.m. Thereafter dinner was served and a scientific program presented. Dr. F. L. Lederer of Chicago, Illinois, was the guest speaker. He discussed "The Clinical Significance of Aural Polyps."

News Items and Personals

President Roosevelt, on April 25, announced that under reorganization plans—effective unless disapproved by Congress—"a security agency" will be created under which will be placed the United States Public Health Service, the National Youth Administration, the Civilian Conservation Corps, the Children's Bureau of the Department of Labor, the Social Security Board and the United States Employment Service.

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Fifty-eight physicians and research workers from the University of Wisconsin presented papers at the annual meeting of the Federation of American Societies for Experimental Biology and Medicine, held in Toronto, Canada, April 26–29. Among the physician-speakers were: J. A. E. Eyster, E. L. Sevringhaus, A. L. Tatum, and M. H. Seevers.

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Dr. E. H. Federman—eye, ear, nose and throat specialist located for over twenty years in Montello—has accepted an appointment as director of the Eau Claire county health unit. He began his new duties in Eau Claire on March 31.

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Dr. Joseph F. Rose, Lena, has been reelected president of the village of Lena.

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Dr. Roy T. Hansen, Wauwatosa, was elected chief of staff of the Johnston Emergency Hospital, Milwaukee, at the annual meeting of the staff on March 15. Dr. Addison M. Dorr, Milwaukee, and Dr. Charles R. Marquardt, Milwaukee, were elected vice-chief and secretary, respectively.

A meeting of the eye, ear, nose and throat specialists of the Fox River Valley was held in Oshkosh on April 6. Dr. J. K. Trumbo, Wausau, chairman of the State Society's Advisory Committee on Visual and Hearing Defects presided. About thirty specialists attended the meeting to discuss problems in this field of practice.

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Among Wisconsin physicians recently discussing various aspects of socialized medicine were the following:

B. I. Pippin, Richland Center: During the month of March—Lions' Club of Muscoda, Lutheran Association of Loganville, Civic Club of Hillsboro, and an open meeting at Excelsior.

A. I. Greenberg, Milwaukee: Wisconsin Workers' Alliance, April 21.

J. Newton Sisk, Madison: Columbia County Federation of Women's Clubs, April 11.

E. H. Spiegelberg, Boscobel: Mineral Point Kiwanis Club, April 10.

Carl Neidhold, Appleton: Woman's Club of Kaukauna, March 28.

J. E. Gonce, Madison: Madison Health Council, Y.W.C.A., April 12.

Chester M. Echols, Milwaukee: Zion Men's Club, Milwaukee, April 3.

Lyndle W. Peterson, Shawano: Shawano Club, April 3.

W. T. Clark, Janesville: Lions Club, Monroe, April 3.

Among the 130 physicians of the United States, Canada and Hawaii, who took postgraduate courses given under the auspices of the American College of Physicians in March, were four Wisconsin physicians: Dr. Adolph M. Hutter, Fond du Lac, went to Johns Hopkins University Medical School, Baltimore, to take the course in general medicine. Drs. Karl H. Doege, Marshfield, and Thomas O. Nuzum, Janesville, went to Chicago to attend the courses in cardio-renal-vascular medicine offered at Northwestern University Medical School. And Dr. John A. Schindler, Monroe, attended the course in cardiovascular diseases given at Washington University School of Medicine, St. Louis.

The Wisconsin representation at the twenty-third annual session of the American College of Physicians, New Orleans, Louisiana, March 27–31, is given below:

Bayfield—J. K. Shumate
Eau Claire—Gjermund Hoyme
Fond du Lac—Adolph M. Hutter
Green Bay—E. M. Jordan
Janesville—M. Meredith Baumgartner, Thomas O. Nuzum
Hartland—H. G. B. Nixon
Madison—Marie L. Carns, Llewellyn R. Cole, C. A. Elvehjem, Karver L. Puestow, Elmer L. Sevringhaus, Herman H. Shapiro, Annette C. Washburne, W. A. Worrell
Marshfield—Karl H. Doege
Monroe—John A. Schindler
Milwaukee—Joseph J. Adamkiewicz, Elston L. Belknap, Roy W. Benton, Joseph Lettenberger
Pewaukee—K. P. Hoel
Racine, Theodore J. Pfeffer
Sheboygan—Otho Fiedler
Statesan—Harold M. Coon

The following physicians from the State of Wisconsin were inducted into Fellowship in the American College of Physicians at the annual convocation at New Orleans, March 29, 1939:

Marcos Fernan-Nunez, Milwaukee
John C. Grill, Milwaukee
Theodore J. Pfeffer, Racine
Paul B. Mason, Sheboygan

—△—

Dr. J. W. Lowe, recently of Ashland, has moved to Eau Claire where he will be associated in practice with Dr. C. H. Falstad.

—△—

Dr. A. L. Millard, who for about nine years has been associated with the Marshfield Clinic, Marshfield, became a stockholder and member of the clinic organization in April.

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Dr. Francis J. Huberty, Appleton, was elected city physician and health officer of Appleton on April 18 by the city council. He succeeds Dr. John C. Troxel, Appleton, who did not seek reelection.

ADVISE YOUR PATIENTS . . .

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday
WEAU, Eau Claire—1:45 p.m., Monday, Wednesday and Friday
WHBY, Green Bay—7:30 p.m., Monday; 7:15 p.m., Wednesday; 7:15 p.m., Friday
WLBL, Stevens Point—11:15 a.m., Wednesday
WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday
WIBU, Poynette—8:00 p.m., Tuesday and Thursday

In tribute to Dr. Charles G. Maes, who has practiced medicine in Kimberly for thirty-two years, the citizens of that village on April 16 held a banquet and announced that the street running east and west past the doctor's residence would henceforth be known as "Maes Avenue." Dr. J. B. MacLaren, Appleton, who was the main speaker at the banquet, reviewed Dr. Maes' medical accomplishments. Various local organizations presented Dr. Maes with gifts. Music for the event was furnished by the community band.

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The Phi Beta Pi medical fraternity, on April 6 in the Service Memorial Institutes, Madison, sponsored its twelfth annual William Snow Miller Lecture. The lecture was given this year by Dr. K. K. Chen of Indianapolis, director of pharmacologic research of The Lilly Research Laboratories, and professor of pharmacology of Indiana University School of Medicine. His subject was "Cyanide Poisoning and Its Treatment."

Preceding the lecture a banquet for 100 people was held by the fraternity in honor of Dr. Miller, who on March 29 celebrated his eighty-first birthday.

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At the meeting of the Wisconsin General Hospital staff on April 18, Drs. W. J. Bleckwenn and W. A. Mowry presented a review of a case of unusual neurologic allergy. Dr. E. A. Pohle gave a survey of 152 cases of angioma treated in the last decade. When the staff met on April 4, Dr. Peter A. Duehr spoke on malignant tumors of the eye and Dr. F. A. Davis spoke on primary tumors of the optic nerve.

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Dr. G. H. Williamson, Neenah, spoke on "Medicine as a Vocation," at a meeting of the Neenah Rotary Club on April 6.

Dr. M. Fernan–Nunez, chairman of the Committee on Cancer of the State Medical Society of Wisconsin, made a speaking tour of the State during April in cooperation with the Women's Field Army for the Control of Cancer. He gave illustrated talks on cancer control before combined medical and lay groups in the following places: Wisconsin Rapids, Pittsville, Auburndale, Rudolph, Stevens Point, Wausau, Eau Claire, Chippewa Falls, Barron, Rice Lake, Union Grove, Whitehall, Racine, Burlington and Milwaukee. He gave radio broadcasts in Milwaukee, Racine, Eau Claire and Rice Lake.

One feature of his tour was a talk on cancer to 1,400 children in the Stevens Point High School. He has found young people to be greatly interested in cancer as a biologic and public health problem, and believes that in presenting the subject before such audiences the parents are more readily and effectively reached. He states: "Everywhere the public rapidly is becoming cancer conscious; the medical profession must be prepared to meet this increased public interest in the subject."

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Dr. E. P. Hayes, Eau Claire, spoke on his experiences in the World War at a Rotary Club luncheon on March 27 in Eau Claire. Dr. Hayes saw service in the battles at Argonne and St. Mihiel.

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A public health program was sponsored by the Mothercraft Society of Milwaukee on April 20 at the Pfister Hotel, Milwaukee. The speakers and the subjects of their talks were as follows: Dr. Hoyt E. Dearholt, "Signs and Signals of Tuberculosis and Their Prevention;" Dr. J. D. Owen, "Prenatal Care for Safer Motherhood and Better Childhood;" Dr. R. A. Jefferson, "Mental Diseases."

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Dr. Clifford A. Grand of Ashland addressed the parent-teacher association of Ashland on April 13. The subject of his address was "Social Diseases."

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Dr. John P. Koehler, Milwaukee health commissioner, states that no cases of diphtheria were reported in Milwaukee during the first three months of 1939. In the corresponding period for 1938, nineteen cases were reported. Dr. Koehler credits the outstanding 1939 record to the recent immunization program in Milwaukee.

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Dr. Joseph P. Wild, formerly of Hancock, has gone to Chicago to take postgraduate work in diseases of the ear, nose and throat at the University of Illinois College of Medicine. He expects to resume his medical practice in Wisconsin the latter part of 1939.

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Dr. Amy Louise Hunter, chief of staff of the Bureau of Maternal and Child Health of Wisconsin, spoke before the American Legion Auxiliary of Fort Atkinson on April 12. She discussed child welfare and illustrated her remarks with a moving picture film.

Dr. Soma Weiss, associate professor of medicine, Harvard Medical School, was the guest speaker at the meeting of the University of Wisconsin Medical Society on April 27 in the Service Memorial Institutes, Madison. Dr. Weiss spoke on "Cardiac Asthma and Failure of the Pulmonary Circulation."

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At a clinical–pathological conference held on April 4 in the Sacred Heart Hospital, Eau Claire, Dr. W. R. Manz, Eau Claire, presented a paper on "High Blood Pressure," and Dr. D. S. Sharp, Mondovi, showed some movies of wild animals taken in Buffalo county. About twenty physicians attended the conference and the dinner which preceded it. Similar conferences are held bi-weekly in the hospital.

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Dr. Milton Trautmann of the State Board of Health, Madison, was in charge of a special program dealing with syphilis control, presented before the Oshkosh Junior Chamber of Commerce on April 10. Dr. Joseph J. Kronzer, Oshkosh, assisted Dr. Trautmann in presenting the program.

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The Crippled Children Division of the State Department of Public Instruction, working in cooperation with the Kenosha County Medical Society, held a clinic for crippled children on April 26 in Kenosha. On May 13, the Crippled Children Division and the Clark County Medical Society will cooperate in holding a similar clinic in Neillsville.

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Dr. A. C. Radloff, Plymouth, attended "Spring Clinical Week" at the Mayo Clinic, Rochester, Minnesota, April 11–15. Dr. Radloff recently completed his twenty-fifth year as a practicing physician in Plymouth.

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Dr. R. H. Smits, who has practiced in Green Bay for the past three and one-half years, moved on April 1 to Waunakee. His new office is located in the Waunakee State Bank Building. Dr. Smits received his degree in medicine from Marquette University School of Medicine in 1935.

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Dr. W. C. Reineking, superintendent of Lakeview Sanatorium, Madison, was elected president of the Wisconsin Sanatorium Superintendents' Association at the annual meeting of the association at Morningside Sanatorium, Madison, on April 26.

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Dr. H. J. Niebauer, a 1934 graduate of the University of Wisconsin Medical School who has been a member of the University of Iowa surgical staff for the past four years, is now associated in practice with Dr. Frank Iber, 451½ Main St., Stevens Point.

Secretaries' Conference.—The annual conference of secretaries of county medical societies in Wisconsin was held in Madison in the Crystal Ballroom of the Loraine Hotel on April 23. Registration began at 9:30 a.m. Coffee was served from a buffet table in the rear of the ballroom until 10 a.m. when Dr. S. E. Gavin, Fond du Lac, chairman of the Council, called the meeting to order. Dr. J. W. Prentice, a former secretary of the Ashland–Bayfield–Iron County Medical Society who appeared at the conference for Dr. F. D. Weeks of Ashland, was elected presiding officer.

Dr. A. E. Rector, Appleton, president of the State Society, was the first speaker. He discussed in detail the aims and purposes of the State Society and how they might be furthered. Mr. George B. Larson, assistant secretary of the State Society, now in charge of voluntary sickness insurance trials in Wisconsin, next reported on the nature and progress of the trials in Superior and Milwaukee, and other sickness insurance trials in the State now "in labor." The plan in Superior, he said, is one conceived and evolved by the public; the Milwaukee plan originated within the profession.* Dr. James C. Sargent, chairman of the Joint Conference Committee on Hospital Insurance, was the third speaker. He discussed the history and present status of hospital insurance in Wisconsin. Those attending the conference were then allowed to question Mr. Larson and Dr. Sargent on sickness and hospital insurance.

The final address before adjournment at noon for dinner was given by Dr. Dexter Witte of Milwaukee on "Speaking Before the Public." Many physicians are loathe to speak before the public, he declared, because they feel lacking in speaking ability. But flowery diction and a trained voice are not the prime requisites of a good speech, he pointed out. *What* is said is more important than *how* it is said, and sincerity and a straight-forward delivery carry more appeal than any amount of high-sounding oratory. Pamphlets were given to those attending the conference on "When the Doctor Addresses the Public." Officers of county societies who did not attend the conference may obtain a copy of this pamphlet by writing the State Medical Society.

Mr. J. G. Crownhart's talk on "Legislation Affecting the Public Health," opened the afternoon session. An hour of general discussion followed this presentation. Dr. Rock Sleyster, president-elect of the American Medical Association, brought the conference to a close with an address on his work as a county medical secretary in Wisconsin and the many changes in the medical scene—both in Wisconsin and in the United States—since the early days of his practice. In speaking of the annual gathering of county secretaries, he said: "You call this gathering the 'Secretaries' Conference.' We used to call it a 'ginger tea.'"

* The Journal will print in an early issue a progress report of all sickness insurance trials in the State.

Following are the names of those attending the conference:

County Society Representatives

Ashland–Bayfield–Iron—J. W. Prentice, Ashland
Barron–Washburn–Sawyer–Burnett—R. W. Adams, Chetek
Brown–Kewaunee–Door—N. M. Kersten, De Pere; E. S. Knox, Green Bay
Chippewa—F. B. Sazama, Chippewa Falls
Clark—W. A. Olson, Greenwood
Crawford—H. H. Kleinpell, Prairie du Chien
Dane—J. Newton Sisk, Madison
Dodge—A. G. Hough, Beaver Dam
Douglas—T. J. Doyle, Superior
Eau Claire–Dunn–Pepin—S. L. Henke, Eau Claire
Fond du Lac—R. L. Waffle, Fond du Lac; L. J. Keenan, Fond du Lac
Grant—J. D. Glynn, Lancaster; Miss Emma Glasier, Bloomington (for M. B. Glasier)
Green—J. H. Bristow, Monroe
Green Lake–Waushara—A. J. Wiesender, Berlin
Iowa—H. M. Walker, Dodgeville
Jefferson—L. H. Nowack, Watertown; L. Gueldner, Ft. Atkinson
La Crosse—J. C. Fox, La Crosse
Lincoln—L. J. Bayer, Merrill
Manitowoc—T. A. Teitgen, Manitowoc
Marathon—E. P. Ludwig, Wausau
Milwaukee—Mr. J. O. Kelley, Milwaukee; Dexter Witte, Milwaukee
Oconto—G. W. Krahn, Oconto Falls
Oneida–Vilas—C. A. Richards, Rhinelander
Outagamie—W. O. Dehne, Appleton; R. T. McCarty, Appleton
Pierce–St. Croix—Chalmer Davee, River Falls
Polk—K. F. Johnson, Frederic; G. B. Noyes, Centuria
Portage—W. C. Sheehan, Stevens Point
Price–Taylor—H. B. Norviel, Phillips
Richland—G. Benson, Richland Center
Rock—C. R. Gilbertsen, Janesville; O. W. Friske, Beloit
Sheboygan—W. G. Huibregtse, Sheboygan
Trempealeau–Jackson–Buffalo—R. R. Richards, Blair
Vernon—R. S. Hirsch, Viroqua
Washington–Ozaukee—R. S. Fisher, Allenton
Waupaca—J. W. Monsted, New London
Winnebago—E. B. Williams, Oshkosh
Wood—George Pomainville, Nekoosa; R. S. Baldwin, Marshfield

Councilors

Second District—Frank W. Pope, Racine
Fourth District—B. I. Pippin, Richland Center
Sixth District—S. E. Gavin, Fond du Lac
Eighth District—G. W. Krahn, Oconto Falls
Ninth District—H. H. Christofferson, Colby
Tenth District—F. E. Butler, Menomonie
Twelfth District—R. P. Sproule, Milwaukee
Thirteenth District—J. W. Lambert, Antigo

Other State Medical Society Officers

President—A. E. Rector, Appleton
Past-President—J. C. Sargent, Milwaukee
Speaker—J. Newton Sisk, Madison
Secretary—Mr. J. G. Crownhart, Madison
Assistant Secretary—Mr. G. B. Larson, Madison

Guests

President-elect of the American Medical Association—Rock Sleyster, Wauwatosa
Secretary, Wisconsin Pharmaceutical Association—Mr. Jennings Murphy

BIRTHS

A daughter, Helen Louise, to Dr. and Mrs. Lloyd F. Kaiser, Rhinelander, on April 20.

A daughter to Dr. and Mrs. Stuart H. Perrin, Superior, on April 14.

A daughter to Dr. and Mrs. Herman Wolf, Kenosha, on March 27.

A daughter to Dr. and Mrs. Robert E. Burns, Madison, on April 11. (Mrs. Burns is the former Dr. Charlotte J. Calvert.)

A son to Dr. and Mrs. C. F. Midelfart, Madison, on April 10.

A son, Reginald David, to Dr. and Mrs. David L. Williams, Madison, on April 2.

A daughter, Katheryn Elizabeth, to Dr. and Mrs. Paul A. Brehm, Madison, on March 27.

A son to Dr. and Mrs. F. H. Kramoris, Milwaukee, on March 1.

A daughter to Dr. and Mrs. F. X. McCormick, Milwaukee, on March 17.

A son to Dr. and Mrs. Edward A. Waldeck, Milwaukee, on March 21.

DEATHS

Dr. William H. Zwickey, Superior, died on March 17 in a Superior hospital from pulmonary tuberculosis. He was sixty-nine years of age.

Dr. Zwickey was graduated from the Wisconsin College of Physicians and Surgeons in 1906. He received his Wisconsin license in the same year and opened an office for the practice of his profession in Minong. In 1910 he moved to Superior and remained in active practice in and near that city until he died. At the time of his death he was in charge of the asylum and the home for the aged near South Range.

Dr. Zwickey was also a licensed pharmacist and worked as a druggist in Shell Lake and Superior previous to studying medicine.

The doctor was active in medical circles, being at one time county health physician and president of the Douglas County Medical Society. He was a member of the Douglas County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association.

Dr. Zwickey is survived by his widow.

Dr. Herbert F. Kenny, Waukesha, died suddenly in his office on April 15 of a heart attack.

Dr. Kenny was born in 1887. He was graduated from the University of Michigan Medical School, Ann Arbor, in 1916. Prior to moving to Waukesha in 1933, he had been associated in practice with an industrial surgeon in St. Paul, Minnesota, and had served in army hospitals in the East during the World War. He was a first lieutenant in the army medical corps.

Dr. Kenny was a member of the Waukesha County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow.

Dr. H. O. Delaney, Beloit, died on April 18 after a short illness from influenza.

The doctor would have been sixty-seven years old in October. A Rush Medical College alumnus, he was graduated in 1903. The next year he opened an office in Beloit and remained in active practice there until his death.

Dr. Delaney was very active in medical society circles, serving faithfully on many committees and in various official capacities. Just a few days before his death, Dr. Delaney met the secretary of the Rock County Medical Society, Dr. O. W. Friske, on a street in Beloit, handed Dr. Friske a check for his society dues and said he wanted to belong to the society "again this year." He was also interested in civic affairs, being a former Beloit health officer and a member of that city's board of education.

He was a member of the Phi Beta Pi medical fraternity, the Physicians' and Dentists' Club of Beloit, the Rock County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow and four children.

Dr. William Turner Fletcher, Salem, died in a Chicago hospital after an extended illness.

He was born in 1878 in Knox, Indiana, and received his premedical education in Indiana. He taught school for several years before he entered the Chicago College of Medicine and Surgery, from which he was graduated in 1907. He began the practice of medicine in Salem shortly after his graduation and remained in practice there until his last illness.

Dr. Fletcher, who specialized in radiology, was a member of the Radiological Society of North America. He was a Fellow of the American Medical Association and a member of the Kenosha County Medical Society and the State Medical Society of Wisconsin. He is survived by his widow and one son.

Dr. Frank R. Farrell, Milwaukee, died at his home on March 16. He was sixty-eight years of age.

Dr. Farrell was born at Iron Mountain, Wisconsin. He was educated in Wisconsin, receiving his medical degree from Milwaukee Medical College in 1905. Following his graduation from medical school he began the practice of medicine in Milwaukee and remained in active practice there until the date of his death.

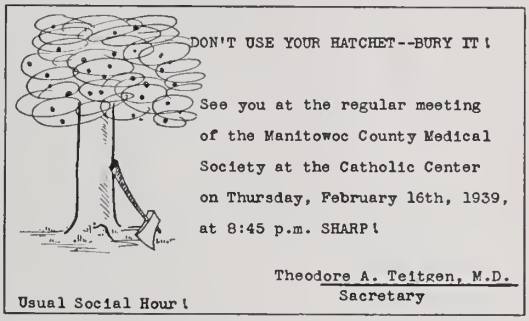
He was a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow and six daughters.

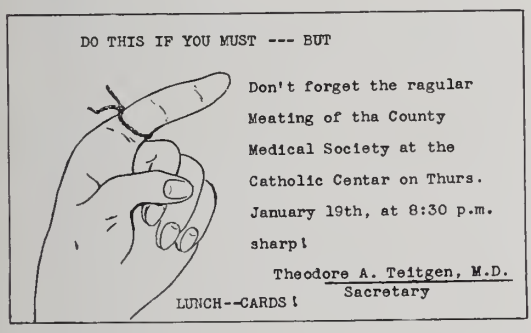
Dr. J. H. Burdick, Milton, was killed in an automobile accident on April 3. Dr. Burdick, who was eighty-seven years old, was graduated from Northwestern University Medical School in 1877. He practiced medicine in Milton for several years and then retired from active practice to organize and develop the Milton Electric Company.

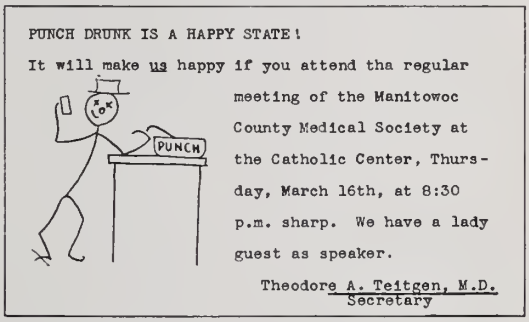
He is survived by seven sons and three daughters.

MANITOWOC COUNTY SECRETARY'S NOVEL MEETING NOTICES

Reproduced on this page are samples of the novel notices used by the secretary of the Manitowoc County Medical Society in calling the attention of society members to meeting dates. The cards were sent to the Journal by a member of the Manitowoc county society, Dr. Erwin C. Cary of Reedsville, who wrote: "I am sending you several of the cards which our *up* and *doing* county medical secretary has been sending out to members. His own work."







SOCIETY RECORDS

New Members

James Nissenbaum, 114 W. College Ave., Appleton.

L. C. Gilman, Osceola.

A. M. Ford, Roberts.

M. C. Crane, Wittenberg.

Esther Caldwell Kurtz, Muirdale Sanatorium, Wauwatosa.

L. B. Uszler, 1227 W. Lincoln Ave., Milwaukee.

Louis Brachman, 238 W. Wisconsin Ave., Milwaukee.

C. J. Newcomb, 411 E. Mason St., Milwaukee.

B. D. Kohne, 3169 N. 37th St., Milwaukee.

A. A. Presti, 3508 W. Fond du Lac Ave., Milwaukee.

B. D. Packer, 1230 W. Grant St., Milwaukee.

W. F. Lappley, Waukesha.

P. E. Eisele, Statesan.

W. S. Giffin, Appleton.

B. L. Boynton, Wisconsin General Hospital, Madison.

W. J. Urben, State Capitol, Madison.

H. R. Hathaway, Wisconsin General Hospital, Madison.

S. J. Grauman, Tucson, Arizona.

J. F. Gates, 6437 W. North Ave., Wauwatosa.

J. A. Alston, 2316 E. Edgewood Ave., Milwaukee.

P. H. Hansberry, Hillsboro.

Reinstated Members

E. H. Jorris, Sparta.

C. H. Stoddard, 425 E. Wisconsin Ave., Milwaukee.

Changes in Address

M. J. Hermes, Racine, to 204 La Arcada Bldg., Santa Barbara, Calif.

Vernon Kores, West Allis, to Greendale.

S. W. Rosenberg, Kenosha, to 525 E. Michigan St., Milwaukee.

G. E. Howe, Milwaukee, to Superior, Wyoming.

R. H. Smits, Green Bay, to Waunakee.

J. W. Lowe, Ashland, to 204 E. Grand Ave., Eau Claire.

EXAMINATION TO BE HELD BY STATE BOARD

The Wisconsin State Board of Medical Examiners will conduct its next regular examination of applicants to practice medicine in Wisconsin on June 27–30, 1939, at the Hotel Schroeder, Milwaukee.

At the same time the Board will consider applications for licenses to practice medicine by reciprocity.

Dr. Thordur Gudmundsen

The Icelandic Doctor of Washington Island*

By WILLIAM SNOW MILLER, M. D.
Madison

"FAR out amidst the white crested waves of Lake Michigan lies Washington Island. Its nearest point is about twenty-five miles from the main land of northern Michigan, while the tip of Door County peninsula comes within six miles on the south;" it is "about six miles square and has a shore line of twenty-six miles." On the north side there is a bay, surrounded by hills, which extends over a mile into the island known as Washington Harbor. On the south there is also an indentation "known as Detroit Harbor, which is made a landlocked anchorage by the long Detroit Island, which lies across its mouth." This is available only to vessels of light draft. A number of smaller islands are situated to the north, east and south of Washington Island which enter into the story of the "Icelandic Doctor," and of some of the people on the island.

The six miles of turbulent water between the south shore of the Island and the tip of Door County bears the dismal name of "Death's Door." It received its name from the fact that, early in the history of the Island, a war party of some three hundred Indians lost their lives attempting to negotiate its passage in their canoes one stormy night. At the time of Dr. Gudmundsen he, in common with other of the inhabitants of the Island, frequently crossed Death's Door in a row boat or skiff, this being the only means of communication between the Island and the main peninsula. At the present time it is doubtful if anyone could be induced to cross in a row boat.

After the close of the War of 1812, it was projected to establish a United States fort at Green Bay, Wisconsin. Accordingly in July, 1816, three vessels, the Washington, the Hunter and the Mink, were chartered to convey the 3rd regiment U. S. Infantry under command of Col. John Miller from Mackinaw to Green Bay. The largest of the fleet, on which was the Commandant, was the Washington, a boat of one hundred tons burden.

During the night of the second day out from Mackinaw, the Washington became separated from the other two vessels, and "arriving in the vicinity of what is now Washington Island and Harbor," the Commandant, having learned from the pilot that there was a good harbor there, ordered the Washington to put in and wait for the other vessels. The Washington remained there "nearly two days, during which time the officers and passengers rambled over the Island, and finally, in honor of the vessel, supposed to be the first one that had entered the harbor, they gave its name to Washington Island and Harbor, which they have ever since retained." After this delay the Washington proceeded on her way and, having rejoined the other two vessels, continued up the Bay. Two days later they anchored in the Fox river opposite the place where the fort was later built.

How Icelanders Came to Settle on Washington Island

William Wickmann was born at Copenhagen, April 15, 1834, and died August 25, 1910. I have not been able to ascertain whether he was a University graduate. In 1855, when twenty-one years old, he was sent by the Danish government to Iceland but for what purpose I have not been able to ascertain. After spending ten years there he came to the United States and arrived in Milwaukee, Wisconsin, April 15, 1865.

"The first emigration of Icelanders was made through the influence of Guden Thorgoimsen, who received a thorough education in Denmark and returned to Iceland to try to improve the condition of his people. He

* Read at the February, 1939, meeting of the Wisconsin Medical History Seminar.

reorganized their schools, paying many of the teachers from his own means. He soon began to realize how hopeless was his task. About 1870 he began corresponding with William Wickmann. The result was that about 1872 Thorgoimsen sent out four young men. Wickmann, knowing that an Icelander would feel more at home if he were close to a body of water, where he could procure plenty of fish and be somewhat remote from the bustle and noise that is characteristic of American life, decided to take these men to Washington Island."

This account differs from the story as told to me by an old resident of Washington Island, which is as follows: In 1870 Wickman induced a number of young men to emigrate from Iceland to the United States. Due to his influence they located on Washington Island. This group consisted of University-educated men. The young men on the Island, Danes and Irish, failed to understand the Icelanders. They thought that the Icelanders must be partly savage and considered them inferior to themselves, who possessed little or no education. The result was that, much to their chagrin, the Icelanders left the Island and eventually settled in North Dakota.

It was a later immigration of Icelanders who finally remained on the Island. They were, however, not University-educated as was the first group, but a quiet, sociable lot, more fond of checkers and chess than of games and dancing. Wickmann taught them to cut timber and build houses, and furnished them with fish-nets and provisions sufficient to last until they could get some for themselves.

At one time William Wickmann was in the real-estate business in Chicago. Later he removed to Washington Island and opened a general store. He traded cord wood for supplies.

It was into these surroundings that the subject of this sketch, Dr. Thordur Gudmundsen, came to make his home and to care for the sick among his fellow countrymen and whoever else might need his services.

Dr. Thordur Gudmundsen's father, Thordur Gudmundsen, was born in Iceland of Icelandic parents; his mother, Johanna Knutson, was also born in Iceland; her father was a Dane and her mother an Icelander. They raised a family of seven children—five sons and two daughters; the daughters and one son were still living at the time I collected these notes. Mr. Thordur Gudmundsen was what in this country is called a "District Attorney," and held that office until his death at the age of eighty-one years.

Margaret, the eldest of the children, married when quite young. After the death of her husband, she educated her family, with the help of her younger brother. Two of her sons were physicians, and one was librarian of the library of Iceland for many years; he resigned his office later to accept a position in the University of Iceland.

Arni Gudmundsen attended a grammar school in Iceland and received instruction from private tutors. Owing to weak eyes he did not attend the University, but entered into business in Eyrarbakka. In 1872 he came to the United States; after spending about two years in Milwaukee he came to Washington Island and has lived there ever since. He bought eighty acres of land and settled on it. He married an Icelandic girl named Haldora Peterson; they had nine children, and it is due to one of them that I have been able to obtain my information about the doctor. Arni Gudmundsen was treasurer of the town of Washington for more than forty years; he was also Justice of the Peace for many years. In the earlier days the Justice was kept quite busy. Neighbors used to take all their troubles to court, and many a law suit was held in his living room. Then, too, in those days there was not an ordained minister on the Island to marry couples desiring to wed; so that, too, was the Justice's work. In 1918 he took a trip to Iceland. He is now well over ninety years old and, although his health is good and his eyesight unusually good, his memory is gone; if this were not the case he could have furnished many interesting facts about the doctor, for it was through his influence that the doctor came to Washington Island.[1]

[1] Arni Gudmundsen died in 1938.

Dr. Thordur Gudmundsen

Dr. Thordur (Pordur)* Gudmundsen was born at Eyrarbakka, Iceland, March 14, 1848, according to family traditions, but at Reykjavik according to official records. Whether these are names for the same place I have not been able to find out. His early education was obtained in the public schools and from private tutors.

In reply to my letter of inquiry Dr. H. Haxthausen, Dean of the Medical Faculty of the University of Copenhagen, wrote that "Thordur Gudmundsen matriculated in 1867 at the University of Copenhagen but did not take his medical degree there, but at the medical school in Reykjavik, in 1872. Afterwards he was employed at hospitals in Copenhagen in the years 1872-73, was deputed as district-physician in the 2nd Iceland physician-district (Gullbringu Syssel) from 1874, permanently appointed with residence in Njardvik from August 14, 1876-January 10, 1884."

There being no doctor on Washington Island, or even on the northern part of the mainland, his brother, Arni, wrote him urging him to come to Washington Island. This he did, reaching the Island in August, 1885. At this time the Island had a population of several hundred, largely made up of Scandinavians and Irish with a few Germans and Finns. Conditions were primitive and the doctor's practice, which covered all the surrounding region, was often dangerous and difficult. He went about much of the time on foot, or, in winter, on skis or snow shoes. Then, too, there were many trips in all kinds of crafts to neighboring islands or to the Door peninsula. A letter from Mr. John Landin of Ellison Bay, Wisconsin, tells about some of the doctor's experiences:

March 12, 1937.

I was together with Dr. Gudmundsen a good deal and he stayed at my house many nights when over here. I brought him back and forth across Death's Door many times in a small row boat or a so-called skiff.

There was an epidemic of diphtheria which lasted about two years. The nearest to a Dr. was Sturgeon Bay, a 45 mile distance; so we found Washington Island the most convenient place to go for a Dr. at that time. He saved many children who had diphtheria as he had a big experience in that disease from the old country, so he told me.

Dr. Thordur Gudmundsen.

I will mention a few cases in particular. One was at Newport; when we came there two children were dead and two were sick and also the mother—he saved the two children and also the mother. He stayed on this case three days without any sleep, and when he left he charged $10.00.

Another case to be mentioned; I went over to get the Dr. late one afternoon for a two year old boy who had set fire to his clothes and burned practically his whole body. I had a hard time to get across the ice (by foot) as it was later in the spring than this [the letter was written in the month of March] and the ice was poor. I broke through the ice twice at Detroit Harbor. When I reached the Dr.'s place I told him of the case and he said the boy cannot

* The Icelandic spelling of the Doctor's given name is "Pordur;" in English, "Thordur." The only place where it is spelled "Thordour" is on the base of his monument.

live, but he was willing to go with me to relieve the suffering of the boy. I got some dry socks and the Dr. and I started out from West Harbor at 9 o'clock P. M. and walking along the pier I again broke through the ice and got wet to the knees; then the Dr. said "shall we continue or go back?" I answered if you are willing we will go on because the ice was solid otherwise and we arrived at Gills Rock at 1 o'clock at night. The same day at 2 o'clock P. M. the boy died.

Another case worthy of mention was that of Mrs. ——, of Garrett Bay who developed milk fever after her first born child died. The Dr. told me he could not have helped her if he had come two hours later.

I could mention more cases, but probably these are sufficient. Gudmundsen was a good Doctor. At the times he was over making sick calls he would examine my little children and supplied us with medicine so they did not contract diphtheria. Whenever I came for him he had to make his sick calls on the Island before he left. He had a pony called Topsy, and I always went with him so I was quite well acquainted on the Island nearly 50 years ago.

A niece of the doctor writes me that some of the farmers gave him oats for "Topsy" instead of cash. A Norwegian captain brought a horse and two-wheeled cart from Milwaukee for the doctor, so from then on, he rode in style—when the roads were passable. The doctor's niece remembers seeing him return from many a trip leading the horse minus the cart or cutter, that having been left in a drift somewhere along the way. Often when he had a patient who was seriously ill he would stay several days at that home. Probably the horse above mentioned was Topsy, which was furnished oats by the farmers.

The doctor never married. He made his home with his brother Arni. The family living room was his consultation room; all his medicines had to be kept there and minor operations were performed on the dining room table. The doctor and a bachelor neighbor played croquet a great deal; that was the only recreation he enjoyed, or that there was to enjoy.

He often would say when asked for a bill for a call or medicine, "Ach! give me a good dinner and we'll call it square." Money did not mean much to him. Under date of March 22, 1937, Mr. Nor Shellswick of Washington Island writes as follows:

When my youngest son was born he attended my wife and during her very severe illness he stayed at my home 60 hours, and his staying so long saved her life, and she is still enjoying good health. He attended my wife in child birth three times. She was very ill each time. I cannot remember what the charge was the first time, but the last was $38.75. He used to say to me I will charge you $5.00 for attending your wife in child birth, but Mr. —— and Mr. —— only $2.50 as they have not been in this country very long and have less money. About a month after our first son was born (April 5, 1891) the flu raged here and he walked many miles each day as long as he was able as nearly every body was sick. I remember he charged me 25 cents per call; he called as many times as he thought necessary.

He told me once of operating on Mr. J. J——. He said he measured on his knife how deep to cut —he said if he did not go deep enough he would die and if I should go a little too deep he would also die; so he said I done my best and Mr. J—— is alive today, and that was over 40 years ago.

This is the only account of an operation given by any of the various individuals with whom I have corresponded.

The doctor did not charge enough for his services to be able to have even the bare necessities of life. A group of friends at one time gave him a much needed overcoat; everybody was his friend and was glad to do him a favor.

Dr. Gudmundsen died quite suddenly January 29, 1899. "The day of the funeral was very cold and many people froze their faces or their hands that day; but they felt that they must go with their beloved doctor to his last resting place. Later the grateful islanders had a monument erected on his grave."

Times have changed since the death of the Icelandic doctor. For a number of years the island people paid a doctor a guaranteed amount, besides his medicines, etc. For several years they paid $5,000 a year. This was reduced to $3,000, or $10 per family and $5 for single persons, all services and medicines extra. At the present time (1939) there is no physician on the Island.

Among the effects of the doctor remaining on the Island after his death were a number of textbooks which he used during his student days and, more important for the story of his practice, a tattered record book of the births and deaths which occurred during the years 1885 to 1896 inclusive. These have

been placed at my disposal by his niece, Mrs. Carl Richter of Washington Island.

The doctor reached the Island in August, 1885, and his services were at once made use of. The first birth to be recorded was on September 15, 1885, and the first death, the only one for the year, on September 28, 1885. I have collated the record book and tabulated the births and deaths for each year:

1885		**1891**	
Births	6	Births	28
(With 7 children.)		Deaths	9
Deaths	1	**1892**	
1886		Births	20
Births	16	Deaths	3
Deaths	1	**1893**	
1887		Births	20
Births	12	Deaths	9
Deaths	4	**1894**	
1888		Births	22
Births	18	Deaths	6
Deaths	6	**1895**	
1889		Births	27
Births	22	Deaths	6
Deaths	6	**1896**	
1890		Births	18
Births	15	(Still born twins.)	
Deaths	7	Deaths	5

This gives a total of 224 births and sixty-three deaths for the twelve years.

Comments on the Doctor's Records

BIRTHS.—The case of twin births in 1896 is interesting in the fact that it was a case of stillbirth. The annotation at the end of the record reads "Dorso-anterior presentation of the arm. Versio in pedes."

Another stillbirth is recorded as follows: "Still born. Deformity of the head. Flat above the eyes with a very imperfectly developed brain."

Only two cases are recorded in which forceps were used, though forceps may have been used in other cases and not considered worthy of record. The two cases in which their use is recorded show that the doctor was familiar with their use.

DEATHS.—*Hepatitis.* Two cases. May have been "hobnail livers"—many of the islanders were hard drinkers.

Enteritis. Three cases. Could any of these have been appendicitis? Little was known of the disease at that time.

Dr. Gudmundsen's grave.

The front of the monument bears the legend:

TH. GUDMUNDSEN
M. D.
Died January 29, 1899
Age 50 years, 10 months, 15 days
Thordour - Gudmundsen

The reverse side of the monument bears the following:

Token of remembrance from
the people of Washington Island
for his unselfish devotion to all
Born in Iceland
March 14, 1848

Phthisis. Five cases. I have included all the cases under this head, though one case was recorded as "consumption of the lungs."

Metritis. Two cases. One was in a young girl seventeen years old—unmarried. Recorded as "post abortum." The other case did not occur on the Island but at Ellison Bay on the peninsula. The doctor may not have been called until after the disease had a start.

Fracture of the skull. One case. Recorded as having occurred from a fall from a high place.

Cholera infantum. Three cases.

Drowning. Six cases. As many of the inhabitants of the Island were fishermen it is not surprising that some met death in this manner, especially as they were out in all kinds of weather. One case bears the record "body not recovered." The man may have been washed overboard in a storm.

Neuralgia Cordis. One case. Probably angina pectoris.

Pyemia. One case only.

Pertussis. Two cases. Both in children under two months old.

Broncho pneumonia. One case.

Pneumonia following Flu. Four cases.

Hemiplegia. A single case.

Apoplexy. Two cases.

Popliteal aneurism. Single case—cause not given—treatment not given.

Chronic Bronchitis. In an old man. Capillary bronchitis?

Cancer "colli uteri." The only case of cancer recorded.

Pneumonia. Not following flu. Two cases.

Icterus neonatorum. Two cases. The oldest was ten days old.

Last of all is the sad case of a child a year and a half old who fell into a tub of scalding hot water and died from the burns.

No surgical cases are recorded, though there must have been many minor cases, for the doctor's niece says "minor operations were performed on the dining room table." As many of the men were fishermen, sailors and farmers, accidents were bound to happen.

What Drugs Did the Doctor Use?

In the record book, here and there, are entries of prescriptions given to various patients. From them I have selected the following drugs:

Pilula aloes et myrrh.
Dover powder.
Carbolic acid in various forms.
Aromatic spirits of ammonia.
Chloral hydrate.
Citrate of caffein.
Salycylate of sodium.
Anticamnia.
Podophilium.
Unguentum hydrargyri.
Potassium iodide.
Potassium bromide.
Quinine.
Sulphonal.
Spiritus aetheris nitrosi.
Chloroform—in the form of a liniment.
Morphine.
Aconite.
Digitalis.
Hyoscyamus.
Tincture ferri chloridi.
Castor oil.
Syrup of ipacac.
Syrup of squills.

It is interesting that calomel is not mentioned anywhere.

The doctor's niece wrote me that "he kept a supply of medicines on hand, buying them from drug companies in Milwaukee, and they were brought here [Washington Island] on sail schooners."

REFERENCES

Mrs. W. E. Chase, Madison, has been of material assistance in gathering information about Washington Island.

Mrs. Carl Richter, Washington Island, niece of Dr. Gudmundsen, has furnished me with the greater part of the material used in preparing this account of the Doctor.

Holand, H. R. *Old Peninsula Days.* Ephraim, 1928. An interesting, but not always reliable, sketch of Door County.

Wisconsin Historical Collections. Vol. II, XIV.

SPECIALISTS PLAN OCTOBER MEET IN CHICAGO

The forty-fourth annual convention of the American Academy of Ophthalmology and Otolaryngology will be held in Chicago October 8–13 at the Palmer House, a bulletin announces.

The academy has a membership of about 2,800 eye, ear, nose and throat specialists and the attendance at meetings is usually well over 2,000. It is said to be the largest organization of specialists in the United States.

About half the program is devoted to formal addresses, but fully half the week's activities consist of "instructional courses," in which the doctors go to school in earnest, with hundreds of eminent specialists as their instructors.

Dr. George M. Coates, Philadelphia, is president this year and Dr. Albert C. Snell, Rochester, N. Y., is president-elect. Information regarding the meeting may be obtained from the American Academy of Ophthalmology and Otolaryngology, 1500 Medical Arts Bldg., Omaha, Nebraska.

Insurance Companies Affected By Wisconsin Hospitals and Medical Payments Plan and Open Panel Agreement

LAST year we announced to the entire membership of the State Society and to all hospitals in the State two agreements of interest to them; namely, the Wisconsin Hospitals and Medical Payments Plan and the Open Panel Agreement. The first anniversary of these agreements has just passed and from all reports they have worked satisfactorily, allowing—

(1) Free choice of physician by injured employees, under the workmen's compensation act.

(2) Satisfactory adjustment of accounts with hospitals and physicians for services rendered to persons injured in automobile accidents who are insured by insurance companies which belong to either the Association of Casualty and Surety Executives or to the American Mutual Alliance. (These two associations of insurance companies represent the majority of policies for compensation and automobile liability insurance written in Wisconsin.)

Several requests have been made for a list of the insurance companies licensed in Wisconsin which are members of the two associations affected by the agreements. Such a list is reproduced below. It should be borne in mind that this list encompasses only those insurance companies which are *licensed in Wisconsin.* Other insurance companies may, by virtue of their membership in either the Association of Casualty and Surety Executives or the American Mutual Alliance, be parties to the agreement, but may not be licensed in Wisconsin. An automobile tourist driving in Wisconsin and suffering an injury may be insured by an insurance company not licensed in the State, but one which is a party to the agreement. If any question arises as to whether a company is embraced within the provisions of the two plans, this may be ascertained immediately by addressing a letter or telegram to the office of the State Medical Society, giving the name of the company and requesting information as to whether the company is covered by the agreements.

Insurance Companies Licensed in Wisconsin

(Members of American Mutual Alliance or Association of Casualty and Surety Executives)

Accident & Casualty Insurance Co.—111 John St., New York City.
Aetna Casualty & Surety Co.—151 Farmington Ave., Hartford, Conn.
Aetna Life Insurance Co.—151 Farmington Ave., Hartford, Conn.
American Automobile Insurance Co.—Pierce Bldg., St. Louis, Mo.
American Bonding Co.—Fidelity Bldg., Baltimore, Md.
American Credit Indemnity Co.—511 Locust St., St. Louis, Mo.
American Employers' Insurance Co.—110 Milk St., Boston, Mass.
American Mutual Liability Insurance Co.—152 Berkley St., Boston, Mass.
American Re-Insurance Co.—99 John St., New York City.
American Surety Co.—100 Broadway, New York City.
Associated Indemnity Co.—332 Pine St., San Francisco, Calif.
Bankers Insurance Indemnity Insurance Co.—15 Washington St., Newark, N. J.
Car and General Insurance Corp., Ltd.—111 John St., New York City.
Celina Mutual Casualty Co.—Celina, O.
Central Surety & Insurance Corp.—1737 McGee St., Kansas City, Mo.
Century Indemnity Co.—670 Main St., Hartford, Conn.
Chicago Ice Producers' Mutual Liability Co.—51–53 W. Wacker Drive, Chicago, Ill.
Columbia Casualty Co.—1 Park Ave., New York City.
Continental Casualty Co.—910 S. Michigan Ave., Chicago, Ill.
Eagle Indemnity Co.—150 William St., New York City.
Employers Liability Assurance Corp., Ltd.—110 Milk St., Boston, Mass.
Employers Mutual Liability Insurance Co.—502 Third St., Wausau, Wis.
Employers Re-Insurance Corp.—Insurance Bldg., Kansas City, Mo.
Fidelity & Casualty Co.—80 Maiden Lane, New York City.
Fidelity & Deposit Co. of Maryland—Northwest Corner Charles & Lexington, Baltimore, Md.
Fireman's Fund Indemnity Co.—401 California St., San Francisco, Calif.
General Accident Fire & Life Assurance Corp., Ltd.—Fourth & Walnut Sts., Philadelphia, Pa.
General Re-Insurance Corp.—90 John St., New York City.
Glens Falls Indemnity Co.—Glens Falls, N. Y.
Globe Indemnity Co.—150 William St., New York City.
Great American Indemnity Co.—1 Liberty St., New York City.

The critical attitude is fundamental in medicine as in all science. Moreover, constructive criticism advances rather than hinders medical progress. The Lilly Research Laboratories strive constantly to maintain a critical but constructive attitude in offering new medicinal agents.

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Hardware Mutual Casualty Co.—200–208 Strongs Ave., Stevens Point, Wis.
Hartford Accident & Indemnity Co.—690 Asylum Ave., Hartford, Conn.
Hartford Steam Boiler Inspection & Insurance Co.—56 Prospect St., Hartford, Conn.
Home Indemnity Co.—59 Maiden Lane, New York City.

Indemnity Insurance Co. of North America—1600 Arch St., Philadelphia, Pa.
Iowa Mutual Liability Insurance Co.—Cedar Rapids, Ia.

London & Lancashire Indemnity Co. of America—108 John St., New York City.
London Guarantee & Accident Co., Ltd.—55 Fifth Ave., New York City.
Lumbermen's Mutual Casualty Co.—Mutual Insurance Bldg., Chicago, Ill.

Maryland Casualty Co.—Baltimore, Md.
Massachusetts Bonding & Insurance Co.—14–20 Kilby St., Boston, Mass.
Master Plumbers Ltd. Mutual Liability Co.—774 North Broadway, Milwaukee, Wis.
Metropolitan Casualty Insurance Co.—10 Park Place, Newark, N. J.
Michigan Mutual Liability Co.—163 Madison Ave., Detroit, Mich.

National Casualty Co.—422 Majestic Bldg., Detroit, Mich.
National Surety Corp.—4 Albany St., New York City.
New Amsterdam Casualty Co.—227 St. Paul St., Baltimore, Md.
New York Casualty Co.—100 Broadway, New York City.
Norwich Union Indemnity Co.—75 Maiden Lane, New York City.

Ocean Accident & Guarantee Corp., Ltd.—1 Park Ave., New York City.

Phoenix Indemnity Co.—55 Fifth Ave., New York City.
Preferred Accident Insurance Co.—80 Maiden Lane, New York City.

Royal Indemnity Co.—150 Williams St., New York City.

Seaboard Surety Co.—80 John St., New York City.
Security Mutual Casualty Co.—506 S. Wabash Ave., Chicago, Ill.
Standard Accident Insurance Co.—640 Temple Ave., Detroit, Mich.
Standard Surety & Casualty Co.—80 John St., New York City.
Sun Indemnity Co.—55 Fifth Ave., New York City.

Travelers Indemnity Co.—700 Main St., Hartford, Conn.
Travelers Insurance Co.—700 Main St., Hartford, Conn.

United States Casualty Co.—60 John St., New York City.
United States Fidelity & Guaranty Co.—Baltimore, Md.
United States Guarantee Co.—90 John St., New York City.
Utica Mutual Insurance Co.—185 Genesee St., Utica, N. Y.

Yorkshire Indemnity Co.—90 John St., New York City.

Zurich General Accident & Liability Insurance Co., Ltd.—135 So. LaSalle St., Chicago, Ill.

Postgraduate Courses Well Attended

OVER 450 members of the State Medical Society attended the postgraduate courses held in Appleton, Madison and Eau Claire during the week of April 17. Some members of the Society traveled upwards of 200 miles to avail themselves of the highly concentrated one-day graduate program.

The speakers appearing on the program, together with the members of the Council on Scientific Work, under whose guidance the courses were presented, assembled in Milwaukee on Monday evening, April 17, and from there traveled by car to Appleton. In order to meet the schedule which had been outlined, it was necessary many times to travel late at night after the program had been completed and to continue the trip early in the morning in order to be able to start the discussions on time. As an example, it was necessary for the "troupe," (Drs. Wm. S. Middleton, Madison; L. S. McKittrick, Boston; R. W. TeLinde, Baltimore; A. F. Hartman, St. Louis; C. J. White, Chicago; M. A. Blankenhorn, Cincinnati; F. D. Murphy and C. W. Eberbach, Milwaukee; and James A. Evans, La Crosse) to leave Appleton after the close of the sessions on Tuesday night, drive to Fond du Lac and then complete the trip to Madison the next morning. In order to have the speakers on hand in Eau Claire at the designated hour, it was necessary for a part of the "troupe" to leave Madison before completion of the program and drive to Eau Claire, arriving there after midnight. The speakers and others assisting in the presentation of the course earned the title of "true troupers."

Conclusive proof of the interest and value of the program was evidenced by the fact that physician-attendants took their seats at 10 o'clock in the morning and stayed to participate in various phases of the course

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● **INSULIN SQUIBB**—An aqueous solution of the active, anti-diabetic principle obtained from pancreas. It is accurately assayed, uniformly potent, carefully purified, highly stable, and remarkably free from pigmentary impurities and proteinous reaction-producing substances. Insulin Squibb of the usual strengths is supplied in 10-cc. vials.

● **PROTAMINE ZINC INSULIN** *Squibb*—Insulin Squibb to which protamine and zinc have been added. The product is carefully assayed and conforms to the specifications of the Insulin Committee, University of Toronto.

Protamine Zinc Insulin *Squibb*, 40 units per cc., is available in 10-cc. vials.

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until 10:30 o'clock in the evening. The attendance was constant throughout the entire day. Members of the Society, during the day or at the conclusion of the program commented: "This is the best day I've ever spent." "This is one of the most practical graduate courses I have ever attended." "This has been an excellent program." "I wouldn't have missed this day for anything." "The Council on Scientific Work did a good job."

The names of members of the Society attending the course in the various centers are given below:

APPLETON

Archer, W. E. ---------- Dale
Aylward, T. J. ---------- Milwaukee

Bachhuber, A. E., Jr. ---------- Kaukauna
Bachhuber, A. M. ---------- Kaukauna
Bauer, K. T. ---------- West Bend
Baxter, H. L. ---------- Neenah
Benn, H. P. ---------- Stevens Point
Benton, J. L. ---------- Appleton
Bitter, R. H. ---------- Oshkosh
Bolles, C. S. ---------- West De Pere
Bolton, E. L. ---------- Appleton
Boren, C. H. ---------- Marinette
Borsack, K. K. ---------- Fond du Lac
Brooks, E. H. ---------- Appleton
Brunckhorst, F. O. ---------- Neenah
Burdon, T. S. ---------- Green Bay
Burns, R. W. ---------- Green Bay

Canavan, J. P. ---------- Neenah
Cantwell, R. C. ---------- Shawano
Carlson, G. W. ---------- Appleton
Christofferson, A. M. ---------- Waupaca
Christofferson, H. H. ---------- Colby
Clark, W. E. ---------- Oshkosh
Conley, J. M. ---------- Oshkosh
Coon, H. M. ---------- Statesan
Corry, F. M. ---------- Menasha
Cowles, R. L. ---------- Green Bay
Curran, W. P. ---------- Antigo
Curtin, D. W. ---------- Little Chute

Dailey, P. J. ---------- Elcho
Daniels, E. R. ---------- Statesan
Dehne, W. O. ---------- Appleton
Dernbach, G. P. ---------- New London
Dockry, L. E. ---------- Kewaunee
Donohue, M. J. ---------- Antigo
Dougherty, J. S. ---------- Suring
Duer, G. R. ---------- Marinette

Eck, G. E. ---------- Lake Mills

Fisher, R. S. ---------- Allenton
Flanagan, G. J. ---------- Kaukauna
Foshion, H. V. ---------- Algoma
Forkin, G. E. ---------- Menasha
Frawley, W. J. ---------- Appleton

Gallaher, D. M. ---------- Appleton
Gavin, S. E. ---------- Fond du Lac
Goggins, J. W. ---------- Chilton
Goggins, R. J. ---------- Oconto Falls
Gosin, F. J. ---------- Green Bay
Gudex, V. A. ---------- Fond du Lac

Haasl, H. W. ---------- Peshtigo
Haines, M. C. ---------- Oshkosh
Hegner, G. T. ---------- Appleton
Henney, C. W. ---------- Portage
Helmes, L. O. ---------- Oshkosh
Hogan, John ---------- Kaukauna
Hogan, J. M. ---------- Oshkosh

Ingersoll, B. P. ---------- Plainfield
Irvine, R. K. ---------- Manawa

Jorgenson, H. L. ---------- Marinette
Juckem, G. J. ---------- Sheboygan

Kauth, P. M. ---------- West Bend
Kelly, W. W. ---------- Green Bay
Knauf, J. A. ---------- Stockbridge
Knauf, N. J. ---------- Chilton
Koehler, A. G. ---------- Oshkosh
Krembs, F. R. ---------- Stevens Point
Krahn, G. W. ---------- Oconto Falls

LaCroix, G. M. ---------- Shiocton
Laird, J. J. ---------- Black Creek
Lambert, J. W. ---------- Antigo
Lane, F. C. ---------- Merrill
Lee, H. J. ---------- Oshkosh
Lockhart, J. W. ---------- Oshkosh
Lynch, H. M. ---------- West Bend

MacLaren, J. B. ---------- Appleton
Marshall, V. F. ---------- Appleton
Marshall, W. S. ---------- Appleton
McBain, L. B. ---------- Appleton
McCabe, P. G. ---------- Fond du Lac
McCarty, R. T. ---------- Appleton
McGrath, E. F. ---------- Appleton
McKenna, E. A. ---------- Antigo
Mielke, E. F. ---------- Appleton
Minahan, J. J. ---------- Chilton
Monsted, J. W. ---------- New London
Morneau, L. F. ---------- Bear Creek

Nause, F. A., Jr. ---------- Sheboygan
Neidhold, C. D. ---------- Appleton

O'Brien, P. T. ---------- Menasha
Owen, G. C. ---------- Oshkosh
Ozanne, B. K. ---------- Neenah
Ozanne, I. E. ---------- Neenah

Pardee, C. A. ---------- Appleton
Patterson, L. G. ---------- Waupaca
Pawsat, E. H. ---------- Fond du Lac
Peterson, M. G. ---------- Lake Mills
Pfefferkorn, E. B. ---------- Oshkosh
Pfeifer, F. J. ---------- New London
Pfeiler, A. G. ---------- Sheboygan Falls
Pinegar, K. G. ---------- Marinette
Pomainville, F. X. ---------- Wisconsin Rapids
Pomainville, L. C. ---------- Wisconsin Rapids

Quigley, L. D. ---------- Green Bay

Rauch, W. A. ---------- Manitowoc
Ravn, E. O. ---------- Merrill
Rector, A. E. ---------- Appleton
Rogers, R. B. ---------- Neenah
Romberg, H. A. ---------- Oshkosh
Ryan, C. E. ---------- Appleton

Salan, Sam ---------- Waupaca
Saunders, O. W. ---------- Green Bay
Schmiedicke, P. H. ---------- Marinette
Schroeder, E. L. ---------- Shawano
Schroeder, H. F. ---------- Marinette
Shemanski, L. S. ---------- Menasha
Slemmons, T. M. ---------- Waupun
Smith, T. D. ---------- Neenah
Stannard, G. H. ---------- Sheboygan
Stein, J. F. ---------- Oshkosh
Stollenwerk, R. J. ---------- Stevens Point
Swanton, M. E. ---------- Appleton

Thill, G. E. ---------- Milwaukee
Towne, W. H. ---------- Hortonville
Tucker, W. J. ---------- Ashland
Twohig, D. J. ---------- Fond du Lac
Twohig, J. E. ---------- Fond du Lac

Vieaux, J. W. ---------- Green Bay

Wagner, R. F. ---------- Oshkosh
Walters, D. N. ---------- Fond du Lac
Waters, Donald ---------- Wisconsin Rapids
Watson, E. L. ---------- Ripon
Westermeyer, M. W. ---------- Oxford
Wheeler, W. P. ---------- Oshkosh
Wier, J. S. ---------- Fond du Lac
Wiesen, R. P. ---------- Milwaukee
Williams, E. B. ---------- Oshkosh
Wisiol, Erich ---------- Stevens Point
Wochos, F. J. ---------- Kewaunee

EAU CLAIRE

Adams, R. W. ---------- Chetek
Ainsworth, H. H. ---------- Birchwood
Alvarez, R. L. ---------- Galesville
Anderson, F. G. ---------- Eau Claire
Andrews, W. C. ---------- Frederic
Arveson, R. G. ---------- Frederic

Baird, J. C. ---------- Eau Claire
Bannen, W. E. ---------- La Crosse
Beebe, G. W. ---------- Eau Claire
Blom, Julius ---------- Woodville
Buckley, C. H. ---------- Menomonie

IN DEPRESSIVE STATES, Benzedrine Sulfate Tablets will often produce a sense of increased energy, mental alertness and capacity for work, but should be used only under the strict supervision of a physician. In depressive psychopathic states, the patient should be institutionalized.

The following articles, selected from an extensive bibliography on the subject, discuss the administration of 'Benzedrine Sulfate Tablets' in depressive states:

BIBLIOGRAPHY

GUTTMANN, E.—The Effect of Benzedrine on Depressive States—*J. Ment. Sci.*, *82*:618, September, 1936.

MYERSON, A.—Effect of Benzedrine Sulfate on Mood and Fatigue in Normal and in Neurotic Persons—*Arch. Neurol. & Psychiat.*, *36*:816, October, 1936.

DAVIDOFF, E.—A Clinical Study of the Effect of Benzedrine Therapy on Self-Absorbed Patients—*Psychiatric Quart.*, *10*:652, October, 1936.

WILBUR, D. L.; MACLEAN, A. R. and ALLEN, E. V.—Clinical Observations on the Effect of Benzedrine Sulphate—*Proc. Staff Meet. Mayo Clin.*, *12*:97, February 17, 1937.

NATHANSON, M. H.—The Central Action of Beta-aminopropylbenzene (Benzedrine)—*J. A. M. A.*, *108*:528, February 13, 1937.

DAVIDOFF, E. AND REIFENSTEIN, E. C., JR.—The Stimulating Action of Benzedrine Sulfate—*J.A.M.A.*, *108*:1770, May 22, 1937.

GUTTMANN, E. AND SARGANT, W.—Observations on Benzedrine—*Brit. Med. J.*, *1*:1013, May 15, 1937.

WOOLLEY, L. F.—The Clinical Effects of Benzedrine Sulphate in Mental Patients with Retarded Activity—*Psychiatric Quart.*, *12*:66, January, 1938.

ANDERSON, E. W.—Further Observations on Benzedrine—*Brit. Med. J.*, 2:60, July 9, 1938.

BRINTON, D.—Nervous Diseases—Benzedrine Sulfate—*The Practitioner*, *139*:385, October, 1937.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY—The Present Status of Benzedrine Sulfate—*J.A.M.A.*, *109*:2064, December 18, 1937.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY (Announcement of Acceptance)—*J.A.M.A.*, *111*:27, July 2, 1938.

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BOOKS RECEIVED FOR REVIEW

The Physiology of Exercise: A Textbook for Students of Physical Education. By James Huff McCurdy, A.M., M.D., M.P.E., director of physical education course in Springfield College (corporate title, International Young Men's Christian Association College), Springfield, Mass., 1895–1935; editor of The American Physical Education Review, 1906–1930; special editor of Webster's New International Dictionary (Unabridged Edition for 1934) for sports, athletics and physical education; etc. In collaboration with Leonard A. Larson, B.A., B.P.E., M. Ed., Ph. D., professor of health and physical education in Springfield College, Springfield, Mass. Ed. 3, thoroughly revised and enlarged. Three hundred and forty-nine pages, illustrated. Price, cloth, $3.75. Philadelphia: Lea & Febiger, 1939.

Medical Vocabulary (English, German, French, Italian and Spanish). By Joseph S. F. Marie. With a foreword by Chevalier Jackson, M.D., Sc. D., LL. D., F.A.C.S., honorary professor of broncho-esophagology and consultant in broncho-esophagologic research, Temple University, School of Medicine, Philadelphia. Price, cloth, $3. Philadelphia: P. Blakiston's Son & Co., Inc., 1939.

The Psychology of Making Life Interesting. By Wendell White, Ph.D., University of Minnesota, Minneapolis, Minn. Author of The Psychology of Dealing with People. Two hundred and fifteen pages. Price, cloth, $2.50. New York: The Macmillan Company, 1939.

Pneumonia and Serum Therapy. By Frederick T. Lord, M.D., clinical professor of medicine, emeritus, Harvard Medical School; member of the board of consultation, Massachusetts General Hospital; and member of Massachusetts Advisory Committee on Pneumonia, 1931–1935. In collaboration with Roderick Heffron, M.D., field director, pneumonia study and service, Massachusetts Department of Public Health, 1931–1935. Revised edition of *Lobar Pneumonia and Serum Therapy*. One hundred and forty-eight pages, illustrated. Price, cloth, $1. New York: The Commonwealth Fund, 1938.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

How to Conquer Constipation. By J. F. Montague, M.D., editor-in-chief of Health Digest; medical director, New York Intestinal Sanitarium. Two hundred and forty-four pages. Price, cloth, $1.50. Philadelphia: J. B. Lippincott Company, 1938.

Written for the layman this book contains such advice as might be given by a physician to his

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patient. It is divided into two parts; the first part consisting of fifty short lucid and concise chapters dealing with the answers to fifty questions that might be asked by a patient; the second part of fourteen chapters deals with as many suggestions that might be made by a physician.

Although the entire text deals with the subject of constipation, questions concerning related conditions are raised and answered such as: Does Constipation Cause Biliousness? Can Constipation Cause Appendicitis? Is Rheumatism the Result of Constipation? Why so Much Fuss About Ice Water? The suggestions made are physiologic and conservative. It is not to be expected that all physicians, however, will be in complete accord with all the detailed instructions.

This publication fulfills a definite need. It can be recommended to constipated patients. It should help the physician as a supplement to advice given verbally in the office. Finally it should help in a small way as an antidote for the constipation remedies foisted on the public, especially by means of the press and radio. It seems unfortunate that such books as this cannot be given the same widespread publicity. K. L. P.

Surgical Anatomy. By C. Latimer Callander, A.B., M.D., F.A.C.S., associate clinical professor of surgery and topographic anatomy, University of California Medical School; member of Founders' Group of the American Board of Surgery; member of American Association of Traumatic Surgery; associate visiting surgeon to the San Francisco Hospital. With a foreword by Dean Lewis, M.D., Sc.D., LL.D., F.A.C.S. Ed. 2, entirely reset. Eight hundred and fifty-eight pages with 819 illustrations. Price, cloth, $10. Philadelphia: W. B. Saunders Company, 1939.

This volume has been revised and the newer fields of nerve surgery, spondylolisthesis, surgery of the intervertebral disk and ligamenta flava added. Many old illustrations and obsolete portions of the text have been deleted and the book is smaller than the first edition. The descriptions and illustrations are excellent and while it does not pretend to be a text on operative surgery, the relationship of anatomy to the surgical operation is clearly pointed out and often illustrated. This is a text that every surgeon should have on his desk to keep in touch with the necessary but elusive surgical-anatomical relationships. K. E. L.

Correlative Neuroanatomy. (A mimeographed, loose-leaf book.) One hundred and sixteen pages. Price, $2.25. Copyright, Joseph J. McDonald and Jack Lange, 1938.

This work is a loose leaf outline of anatomy, physiology, and disease of the nervous system mimeographed on 116 pages of good, heavy paper. The authors, Joseph J. McDonald and Jack Lange, have neglected to include their academic or professional degrees and their locations.

Pasted on the inner surface of the front cover is a typewritten statement, addressed To the Student, stating, "This outline has been found to be of value to students in Gross Anatomy, Neuroanatomy, and Neurology. Graduate students and internes have also found it of great assistance in reviewing the subjects."

The first 69 pages contain an outline of the origin and the distribution of the cerebrospinal nerves with well-executed, diagrammatic representations. The clinical signs and symptoms of impairment of function are correlated with the anatomy and physiology of each nerve. Illustrations of the internal anatomy of the brain are lacking. The structure of this part of the nervous system, by comparison, is decidedly underdone.

Section II beginning on page 71 is entitled, "Principles of Neurodiagnosis" under which caption are listed motion, sensation, reflexes, trophism, electrical examination, spinal cord localization, brain localization, neurological examination.

The reviewer is of the opinion that this summary of neuroanatomy, neurophysiology, and neurodiagnosis is adapted to accomplish its intended purpose, namely, to serve as a compendium which correlates, in outline form, those branches of neurological science. Unlike most loose-leaf mimeograph efforts, there is a good deal to be said in its favor. The organization is good, the diagrams are clear and the print legible. There are few, if any, typographical errors. The most commendable feature, however, is the anatomical accuracy.

The reviewer would not recommend it as a text for the beginner for the reason that it is an outline with much clinical data. The student who has studied the basic sciences will find it useful. F. D. G.

Gonorrhea in the Male and Female. By P. S. Pelouze, M.D., assistant professor of urology, University of Pennsylvania; consulting urologist to

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The contents of this book are appropriately divided into three parts. Part I deals with the anatomy, bacteriology and pathology connected with Neisserian infection. The complications of gonorrhea and their treatment are described in detail. A sufficiency of good illustrations makes this and the other chapters most interesting. Three chapters deal with the use of sulfanilimide and other oral medication.

Part II is concerned with the methods of diagnosis and the management of gonorrhea in the female adult and child while part III discusses the factors involved in the prevention and control of this infection. This revised edition should be in the library of every general practitioner, gynecologist and urologist.—J. B. W.

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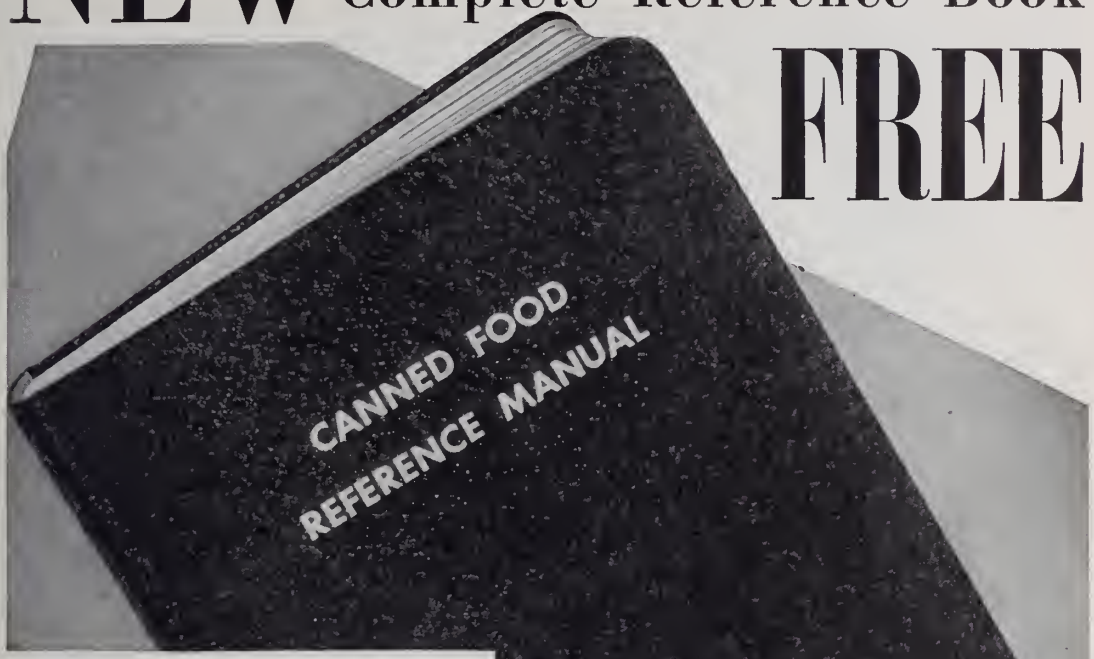

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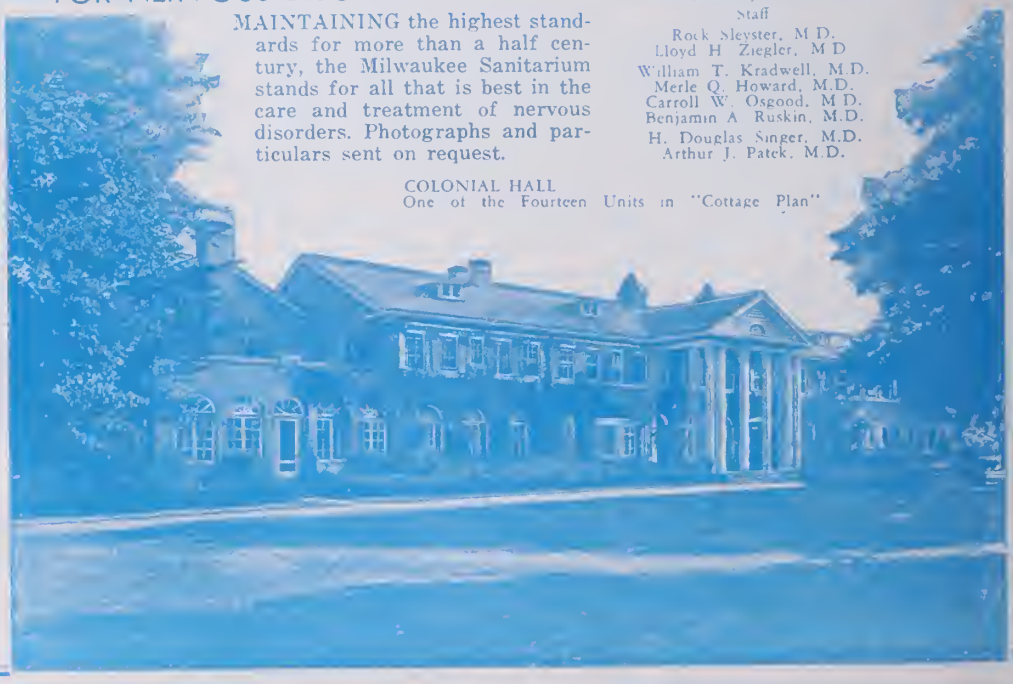

Assembly Committee Hearing on Biemiller Bill 401, A. to Legalize and Promote Unsupervised Forms of Medical and Hospital Insurance Schemes

ANALYSIS OF BILL 401, A.

1. **Permits**, under the name "cooperatives,"

   Laymen to organize to purchase, and provide for the delivery of, medical and hospital care for themselves and families.

   A single physician or osteopath, or a group of physicians or osteopaths to organize to sell medical and hospital care.

2. **Legalizes**

   Any contracts based on periodic payments of stipulated sums (insurance basis) for the rendition of hospital service, or medical service, or both, and whether by an individual, a cooperative, a partnership of professional or non-professional men, or other similar group.

To assure that there be neither direct nor indirect interference with the promotion of such plans or organization of groups to promote such plans, this bill:

1. **Prohibits**

   Any public hospital, or any hospital having partial or complete tax exempt status (charitable institutions) denying to a patient, because he is enrolled in such a plan, the facilities of the institution.

   Any such institution denying a physician because he is participating in such a scheme, the use of its staff facilities, or facilities available for hospitalizing patients.

   Violation of this provision would be a misdemeanor.

   Punishment: a fine of not less than $100 or more than $1,000.

   Any county medical society or the State Medical Society from excluding a physician from membership who, otherwise eligible, participates as an individual or in a group to furnish medical service on the voluntary sickness insurance basis.

2. **Exempts**

   Any plan so organized from any regulation whatsoever under the insurance laws of Wisconsin.

3. Provides

   When patients receive medical or hospital service or both under such an organization, the responsibility of the hospital and the physician duly involved is direct to the patient and their duties shall remain the same as though such an arrangement had not been made, except as to the payment of bills.

4. Punishes

   By fine or imprisonment, or both, any person, partnership, or corporation which directly or indirectly interferes with the operation or organization of such a so-called cooperative. Denial of medical or hospital facilities to a patient enrolled in such a venture would be deemed prima facie evidence of such obstruction.

Hearing before Assembly Committee on Public Welfare, April 19, 1939

Chairman Hipke (Chippewa County): We will now take up Bill 401, A., introduced by Mr. Biemiller.

Assemblyman Biemiller (Milwaukee): Mr. Chairman and members of the committee:

I presume that most of you members are aware of the fact that Bill 401, A., is virtually identical to Bill 850, A., introduced in the 1937 session. This bill today, like two years ago, is introduced at the request of the Wisconsin State Federation of Labor, and various farm and labor groups in the State. Very recently there have been a large number of petitions, as you have noticed, coming in from the western part and other sections of the State, asking that this bill be enacted into law during this session. This bill would take away, with all shadow of doubt, any contention that medical cooperatives and health insurance plans are not legal in the State of Wisconsin. It is perfectly true that there are some such associations functioning at the present time. It is also true that many others want to start functioning but hesitate to because of the present situation regarding the legality of such associations. The most serious complaint heard in the State is the denial of hospital facilities to both physicians and patients who are connected with either medical cooperatives or voluntary health insurance plans.

I think at least four members of this committee sitting here today will recall the discussion two years ago. At that time I maintained that there was a growing interest in this type of medical care over the entire country. Since the debate two years ago there is no question that that interest has increased at a very tremendous rate. I am not going into very great length again about the very obvious necessity for a change in the type of medical care. I think the official surveys which have been made and are today available will convince any open-minded person that at the present time our medical facilities are not distributed as widely, and the facilities are not as available to the large groups of people, as they should be.

I will refer now in connection with one point, and will leave it for further development on the floor. You will recall that last summer the President called a National Health Conference, and they went into considerable detail, and they published their findings in regard to the distribution of medical care in this country. That Conference came to the conclusion that there is a great deal to be done in this country. In saying that, I do not for one moment mean to impair the efficiency of the medical profession in this country. I have nothing but respect for the really remarkable service done and advancement made in science. I speak purely on the question of the distribution of the care that is available. I think the proceedings of the National Health Conference are a good piece of evidence that many people need medical care who don't get it.

The difficulty that we run into is the American Medical Association which, to put it very bluntly, has set out in every way possible to attempt to block the growth of voluntary health insurance plans and cooperatives. As a result of this unsocial attitude, the American Medical Association has today an indictment pending against it for violation of the anti-trust laws. Mr. Thurman Arnold, assistant attorney general, is in charge of the action, and he is expecting to prosecute at some length. Over and above that action by the Federal Government, there has been a revolt inside the medical profession. It started just about two years ago with a group of 430 physicians who objected to the existing policies and anti-social attitude of the American Medical Association. The roster has grown and it now includes many outstanding members of the medical profession and men in the medical schools of the United States.

Quotes Foreign-Trained Physician

I think it is worth while to read to you the views of one outstanding member of the medical school faculties of this country. I refer to Dr. Henry Sigerist of Johns Hopkins University. I don't believe I have to have unanimous consent in order to read this to the Committee. The certain point I mention was in Time magazine, and Time tells a little bit about the work the national government is doing. As you probably know, there is a very large bill pending before the National Congress, introduced by Senator Wagner, involving between eight and nine million dollars, and the greatest opposition to parts of the bill, at least, has been entered by the American Medical Association. Doctor Sigerist has been very critical in his opposition to the position taken by the American Medical Association. He is with the outstanding medical teaching institution in the country. He knows some of the stock arguments raised by the American Medical Association, and I am sure they will be raised here by George Crownhart today.

Now Doctor Sigerist, in his statement, is concerned not only with voluntary insurance, but with compulsory health insurance as well.

(Reading from Time, Vol. XXXIII, No. 5, January 30, 1939, pages 51 and 52:)

"State control of medicine is not a radical departure. More than sixty percent of all hospital beds are owned and operated by the Government . . . Only one-tenth of the work performed by the Public Health Service is devoted to . . . control of water supplies, sewage systems, and so on, and nine-tenths of the work consists of new tasks which private medicine was unable to fulfill. In the past 30 years the duties of the Public Health Service have grown to include care for cases of tuberculosis, blindness, leprosy and narcotic addiction, and research on practically every disease,

common and uncommon, that is found in the United States.

It then goes on to discuss the finances involved, and you will hear more later on that because my bill on compulsory health insurance will come before this Committee too. The most important point,—and I want you to watch this very carefully,—is the objection to voluntary health insurance because it puts the doctors on salaries, and that the doctor on a salary works less efficiently and loses interest in his work. Doctor Sigerist says, "To say that salaried doctors lose their incentive to do good work is an insult. Koch, Pasteur, Gorgas, Reed, Welch were all salaried men. So are the workers in the Mayo Clinic and the Rockefeller Institute and 15% of U. S. doctors who work in other institutional hospitals. Whenever a (salaried) position is vacant, hundreds (of doctors) apply for it."

Now the next point is very important because you will hear something more about this thing,—the old question of free choice of physician: (Reading) "Although socialized medicine would certainly limit a patient's free choice of a physician, few people today are free to choose their doctors. Dispensary patients, farmers, and even city dwellers, usually have to accept the doctor who is handy. But socialized medicine should have this advantage: doctors on salary would be more competent for they would have time and money for frequent periods of postgraduate training which are neglected by most physicians today. And those who are attached to a family doctor would always have the privilege of calling him at a price."

Then there is a point right here about the fact that any form of voluntary health insurance breaks down the personal relationship between the physician and the patient. Doctor Sigerist says about that: (Reading) "Socialized medicine would not spoil the personal relationship between patient and physician. The fact that (a) doctor is a member of an organized group . . . does not spoil the relationship. What spoils it today is that the doctor has to charge a fee . . . and the patient has to pay the bill. Once the money question is removed, the relationship between physician and patient becomes purely human."

The next point takes up the argument that socialized medicine lowers the standards of medical care. On that: (Reading) "Socialized medicine need not lower the standards of medical care. 'The quality of (medical) service given to most people today is,' says Dr. Sigerist, 'rather inferior, to put it mildly.' Many patients cannot afford expensive examination and treatment, and most general practitioners have neither the special knowledge nor the equipment, to render such services in their offices. 'Socialized medicine . . . endeavors to bridge the gap that exists today between individual and hospital practice by bringing the general practitioner into close contact with a health centre.' "

With those points you will see that an eminent member of the profession is highly critical of the present system, and he points to the fact that some other system has to be used. Also, during the past two years I have been personally familiar with articles appearing in some twenty periodicals, favoring the idea of voluntary health insurance. I will read a list of those periodicals and you will see how widely divergent they are in connection with their being what are popularly called "high brow" and "low brow" publications, as well as those in between: News Week, Survey Graphic, American, Ladies Home Journal, Harpers, Health and Hygiene, Nation, True Story, National Lawyers Guild Quarterly, Liberty, Look, Fortune, Forum, Time, Country Gentleman, Rural America, Cotton Grower, Ken, Yale Law Journal; these, not to mention the great number of cooperative journals and labor publications which have been strong in urging the legalizing of voluntary health insurance plans in the United States.

Gallup Poll

I think it is worth while to call your attention to one of the Gallup polls held last summer, although the argument is made that doctors do not want this type of practice. I have always maintained as my good friend here, George Hipke, will recall, that if doctors could express their opinions without the fear of intimidation by the American Medical Association and incriminations against them, they would be in favor, by large numbers, of voluntary health insurance. I point out here that the Gallup poll, which is an accurate poll, taken last summer, gave the views of all parts of the United States; 73 per cent favored voluntary health insurance practice, 82 per cent predicted that within ten years, it would be a growing movement. We have also had completed some court decisions recently which are very interesting. The most important came from the California Supreme Court, and they held without shadow of a doubt that cooperative plans of voluntary practice are sound. Let me point out, for your general information, something else which will show that the attitude of the American Medical Association must change on this matter, and it comes from the Milwaukee Journal. I quote from the Milwaukee Journal today because anyone who has followed this controversy knows that the Milwaukee Journal two years ago paid me the high honor of sending a man out here who did nothing but write articles on the bills in the 1937 session. There were three editorials printed in the Milwaukee Journal. On April 7, 1938, they write:

"There is need, of course, of providing wider medical care for Americans of ordinary income. * * * * * * * * * But we wonder in such a situation, with the prospects of a good many battles before themselves, if they are wise in such an action, for instance, as the expulsion of the staff members of the Milwaukee Medical Center for engaging in group practice * * * * * * * * * And we do ask the question whether it is possible

* * * * Indicate lines omitted by Mr. Biemiller in reading the editorials from the Milwaukee Journal.

for the medical profession in the future with all these perplexing problems before it, to make professionalism, as the organized doctors see it, the one yardstick."

On August 1, 1938:

"No one can know today whether cooperative health associations are the final or correct method for reducing costs. But how can we find out unless we try? Organized medicine has assumed an unwise attitude in damning in advance any experiments by groups who wish to find out whether improvements can be made in providing low cost medical care to persons of moderate income.

"The government's statement on this subject is worthy of note: 'If the newer forms of organization should result in inferior standards of therapy as is feared by their medical opponents, that fact can be revealed only by experiment. * * * * * * * * But the doctors get this challenge because they have not made as close distinctions as they should between what is unsound and what may be merely an adjustment in a new age.' "

And last, an editorial on February 7, 1939. Hygeia is one of the publications of the American Medical Association, and Hygeia says, "40 million people need medical care." Half of them are indigent, and the other half will become indigent. As such they are a challenge to Doctor Fishbein and all members of his organization. It would seem to us that if he meets that challenge, he will have to be considerably less conservative, a good deal more progressive—progressive with a small "p"—a good deal more willing to risk something, and a great deal clearer on what he has to offer than he is now. And if he does not meet it—then there will be a growing attempt to meet it outside his field.

I think you will agree that that is a rather remarkable change on the part of the Milwaukee Journal.

Now the growth of this group plan idea has been very rapid indeed. It comes, as I say, from the group roughly known as the middle income groups. The indigent, as we know, get reasonably good care, although we get some criticism there. We all know that the well-to-do get good care. But the middle class—the worker, the farmer interests, the worker with rather steady work with an income of about $1,200 or $1,000 a year—they want it. Secondly, there are many forward-looking doctors who want this type of practice. In addition, I think the Gallup poll has shown you, and I think you are familiar with the study by the American Foundation of about three years ago. Many doctors expressed themselves on the subject. Many forward-looking doctors see in the so-called cooperative or voluntary plans the one way to stop compulsory health insurance and socialized medicine. In the third place, other people who want it are the young doctors and medical school students. I have talked to many of them officially and unofficially, and I find very little reaction against this type of practice. They are most enthusiastic about it. Most of them think it offers a better opportunity for themselves to find a position when they are graduated from medical schools.

I think those matters ought to be considered. This bill which I have here is not an isolated example. In many other states similar legislation has been proposed,—New York, Washington, California, Ohio, and Utah. In Utah, the Senate passed the bill 44 to 7. In this state—Utah—it had the backing of organized workers and the farmers. Since 1937, all over the country new groups have been growing up despite discriminations and efforts of the American Medical Association to block the development of these health plans and prevent them from growing up. In this State I know of at least five groups that are ready to start at once, if the hospital discriminations may be straightened out for them. I think you recall the leading groups discussed two years ago, the Ross-Loos Clinic of Los Angeles, and the Farmers Union Cooperative Hospital at Elk City, Oklahoma, which are still in existence and in even a stronger position than they were two years ago. Now all of them are continuing to have this constant trouble with the American Medical Association. In Oklahoma they went so far as to attempt to revoke the licenses of the doctors on the staff of the Farmers Union Cooperative Hospital, and the issue became one of state-wide politics. The Supreme Court of Oklahoma issued an injunction to prevent the doctors from losing their licenses. And the matter then was taken into the elections as a clear-cut election issue. The hospital is so respected and its membership is so strong in that state that much of the election was on that issue, and the men asked the hospital to give them some bills to help them out because they wanted to stay in politics longer. And so it will remain a political issue in that state, and outside the confines of the state.

"My Fervent Hope"

Now when I say "politics," it is my fervent hope that it won't be made a political issue like a football, but a governmental issue to be dealt with by the government looking into this situation. Our first problem, as I said, is the persecution and discrimination against reputable physicians engaged in group contract practice. On this point I will speak briefly, and then I am through. We have, as you know, in Milwaukee, the voluntary health insurance plan known as the Milwaukee Medical Center. It is staffed by a group of men who, to the best of my knowledge, have never been criticized for their technical skill and scientific knowledge. Many of them have, in the past, been very important and influential in the medical profession,—I should say, in the organized medical profession. One of them was chief of the surgical staff of the leading hospital; another was secretary of the staff of another leading hospital; all held important positions. They are forward-looking doctors to whom a group insurer and the International Harvester Company went,—

it was an independent union so you can't accuse me on this either,—the International Harvester Company came to the doctors and asked them to work out a plan whereby, on an insurance basis, medical care could be given to the members of that organization. Some length of time was spent in studying it so they would be thoroughly familiar with the subject,—the doctors themselves and the members of this independent union of the International Harvester Company. So plans were laid, and they started. After it started, immediately the doctors involved here were expelled from the Milwaukee Medical Society, on the ground that they were engaged in contract practice. And looking into contract practice, you meet an interesting subject. Contract practice seems to be whatever the American Medical Association says, despite whether it is good or bad. The conclusion is that the American Medical Association says that some kinds are good and some are bad. But this is what puzzles us. Here we have the Milwaukee Medical Center, where its doctors are engaged in practice where the monthly fee is $1 single, $2 for a couple, and $3 for a family, furnishing complete medical service. We have other institutions in Milwaukee like the Employees Mutual Benefit Association of the trolley company. That is also on contract practice. They pay, if my recollection is correct, 75 cents per month, and the company puts in an equal sum. And for that they are given not only medical service, but hospital service. But some doctors have a contract with the T.M.E.R.&L. Company for that service, and service is rendered on exactly the same basis so far as finances are concerned as the services rendered by the Milwaukee Medical Center. And yet the one is legal, and the other is illegal,—in the mind of the American Medical Association.

So the doctors of the Milwaukee Medical Center appealed. They appealed from the Milwaukee County Medical Society to the Wisconsin State Society. Here they were again thrown out. They then appealed to the American Medical Association, which held the case in abeyance for some time, and finally decided that the doctors were out. And that alone is a thing the doctor doesn't like,—to be expelled by his Society. There is a certain kind of stigma, but even that wouldn't be so bad for many doctors who never belonged, but the trouble is, he can't practice in the leading hospitals in the City of Milwaukee because these hospitals are on an A.M.A. official list. The hospital is supposed to meet certain standards, etc., but one of those standards is the rule that to practice in the hospital, he shall either be a member of the American Medical Association or eligible to membership therein. So the doctors here were thrown out, but for a period of a year or more one leading hospital—Mount Sinai—permitted them to practice in that hospital on their courtesy staff. But one day Mount Sinai got a letter from the American Medical Association saying that "either those men go off your courtesy staff or you go off our official rating list." Now the tragedy of going off the official rating list by an important hospital is its losing its chance for interns. And if a large hospital can't get interns, it can't run. Now here is a situation, therefore, which I submit to your committee, in which doctors have been expelled by the Medical Society on the sole ground that they are engaged in a voluntary health insurance plan. As a result of that expulsion, they are barred from the leading hospitals in the City of Milwaukee. So I feel the hospital discrimination side of this bill has been considered. It does not open up the hospitals wide to any physician, but it does provide that a hospital cannot bar a doctor on the sole ground that he is engaged in voluntary practice or employed by a cooperative medical plan.

Medical Center Scheme

The Medical Center, in spite of this persecution that has been visited upon it by organized medicine, has grown, but I am convinced that the Center would grow even more rapidly if the people who want to join the Center were certain they would get good hospital facilities. At the present time there are only two small hospitals in the city which admit patients and doctors of the Center. If the Center grows much larger, the two hospitals will not be large enough to handle the patients. In the second place, it is natural to want to go into the larger hospitals which have modern facilities. It is my honest opinion that this is an actual barring of free choice of physician. Let's see how this works out.

I want to take a case from Washington, D. C., illustrating by telling about the Group Health Association, Washington. That is a very tragic case in Washington. The set-up there is very different from that in Milwaukee. It is an actual cooperative there, the members control the entire organization and hire the doctors. Milwaukee Medical Center is a partnership among doctors themselves. But the effect is the same. The Group Health Association was started with a loan from the Home Owners' Loan Corporation, and it was started by employees of that corporation. The reason they got that loan was that the HOLC had a hard-boiled personnel manager who noticed frequent absences of two and three days at a time among his employees. On checking up on economic loss resulting from their illnesses, he thought something should be done about it. So he called in some union leaders,—it was a C.I.O. union, so you can't accuse me on that either,—he called them in and talked over the possibilities. He told them he would lend them $40,000 to equip a fine clinic. So they got the loan from the corporation and equipped themselves with a very fine clinic. Thousands of workers joined. I believe there are now about 5,300 members, with ten physicians on the staff,—one physician for every 530 members. You will have to look a long time to find as low an average as that,—one physician to every 530 patients. But when they got started, they were immediately barred from the hospitals. And they ran into this situation:

One of the woman members one morning had an attack of acute appendicitis. She was taken to a hospital. Morphine was administered, and they were ready to go into the final stages of the operation. Then the superintendent of the hospital came in and said, "I am sorry, but you can't operate." The doctor said, "Why not?" "You are from the Group Health Association." And the superintendent turned to the patient and asked what doctor she wanted. And she wanted that one surgeon—she didn't want any other surgeon. But he flatly refused. So after she was refused in this hospital, they took the woman to another hospital to operate on the ruptured appendix, and the other hospital still wouldn't let the Group Association surgeon go ahead, in spite of her wanting her own surgeon. She finally consented to another physician because her appendix was ruptured. Now that is an extreme example, but it shows what can happen in this type of thing. I maintain that when the American Medical Association discriminates against these plans, they are denying free choice of physician. I personally belong to the Milwaukee Medical Center. I have the utmost confidence in those doctors. If I have to have an operation, I want to have one of their surgeons operate, but I couldn't go to Mount Sinai Hospital, or Columbia Hospital, or to St. Mary's Hospital, where even the patients from the T.M.E.R. & L. Company go under their contract practice, exactly like the one I have entered into with the Milwaukee Medical Center. They can go to St. Mary's, but I can't. This is discrimination that has to be dealt with, and it has to be dealt with very, very quickly.

The present system means that you have a bunch of doctors banded together in a clinic. Each has a specialty. If you have something particularly wrong with yourself, you go to a specialist, one who handles that particular ailment, one who specializes in eye, ear, nose and throat diseases, or x-ray, or one who is a surgeon, and so on. As you need various types of service, you can go to one of these. That is the way it is at Milwaukee Medical Center. That is a superior way of carrying on practice, I think. It is an indication in the profession of what has been happening in the world at large; as our society becomes more complex it is necessary that we have these services. And you can't get them under any set-up except voluntary plans of practice, if it is to be within the means of the man in the street.

Belittles State Society Efforts

We have had said, in answer to agitation, that some societies are forming plans. You will probably be told about the one in Douglas county, a medical cooperative entering into contract with the Society with a panel of doctors, with a basis of fees of one, two or three dollars per family, which goes into a fund. Out of that fund the doctors are paid on a fee for service basis. I understand the doctors themselves admit that they can't possibly get their fees out of it under that set-up. Secondly, they do not have group practice, and I think that is worth noting, because it is still operating on the old idea of individual practitioners.

Another plan of service here in Wisconsin and also in other states, and in Washington, D. C., is operated in an effort to meet competition of group health associations. In that plan the individual patient pays up to a certain sum for medical care. I believe the plan is that the first $24 and $1 per month goes into an insurance fund. Anything over $24 a year comes out of that fund. In Washington it is $6.50 a month, but with a limited amount of service; it is limited to $250 a year. We do not consider those plans adequate and disapprove of them because they don't meet the problem. One thing you won't get there that you get through group practice under voluntary health insurance is more preventive medicine. They want people to make more calls. They want them taken care of. Today we maintain that many people don't go to the doctors who should, just in order to avoid paying the bill. That is shown by statistics put out by Group Health Association in Washington. According to economists, the average person in the United States makes 2.6 calls to the doctor in a year. It has been estimated that the average person ought to make 6.6 calls to the doctor, including hospitalization. But Group Health Association has twelve calls a year per person.

So that hardboiled personnel manager knew what he was talking about. His $40,000 investment produced results because petty illnesses have almost disappeared among the HOLC employees. Absences have been cut way down, and they have saved more than the $40,000 which they loaned the cooperative group, and they are getting more efficient service and they are not having so many absences. This is due to the practice of preventive medicine. I could say a lot more, but I think I will leave my case there for the moment because there are others here who will discuss the subject from my side of it, but I will have much more to say about it before we get through.

Chairman Hipke: Is there any one else to appear for this bill?

Rev. George L. Collins: I am Reverend George L. Collins, pastor of the Baptist Student House, and I am representing the Madison Ministerial Association. I wish to go on record in favor of this bill. We ministers are aware of the people needing medical treatment and yet do not feel they can afford it. A case came up a few days ago of a woman particularly needing medical care but she felt she couldn't afford an operation. This comes up before us ministers daily. The present plans do not provide for group practice or consultation. The result is an extremely bad one. The American Medical Association has been against it. I wish very much that I could bring with me three outstanding doctors in Madison whom I know and you know. They have made statements more critical of the American Medical Association than I ever heard any one else make, but they don't dare speak, and they wouldn't dare

to come here. They are not able to come here, but I know some of the things they have said to me. As a minister, representing the Madison Ministerial Association, I want to be on record as strongly favoring this bill.

Chairman Hipke: Is there any one else who wishes to speak for the bill?

Mrs. Merrill Burke (Milwaukee): I have a petition here representing one-fourth of the members of the Greendale Health Association. Time did not permit us to get the entire membership.

Mr. Chairman and members of the committee: I am Mrs. Merrill Burke,* chairman of the executive board of Greendale Health Association in Greendale. I am appearing before you to ask your favorable consideration of the bill that is now presented to your honorable committee. When the government built the model village of Greendale, they gave us a new community equipped with the necessary number of services, pure water, schools and adequate housing. But one thing seemed to me to be lacking, and that was something about which the government could do nothing. I speak of adequate medical care. A group of citizens was appointed and asked to investigate and determine on a plan suited to the needs of the community. After months of investigation, the Greendale Medical Committee recommended the Medical Center plan as a plan worthy of consideration, for through its services the residents of Greendale could now receive cures and treatment, and take advantage of preventive measures also. The medical plan was adopted by the village. A health association has been formed, and already much fine medical service has been rendered. However, we of the Greendale Association feel an injustice is being done in barring us from tax exempt hospitals in Milwaukee, and by limiting our free choice of physician, and as taxpayers to the State and Nation,—and Greendale is that in a sense although it is not generally known,—it is our belief that there should be free choice of hospital as well as selection of the physician of our choosing.

These physicians have been duly licensed by the State Board of Medical Examiners and they commit individuals to sanitoria and send patients to practically all hospitals in Milwaukee. We feel the fact that they have banded together to render service to the low income bracket should be no reason for their ostracism from certain tax exempt institutions. For many years adequate service was impossible because it was rendered on an individual fee basis. Realizing that specialization tremendously increased the cost to those least able to afford it and those who needed it most, this group defied tradition and set about to solve the problem. In spite of the attitude of organized medicine, this group has for three years performed a humanitarian service. A long felt need has been cared for in the community, and there has been a substantial growth of the development. We feel that ostracism of the physicians is definitely discriminatory, for contract practice has been in effect many years in industrial concerns and associations too numerous to mention, and because the Medical Society has sponsored plans of prepayment and it is generally assured that the Society will occupy the same status as a group which it has condemned for the past three years.

Therefore, we citizens of the State of Wisconsin beseech your honorable committee to recommend for passage Bill 401, A., introduced by Mr. Biemiller of the Second Assembly District of the State of Wisconsin. I thank you.

Chairman Hipke: Does anyone else wish to appear for the bill?

Mr. Marshall Frederick (Milwaukee): I am Marshall Frederick, and I am appearing as president of the Milwaukee Federated Trades Council of the American Federation of Labor.

Mr. Biemiller has given you some facts on the origin of group medical practice in Milwaukee. Wide groups of indigent and the American Federation of Labor have become interested and availed themselves of a type of group medical service,—more particularly in Milwaukee, the Milwaukee Medical Center. The position of the Milwaukee Federated Trades Council has grown out of the situation which we have found among our membership, primarily. We represent the average worker of $1,000, and $1,500 perhaps top salary. Many of them have felt the necessity of associating themselves as individuals with an organization such as Milwaukee Medical Center, and so many of them have done so that when this matter—let us say—"broke" about a year ago, the matter came officially to the Federated Trades Council, and they attempted to see what each group could do. Thousands of our members had in mind associating with the Milwaukee Medical Center. We knew also that many had associated, and taken advantage of what was offered by such a group. We certainly discovered that the doctors who comprised the staff of the Medical Center had lost their right to practice in the various hospitals, one after the other. So they asked the officials to see if the labor movement, as such, could do anything about it. They attempted first, of course, to work with the Milwaukee Medical Society, and they attempted to work with the American Medical Association, and it finally culminated in a meeting with certain members of the executive board of the Milwaukee Medical Society and members of our executive board, and we attempted to determine why those men had been expelled and were no longer privileged to practice medicine or surgery in these various hospitals. We could receive no answer on the basis of their skill. As a matter of fact, the statements of some individual members were that they had no fault to find with the skill of any of the men expelled,—they ranked among the very highest on the basis of professional ability. What, then, could have caused their expulsion? Perhaps just this statement alone: "We don't agree with those men in their economic viewpoint." And that is

* Mrs. Burke read from a typewritten statement, interpolating remarks from point to point.

what this thing summed up to. These men had the courage to step out and take contracts with a group of citizens, and for that they lost the right to practice in the various hospitals. But why? For the reason that pressure was brought to bear. These hospitals would lose their rating and would lose all right to use interns if these members were not denied the privilege of practicing medicine and surgery in those institutions.

As a result of this, we realize that we face an impasse so far as the organized labor movement is concerned, and through the convention of the State Federation of Labor we ask you to favorably recommend this bill for passage.

I appear for the Federated Council and 175 affiliated unions representing approximately 180,000 organized workers.

Chairman Hipke: Is there anyone else to appear in favor of the bill?

——No response——

If not, we will hear those in opposition.

Opposition by Medical Society

Mr. J. G. Crownhart: My name is George Crownhart, Mr. Chairman. I am secretary of the State Medical Society, Madison.

I would like to preface my remarks by saying that in dealing with Bill 401, A. today, we are dealing with the broad subject of voluntary sickness insurance, an insurance to provide not alone medical care, but also hospital care,—either or both. And this insurance does not pay the man in terms of dollars. It does not even deal with a commodity that you can stack up on the table, where it may be inspected and graded. It deals with a highly personal service and those insurance terms under which it is proposed to be delivered to those who are insured.

State Society's Studies

During the past two years the physicians who are members of the State Medical Society have spent something over $30,000, and an unmeasured amount of time and effort in a careful and sympathetic study of the various phases of sickness care and health service in this State.

The first phase was the whole problem of hospital insurance. We had the good fortune to secure the services of a former Commissioner of Insurance of this State, working together with a group of people representing the Wisconsin Conference of Catholic Hospitals, the Wisconsin Hospital Association, and our own Society. That committee spent something over fifteen months, and thousands of hours, in a study of the problems of hospital insurance. I have here just one volume of the report of that committee. This report is the report of Mr. Ekern who was the committee's legal and insurance counsel. Mr. Ekern stated,—and I want to make this point crystal clear, —that any hospital insurance plan is, and properly should be, subject to the regulations of the Insurance Department of the State. The thousands of people who will pay into the group hospital funds expect to receive hospital care when they are sick, and they are as much entitled to the promised return as people who pay premiums into a life insurance company. In event of loss the effect on the great mass of people is no different in either case, except that in the one case of commercial insurance the man stands to lose money and in the other case it is a service on which life may and does depend.

Before this committee, there is to be heard next Wednesday Bill 288, S. I will not present argument on it now, but it will grant enabling legislation under which sound hospital insurance will be established in this State. I would point out that in lieu of the cash surplus required of a mutual insurance company in this State, or a stock company, there is a surplus of an institutional guarantee by the hospitals themselves in that not less than six of them with not less than 600 beds are necessary in order to organize any plan. This requirement is to guarantee the service will be actually fulfilled, maintaining a high quality of hospital care under the plan. Secondly, its concept is to be one of social service, and not a concept of private profit. Thirdly, it is with the management of the hospitals involved here to maintain the high quality of service that is necessary. Finally, there are regulations covering the investment of funds and surplus.

The second part of the studies of the Society was devoted to a study of compulsory sickness insurance abroad which covered a period of many weeks. This will be discussed later when Mr. Biemiller's other measure comes up.

And the third part of the studies was devoted to a study by a group of physicians of this State, family practitioners of medicine—not just from Milwaukee or Madison, although they were represented, but from the northern part of the State as well—traveling in thirty-nine counties of Wisconsin. We sat around the table, one such as this, as we are here today, and we discussed with people from all walks of life not the health of the people of the United States, not the health of the people of the State of Wisconsin, but the health of those individuals, their own families, and their neighbors.

Wisconsin's High Health Record

We have learned through a national survey that Wisconsin occupies a peculiar place in this matter of health. In Wisconsin, for instance, according to the survey by the National Resources Committee, we have a tuberculosis death rate 40 per cent below the national average. In Wisconsin we have a maternal mortality rate 40 per cent lower than the national rate. Infant mortality, or deaths of children under one year of age, is 20 per cent lower than the national average. The pneumonia mortality rate is 24 per cent under the national average. The syphilis mortality rate is 50 per cent lower, and the typhoid death rate is 86 per cent lower than the

national average. Diphtheria, that great disease which thirty years ago in one year wiped out 2,000 Wisconsin children, last year was the cause of but ten deaths, and our average is 75 per cent lower than the national average. Whooping cough, a disease which is not to be underestimated, particularly among infants and school children, gives Wisconsin an average that is 75 per cent lower than the national rate. In a State of nearly 3,000,000 people, in the past three years we have had only three deaths from smallpox. In 1911 summer complaint claimed the lives of 1,233 children in Wisconsin; last year it was cut down to nearly 100. Last year there were something like 56,000 births in Wisconsin from the cut-over lands south of my home county of Douglas on the north, to the metropolitan center of Milwaukee; yet 99 per cent of these were attended by physicians.

The physician population of this State is up 20 per cent in the past ten years; hospital beds are up 20 per cent. And during the depression period in our own State, hospital bed occupancy has gone up 20 per cent. I want to suggest that there is but one way to have these results, and that is by a sickness care and health service that reaches out to the average home. I want to assure you that it does, because according to the National Resources Committee, Wisconsin is one of the three leading states in the United States, and we have a record of health service and sickness care that is approached by no other country in the world.

It has been suggested here in this measure that we should have voluntary sickness insurance. The Interdepartmental Committee of the Federal Government, to which Mr. Biemiller referred, in its report under the title of "Inadequacy of Voluntary Insurance," declares of such voluntary plans that "the proof of their value * * * is not their good intentions, but their actual accomplishments in achieving coverage." It said, "It has nowhere shown the possibility of reaching more than a small fraction of those who need its protection," and "The Technical Committee on Medical Care cannot find the answer to the nation's problem in voluntary insurance efforts."

Now may I say for the State Medical Society that we are not ready to accept that statement; after our study, talking to people in every walk of life, and asking about their problems, they used the same expression, "The hospital bill does present a hardship." And this is probably because all hospitals operate in the red and they need the money in order to buy their food, instruments, equipment, etc. And that presents a problem. We have the answer to that coming next week. But when we were sitting around that table, they all said they knew of no one in their county, or city, or town, who had asked for medical assistance or care and had been refused it because the money was not forthcoming. They all said the doctor would "play ball" with his people.

A Careful Trial Pending

Yet, we are anxious to know this: Is this form of paying the doctor, this form of securing sickness care, something of a framework upon which we can build and deliver progressively better care for our people in this State in the future?

And so our Society has said, "We are going to see." Again I want to stress that we went into this with a sympathetic approach, by trying something just like we try out a new drug. Is it something that will work? There were some conditions under which we wanted to try it. We wanted to make certain that no patient would receive a deliberately cheapened service simply because the premium was not ample. I am sure that every one around this table will appreciate that condition. Secondly, we wanted free choice of physician,—not for the reason that has previously been stated here, but for the reason that we want this service placed in the hands of men who are best equipped to do it. We did not want it applied on the basis of profit, but to discover a new form of furnishing community needs. And we did not want to duplicate an experiment already proved worthless. There have been between three and four hundred plans started by the medical profession in the country as a whole. We wanted to watch each trial in Wisconsin so that if at any time any one of them proved to be worthless, we could discontinue it that it might not be a source of jeopardizing rather than promoting health. And we wanted to have a capital and surplus of the participation of the great number of physicians in a community. Here was something we wanted to try in the laboratory, just as they would try something out at the University of Wisconsin Medical School. We wanted to put it into the laboratory to develop a safe means of carrying sickness care to the people, developing it on a sound basis, with the assurance that the premiums are adequate or showing us that they are not adequate. And with assurance to the public that no person, during the trial, will have anything but the best care that can be given in that community. And I am delighted to say that the doctors' answer has been time and time again, "Yes, we are glad to do it on that sound basis."

We wanted to make sure, furthermore, that the revenue did not come from some hidden form of contract. We did not want to offer the patients low rates and then operate a pharmacy and send everybody out with a prescription from which we received a concealed revenue. Everything to be received should be on the face of the contract. And finally, there must be no profit for the promoters. We wanted to develop something in the spirit of a social service for the people of the State, but not to advance private profits.

Mr. Biemiller referred to the trial being carried on in Douglas County. That is true. There is in Douglas County, and has been for more than two years, a consumer cooperative, operated on the cooperative principle, and organized by the people

interested. They came to us and asked if we would try one of their plans. We said, "Yes, we will be delighted to." And in that spirit we entered into this trial at Superior. In Milwaukee there is another trial on the basis of deductible insurance, where direct fees cover everything up to a certain point, and the insurance then pays for anything costing more than that. And then there is another trial pending at the present time in this State, operated for the Farm Security Administration; first to make sure that all clients receive all medical care needed, and secondly, to see if there was a method of accomplishing that by a trial which they have in mind. We are working on that at the present time. Each trial is submitted to the Commissioner of Insurance so he may know exactly what is being tried and aid in judging of the result.

Sound Warning From Cooperative Paper

We have a cooperative newspaper in this State, and it said it would watch the Superior experiment with interest, and added this warning, "Just how cooperative medicine should be organized is not yet clear. People at this stage should not accept the plan as perfect and hurry to set up similar plans in their respective communities. Undoubtedly many flaws in the Superior plan will be discovered during the first year. By waiting and watching this plan operate, other communities can save themselves much grief."

In our course of study we did not stay exclusively in the State. We went to New York and to Washington, and we talked with those in authority or in command of information from whom we could develop further sound efforts for our own people. Among those whom we saw was Dr. Kingsley Roberts, head of the Bureau of Cooperative Medicine. He said to us very frankly that the attitude of medicine should be to set up two or three different types of trials in two or three types of communities, and that he would be very much interested in any Society that would do what we are now doing. Obviously, we cannot stand here and make the promise that any one of these, or all of them, will work. We don't know. But we are entering into it wholeheartedly. All the time that we are carrying on these trials, we want you to understand that there is a guarantee involved,—that no matter how it works out from the monetary standpoint, every person must and will have all the care that he individually needs and we can supply or command.

This present bill, please note, permits the organization of consumer cooperatives. However, there is no insurance regulation provided, and it places the stamp of approval of this legislature on systems and plans which are still in the laboratory stage and have not yet been proven.

The Profit Side

It turns now to the profit side of the question and permits any physician, group or partnership of physicians or osteopaths to organize and sell medical and hospital insurance, either or both, without the slightest supervision from an insurance viewpoint, with no surplus or reserve requirements, and no specification of investment of funds, and with no assurance to the man covered who pays year after year, that when the time comes that he needs service, he is going to be able to get it. On top of that, this bill goes much further. It erects a wall—a high wall—of defense against even criticism of anything done under this piece of legislation.

If you will turn now to page 3, section 3 of this bill: Lines 2 to 17 inclusive have the effect of opening the hospitals completely. A statement was previously made here that it does not do that. As I understand it, it places the burden of proof on the hospital to show its reasons for keeping a man out as being other than his engaging in this type of insurance practice for profit; that the real reason is some other cause. I want to say here that it is pretty hard for a hospital or anyone else to prove that. It now is possible to exclude men from hospitals in this State, from the standpoint of the hospital management and good care, that very rightly should be. A man should be excluded from doing surgical operations if he does not continue his graduate education.

On page 4, lines 18 to 30, no hospital could refuse a patient, and no physician could be excluded from a county medical society because he entered into such a plan, and he is protected from even criticism.

Then, on page 5, lines 56 to 73, particularly lines 63 to 67, it is stated specifically that no one can directly or indirectly interfere with or conspire to obstruct the organization or operation of any cooperative association or profit plan organized pursuant to this section.

The Cloak of Beneficent Service

Now may I suggest to you that under the cloak of doing a beneficent service, there are some very grave and very real inherent dangers. It is easy to sell on the basis of the glitter and gloss. How easy it is to sell patients on the equipment of an office,—machines and lights, etc. People say, "Oh, my! What fine equipment he has."

But at the same time the extent of the essential service can be cheapened without the patient even realizing it. And that is something, above everything else, that we do not wish to happen. If a person with a gastrointestinal disorder presents himself today to a doctor, it is so easy to prescribe a palliative prescription that costs little or nothing. If the doctor has guaranteed a service for a stipulated amount, and he cannot raise that fee, he may be forced into just exactly that situation. This bill would have the State wide open for competition, for all patients, at all prices, and not with thought of *quality* of service. And so the doctor does not give the patient what is indicated in terms of his education and what he knows should be done and how to do—he does not give that patient the indicated gastrointestinal test, and yet the lack of it may shorten that patient's life by ten years or even

more, but the patient has no means of knowing what happened.

So, also, under these plans you can conceal true costs and operate a pharmacy, the revenue coming from some other source. And that very thing does happen and it adds to the cost at the time the patient takes the service, and yet he has no knowledge of it. I have seen plans in which expensive drugs are completely eliminated. If my life depends on it, I think I am entitled to know that, and yet if the plan jeopardizes life, under this bill no one may even offer a suggestion much less merited criticism. I want to say further that a good bedside manner is no substitute for the application of a trained mind to the highly individualistic problem presented by the sick person particularly in his more serious illness.

Not long ago I was sitting in the room with the State Health Officer, talking about pneumonia control. In the course of the meeting, as so frequently happens, there came a long distance call and one physician was excused to take it. We sat there talking informally, and the physician to the right of me turned his chair around and he looked out of the window. Finally I said, "Doctor, what are you thinking about?" "George," he said, "I was just thinking what more I could do to make certain of winning a fight."

May I submit to you that in the final analysis all forms of legislation and plans get down to the physician and his determination to win a fight for the individual patient who has an individual illness.

Under these plans, there is a tendency to perform a service beyond the physician's capabilities. He has entered into a contract,—a contract to render service to all subscribers. The physician can send the patient to the outstanding specialists, but that runs up extra expense. It is costly, so the contract physician tries to prevent it by trying to do the things he is not capable of doing or really trained to do.

Walls of Protection

Finally, under this type of legislation here, there is no report to anyone as to how it works, nor for the right to inspect it to see how it works, even though you are dealing with insurance that involves life itself.

Getting into another field, there were several deaths in the Nation from elixir of sulfanilamide. If the wall of protection for the schemes in this bill were applied to the field of pure food and drugs, elixir of sulfanilamide would still be on the market in Wisconsin because no one could criticize it. Drugs could be filled with narcotics, and even cancer cures of colored water could still be sold on the open market.

Now I wish to summarize briefly: I want to say to you with all the honesty at my command that after two years of study and working with all these groups relative to sickness care and hospitals in Wisconsin, with peoples in every walk of life, sitting around a table like this,—that medicine in Wisconsin will earnestly and sympathetically report repeatedly on any proposals from any source which even suggest a promise of forwarding the very high record that we have attained in Wisconsin in protecting its citizens against disease and death. We can make no promises. But we will bring those reports to you. Just as the physicians asked for Mendota, the Training School at Chippewa Falls, Wales, Statesan for the tuberculous, and just as we gave you the State Board of Health, we will come back to meet the issue whenever we find something that will work.

Secondly, may I remind you that we are dealing with public health, and there is a tendency to think of that as something very impersonal. But after all, the status of the public health of the people in this room is merely secured by adding the sum total of the health of each and every one of you individuals.

Public health deals with individual health. Is this a measure which operates with a promise of advancing the public health with such certainty that we can place the stamp of approval of the Wisconsin Legislature on these schemes, and tell people of this State that we are going ahead and sell them on unproven schemes which deal with life itself? Surely this is far, far too much to ask!

If there are any questions, I shall be glad to answer them.

Chairman Hipke: Are there any questions?

——No response——

Mr. Crownhart: Thank you.

Chairman Hipke: Does anyone else wish to appear against Bill 401, A.?

Mr. Crownhart: May I register these letters for each of the hospital associations? (Handing letters to Chairman Hipke.)

HENRY V. KANE
Attorney and Counselor at Law
1414–1420 Wells Building
Milwaukee

April 18th, 1939.

Mr. J. G. Crownhart, Secretary,
The Wisconsin State Medical Society,
Madison, Wisconsin.
My dear Mr. Crownhart:

In re: Assembly Bill No. 401 A.

This Bill is adverse to the proper interests of public and private hospitals of the State, and the common good. In addition to an unwise provision permitting laymen to organize to purchase hospital care, the legalization of contracts referred to, etc., it sets up an arbitrary interference with vested charter rights of all Wisconsin hospitals, with which they have functioned successfully for many years. It would take away from them internal self government, and the essential exercise of discretion by hospital directors and trustees, in the care of the sick. The Bill unfairly implies to all of our hospitals, a probability that they may commit a misdemeanor; in injuring or oppressing doctors or patients. It purports to subject them to fines for violation of a law, which in principle destroys all discretion essential to hospitals in the proper discharge of their social obli-

gations for which they are organized, in the care of the sick. The record of Wisconsin hospitals indicates clearly that they merit no such coercion as this. For these and other reasons, this Bill should not be enacted into law.

Yours very truly,

H. V. Kane,

Legal Counsel, Wisconsin Conference of Catholic Hospitals.

The Wisconsin Hospital Association
908 N. 12th St., Milwaukee, Wis.
Wisconsin Section of the
American Hospital Association

April 18th, 1939.

Mr. J. G. Crownhart,
1904 Jefferson Street,
Madison, Wisconsin.

Dear Mr. Crownhart:

We wish to inform you that the Wisconsin Hospital Association desires to be registered against bill No. 401–A. on the general principle that this bill interferes by setting out the use or employment of services of special persons, with the public service rendered by the hospitals of the state, and are therefore not in the best interest of the public to whom this public service is rendered.

Very truly yours,

Edward T. Thompson, M. D.,
Executive Secretary.

Chairman Hipke: Does any one else wish to register?

Miss Grace Knight: I wish to register in opposition to this bill on behalf of the State Nurses Association.

Chairman Hipke: Is there any one else?
——No response——

Chairman Hipke: The hearing is closed.

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NONVENEREAL LESIONS OF GENITALIA
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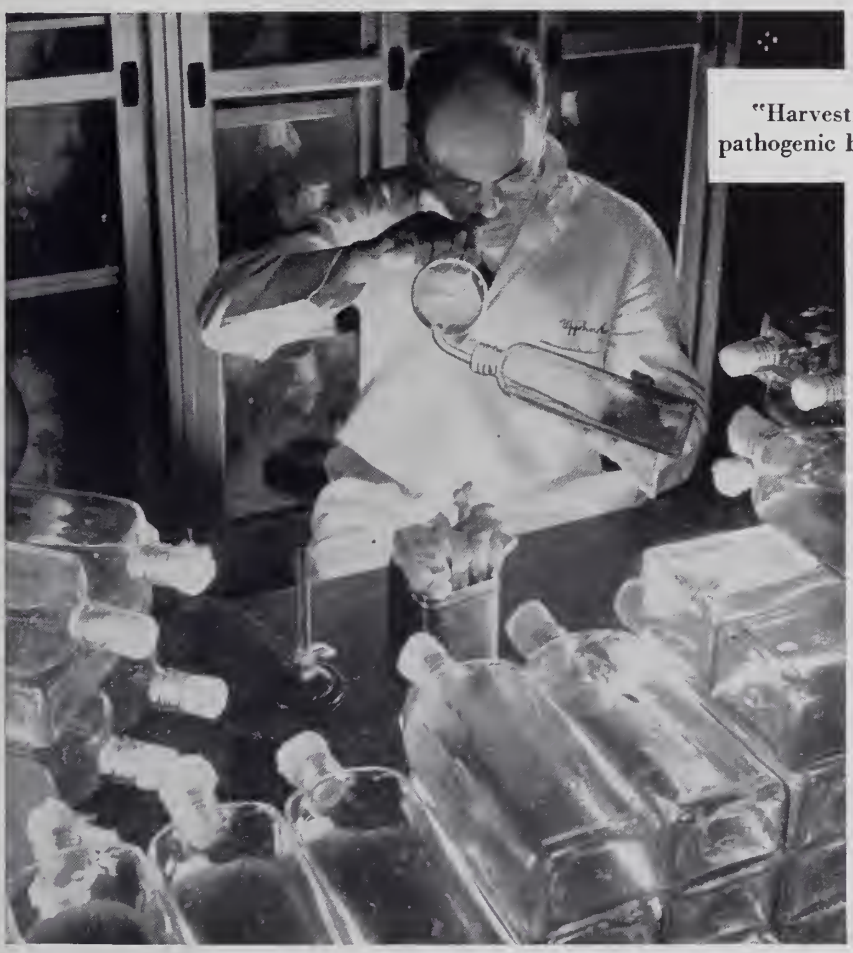

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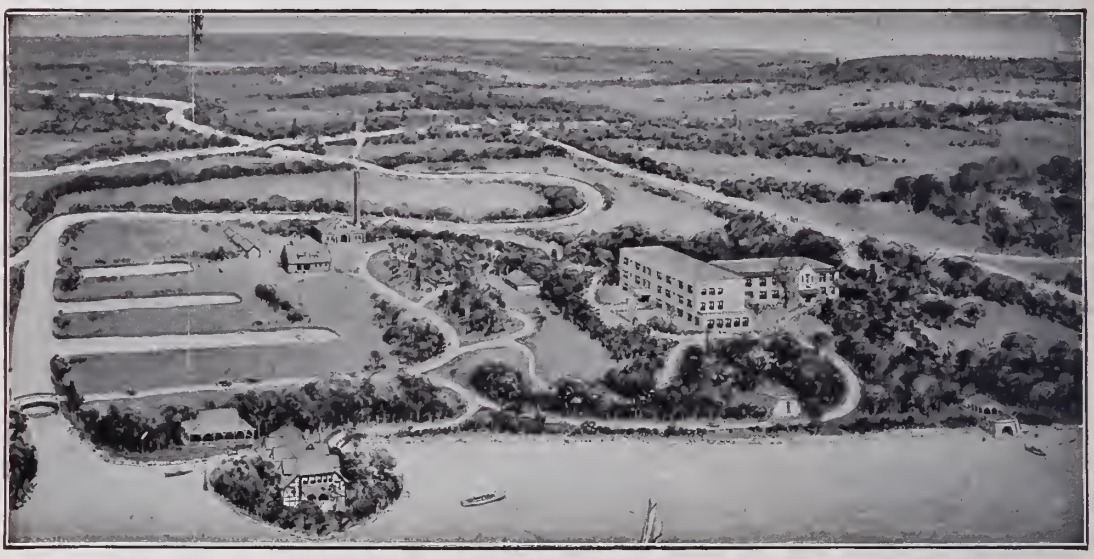

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* Further Clinical Observations on Feeding Infants Whole Milk, Gelatinized Milk, and Acidified Milk. C. Loring Joslin, M.D., F.A.A.P.; Bulletin of the School of Medicine, University of Maryland; Jan. 1939.

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A MESSAGE TO HOME CANNERS FROM THE CANNING INDUSTRY

● Every year, in various regions of the country, a considerable amount of the produce from thousands of small orchards and gardens is preserved for future use by canning in the home. Despite much that has been written on the subject (1), outbreaks of botulism from improperly heat processed home-canned foods continue to be reported.

To eliminate the possibility of botulism from their products—specifically those foods of the "non-acid" type—home canners should take a page from the experience of commercial canners. Through considerable research, the American canning industry has scientifically established the necessary processing requirements for products of this character. For non-acid foods, modern canners employ only recommended process time and temperature schedules(2) known to be adequate to destroy the heat-resistant spores of clostridium botulinum whose growth produces the toxin which causes the deadly type of food intoxication known as botulism.

Brief comment on the heat-processing requirements of common foods might be in order. In general, foods or food products may be classed into two groups according to their acidity, i.e., the "acid" and "non-acid" classes with pH values below and above 4.5, respectively. The acid foods include tomatoes and the common fruits. These foods are not favorable to the growth of clostridium botulinum and consequently they may be safely processed at 212°F., or the temperature of boiling water.

The non-acid products, however, present a special processing problem. Such products—meat, fish, fowl, milk and most common vegetables—can be adequately processed only at temperatures above 212°F. As the records indicate (1) botulism in home canned foods may result from processing non-acid foods in boiling water. Safe canning of these foods in the home, therefore, requires the use of properly operated "pressure cookers"—identical in principle with the "retorts" used by commercial canners—which will permit the use of a process under steam pressure. Usually 10 lbs. steam pressure is used in these cookers which corresponds to a processing temperature of 240°F.

Home canners desiring to pack non-acid products should obtain a copy of United States Department of Agriculture Farmers Bulletin No. 1762. In this bulletin are described the necessary equipment, precautions, and time and temperature processing schedules required for the safe canning of non-acid foods in the home. If the necessary equipment cannot be obtained and the recommendations contained in the above bulletin cannot be faithfully followed, some means of preservation of non-acid products other than canning should be sought.

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1. 1934. J. Home Econ. 26, 365-376.
   1935. Amer. J. Pub. 25, 301-313.
   1935. J. Amer. Med. Assn. 105, 205.
   1936. Food Research 1, 171-198.
2. 1937. National Canners Association, Washington, D. C. Bulletin 26-L, 3rd Ed.

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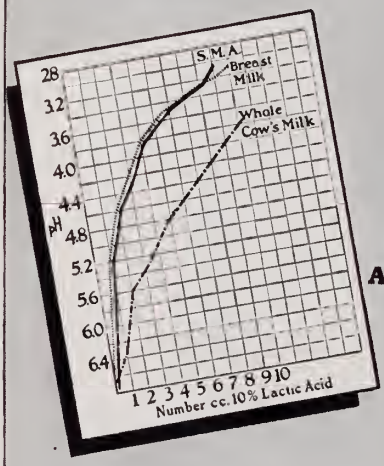

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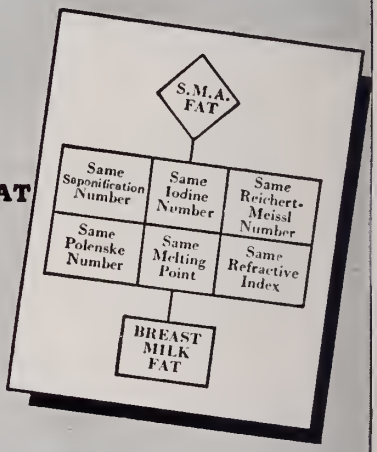

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Migraine*

By WALTER C. ALVAREZ, M. D.
Rochester, Minnesota

I AM going to discuss migraine, first because it is one of the most important diseases that we see every day, and second because I fear we are not treating patients with migraine as well and as intelligently as we might in view of the knowledge that has recently become available in regard to the pathology of the disease. The physician should know migraine well because it causes so much misery, and occasionally it so simulates attacks of intestinal obstruction that patients are needlessly operated on.

Nature of the Disease

What bothers me is that nowadays when a patient with severe migraine starts going to clinicians, she is usually put through one long and expensive overhauling after another. In every office the physician promises to go to the bottom of the matter so as to find "the cause of the disease" in some focal infection or glandular disturbance. Actually, I feel sure he will not find it because it is becoming ever clearer that migraine is a definite entity, a disease by itself, based on a hereditary peculiarity which has its site either in the brain or in the autonomic nerves regulating the circulation of the brain. As I often say to a much-traveled patient, "I will go all over you again if you wish, but even if I should find some gallstones, I would not expect their operative removal to help you. I have never seen migraine cured in that way." I feel about migraine somewhat as I feel about the measles; when I see a child with measles I know well enough what the trouble is, and it doesn't occur to me to go hunting for the cause in thorax or abdomen.

To be sure, in an occasional case of migraine one can cut down on the number of attacks by finding, let us say, a bad refractive error, some disease which is nagging at the nervous system, or some allergen to which the patient is sensitive, but even when this trouble is corrected one must not expect to *cure* the migraine in the sense that the tendency to attacks is eradicated. I think of migraine as due to a little "storm" in the brain; a little explosion which can be touched off in some way. Or I think of a sort of trap which can be sprung. When a patient has been on a vacation and his brain is not very irritable, the trap is hard to spring, but when he has been overworking or losing sleep, or going through a trying emotional experience, the trap is set so lightly that it seems to go off by itself.

Hence it is that often the only way in which one can hope to help a highly irritable, fussy, worn-out, or psychopathic woman is to get her to mend her ways; to stop useless worry, or to stop fighting with husband or someone, and to get more rest and sleep. Whenever I see a woman who has two attacks of migraine a week, I feel sure she is struggling with some bad psychic situation, and I have no hope of helping her much unless something can be done to quiet and rest her brain.

Recent studies have shown that the headache is caused by or associated with a powerful surging of blood through dilated arteries supplying the brain. Any drug that tends to dilate these arteries tends to bring on an attack or to make it worse, and any drug like ergotamine tartrate or gynergen,* which narrows these arteries and thus stops the surg-

* From the Division of Medicine, The Mayo Clinic. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938.

* Sandoz Chemical Works, Inc., 61–63 Van Dam St., New York City, distributors.

ing, will usually bring relief. Some persons can stop the headache for as long as they keep pressing on the big artery in the neck or the smaller one in front of the ear on the side where the headache has come, and in a few cases patients have been helped by the tying of the middle meningeal artery. In other cases, however, this procedure has not worked a cure. It has been thought that the brain swells during attacks of migraine, but when Dr. Craig operated on one of my patients during an attack he did not see any swelling, and the making of a window under the temporal muscle did not bring relief. In this particular case a cervical sympathectomy stopped the headaches, but because we couldn't help an unhappy marital situation, the woman remained an invalid.

Some evidence indicates that the surface of the brain is particularly affected, but the basal ganglions must also be affected, seeing that some sort of a "storm" goes down the vagus nerves to upset the digestive tract, much as in cases of seasickness, or disease of the inner ear, or brain tumor. Patients with migraine, and commonly even physicians, have an idea that in migraine there must be disease in the liver or some other part of the digestive tract, but I feel sure this is not true. In cases of pure migraine the digestive tract is perfectly normal until it is upset by the storm that comes down the vagus nerves, and between attacks the patient has a "cast-iron stomach;" there never is any indigestion unless a headache comes first. Furthermore, many patients with severe migraine submit to one or more exploratory laparotomies, and I have never seen such an operation reveal any lesion in the abdomen which was wholly responsible for the headaches.

In women there is usually complete freedom from headaches during pregnancy and after the change of life—which again indicates that there is no disease in the abdomen to account for the vomiting. So far as the liver is concerned, Dr. Morlock, who has been checking up on this question, finds that patients with definite demonstrable disease of the liver are not particularly subject to migraine. Patients will commonly vomit bile during attacks, but all this means is that waves have been running backward over the bowel and carrying bile into the stomach.

Some enthusiasts are claiming today that migraine is almost always allergic in origin and due to the eating of foods such as wheat and chocolate, but in my experience this is not true. Many persons with migraine know they can bring on an attack by eating certain foods, but after they stop eating these foods, most of them still go on having headaches whenever they get tired enough or whenever they indulge in an emotional debauch or go through the menstrual period. Food is only one of several things that can "spring the trap." In occasional cases a certain food alone or menstruation alone may not spring the trap, but the food plus menstruation will.

Influence of Nerve Strain

Recently I saw a patient who illustrated beautifully the importance of nerve strain in producing migraine. Thirty-five years ago, when he was a young man working hard in divinity school, he suffered with migrainous headaches which were due partly to the eating of chocolate, and partly to eye strain, but mainly to overwork and loss of sleep. Dieting and the wearing of glasses lengthened the intervals between headaches, but he did not get good relief until he grew older and settled down into an easy pastorate. When he was about fifty-eight he was made a bishop and was moved to a large city where he was saddled with many responsibilities. There he had to work at his desk for long hours, worrying over conflicts between his subordinates and over many financial problems which bored him. Soon the old migraine returned, and when I saw him he was having what is unusual for a man of his age, and that is a severe attack once a week or oftener. When he started going to physicians they all began a hunt for something wrong in gallbladder or appendix or in the skin reactions to foods, but nothing helpful was found. He was pleased to find that I agreed entirely with his own diagnosis of overwork, and I sympathized strongly with his determination that if it could be done without injury to his church he would slide out of the bishopric and go back to his sleepy parish, his beloved garden, and his former good health.

The moral of this tale for us physicians is that when a patient with migraine comes in, and especially some poor overworked and unhappy stenographer or clerk who has already had one or more overhaulings, let us think not of roentgenographing the digestive tract again, but rather let us sit down to talk over the patient's life problems to see if anything can be done to bring more rest and peace and happiness. For instance, I recently heard from a young woman whom I saw over a year ago with attacks of severe migraine which were coming twice a week and making it almost impossible for her to earn her living as an office manager. During the year preceding her visit to the clinic, she had consulted, one after the other, several prominent clinicians in one of the largest cities of this land and had paid each one around $100 for the complete overhauling which was to reveal the "cause of her trouble." Each time comment was made about such little things as a devitalized tooth or a tonsillar tag, and some headache remedy was prescribed. Finally a physician was found who introduced her to gynergen, and at last she had something with which to cut short an attack when it started.

When I saw her, my main interest was in finding out how she worked and used her brain. I found that, to begin with, she had a typically migrainous personality: tense, alert, overly conscientious, overly industrious and overly reactive to all stimuli. In the next place, she had a job trying enough to break the health of two girls, and as if this were not enough, she was so social that she stayed out till late four nights a week until she lost the ability to sleep without the help of drugs. Her nerves had gotten so on edge that the least little extra strain made her jittery.

Obviously little could be done for this girl until she gave up her job and went back to her old home for a long rest. It took her some six months of what she called resting before she could sleep fairly well. By that time she had gained fifteen needed pounds, and the number of headaches had dropped to two or three a month. Usually these were associated with the menstrual cycle. By this time she looked so well that one might have thought her ready to return to work, but she wasn't ready because she still had absolutely no reserve strength, and the least excitement or nervous strain still brought on jitteriness and a headache. Wisely, therefore, she has decided not to attempt office work for another six months or more. Unfortunately, with this girl's keen, sensitive, active brain, with her tendency to live life too intensely, and with her unsolved problems of frustration and loneliness, I cannot expect to free her entirely from the menace of migraine.

Another story that can teach us much is that of another fine woman whose coming to The Mayo Clinic was preceded by a telegram from her physician warning me to have a hospital room reserved with a couple of nurses on call because at any minute the patient was likely to go into a terrifying attack of migraine, which would last several days and would require the use of morphine and hypodermoclysis. As the physician said, the woman would look as if she were going through an attack of intestinal obstruction, and she would be almost out of her mind with pain. Because her husband was governor of a state, she had had good physicians who examined her from head to foot, searching desperately for the "cause" of the attacks.

As usual with me, I had no desire to repeat these examinations. What I wanted to know was what sort of a woman the patient was, how economically or wastefully or foolishly she used her brain, and from whence came her annoyances. I found a thin, frail-looking woman who in a way had married the wrong man. Because she found it hard to meet people and to stand excitement, it was a terrible problem for her to meet her husband's daily demands for help in the entertainment of many people. A typical extrovert, friendly, and social, he was constantly bringing home people for cocktails or dinner. Worse yet, her mother-in-law, a very possessive and difficult person, was living in the home. She dominated her son and saw to it that he deferred more to her demands and wishes than to those of his wife. I talked with the husband and persuaded him to set his mother up in an apartment of her own. I then taught the wife to rest in bed mornings and to hoard her energies so as to have some left in the evening when her husband needed her most to help with his problems of enter-

tainment. I taught her to block the headaches with gynergen when they came, and two years later I was delighted to hear that she was getting along remarkably well.

Efforts to Prevent Attacks

The treatment of migraine must be taken up under two headings: first, that of preventing the attacks, and second, that of treating them when they come. As I have already emphasized, in many cases the only way in which one can help the patient is to get her to take a long rest, or to find an easier job, or to get a trouble-making relative out of the house. Often it will be found that the patient with frequent severe attacks of migraine is distinctly psychopathic, and then improvement can be worked only if the victim has sense enough and "guts" enough to try to reform and get over some bad psychic habits. If it is, let us say, a woman who persists in fighting with her family or holding postmortems over everything, or having spasms of jealousy over her husband, or changing her mind about a contemplated divorce, the physician might as well stop wasting his time trying to help her.

In some cases it is well to have the patient keep a record of unusual events and unusual foods eaten preceding attacks. It may help also to have the patient go for two weeks without using the least amount of milk, eggs, wheat, chocolate, or onion in the diet. The skin tests occasionally give a hint as to the cause of the headache, but usually they are useless or deceiving.

Theoretically, a drug like phenobarbital, which quiets the brain, should prevent the coming of attacks, but actually, I have found it almost uniformly disappointing. I have tried the new dilantin which is said to be helpful in cases of epilepsy, but my patients couldn't take much of the drug, and hence I don't know yet if it will help in cases of migraine.

So often in women the attacks of migraine come about the time of menstruation, and then the physician will be inclined to try injections of the various ovarian extracts. Actually, I cannot remember anyone whom I have helped in this way. Perhaps I used the wrong extracts or didn't use enough. What I hope is that some day someone will extract from the urine of pregnant women the substance which usually stops the attacks of migraine for the nine months' period of gestation. As a woman will often say, her husband is the only one who can really cure her headaches! As is well known, migraine commonly disappears at the menopause, but sometimes it doesn't, and then the physician can be pretty sure he is dealing with a tense, nervous, or psychopathic woman who is having many worries and troubles. Sometimes at the menopause the headaches will clear up and the abdominal storms will get worse.

The books are full of all sorts of recommendations for drugs that one can give patients for the prevention of migraine, but it is an old axiom in medicine that the more treatments there are for a disease, the more useless they all are. Chondroitin sulfuric acid is said to cure migraine in some cases, but I have never seen any result from its administration. In the worst cases there isn't a thing I know of that will lengthen the interval between attacks by even one day. Some years ago Tsanck advised the giving of gynergen as a prophylactic, but I doubt if anyone would dare do this today because of the fear of producing injury to blood vessels.

The Treatment of the Attack

The one outstanding achievement in the treatment of migraine made in recent years is in the use of ergotamine tartrate, or gynergen, for the aborting of the attacks. It works well in perhaps eight out of ten persons. The drug comes in ampules containing 0.5 or 1 cc. of solution, representing 0.25 to 0.50 mg. of the drug. The smaller dose is usually sufficient to bring relief in an hour or two. The drug should be injected hypodermically as soon as the patient decides that a typical headache is on the way. In some cases patients are puzzled and delay taking medicine because they have two types of headache: one, a mild ordinary headache, and the other a migraine. In such cases the patient may do well to take immediately a big dose of acetphenetidin, antipyrin or acetanilid or perhaps 10 grains (0.6 gm.) of bromural* to see if he or she can ward off the migraine or at

* Bilhuber–Knoll Corp., Orange, N. J., distributors.

least relieve a mild headache if that is all it is.

When the patient finds that good relief can be obtained with gynergen, he or she should be taught to give the injection and to take care of the syringe. This is particularly advisable when, as often happens, the patient commonly wakes at daylight with a headache going strong. I have been prescribing gynergen for several years now, and I have seen only one case in which it seemed advisable to stop it because of symptoms suggesting spasm in the vessels of the legs. In this case the patient was a most unusual person, an almost insane woman with an extremely unstable autonomic nervous system.

In those cases in which the patient can suspect the night before that a headache will probably come in the morning, it may help to take a dose of castor oil or a saline laxative. The books say it does, but I cannot vouch for the truth of the statement. When a warning comes perhaps an hour or two before the attack, the patient may ward off trouble by taking a double or triple dose of some headache powder containing acetylsalicylic acid, sodium salicylate, antipyrin, phenacetin, or acetanilid, perhaps with caffein or bromides or some barbiturate. To go to bed in a darkened room is a great help, and some persons can get help from putting the head under a cold shower. It is said that two cups of black coffee taken quickly will sometimes abort an attack, and caffein is a commonly used constituent of remedies for migraine.

Occasionally one can abort an attack by dissolving from two to six 1 mg. tablets of gynergen under the tongue, but the use of the drug in this way is not to be recommended unless the patient regularly gets relief from it. If usually in the end he is forced to take the drug hypodermically, he should begin by taking it this way.

Sometimes patients are frightened and upset by the by-effects of gynergen; they may feel shaky or jittery or numb, and they may start vomiting. In such cases and in many others, it may help to have the patient insert a suppository of 3 grains (0.2 gm.) of nembutal which brings calm and quiets the vomiting center. Often, then, the patient will sleep off the attack. In patients who do not react well to gynergen or who tend to vomit for days at a time, it may help greatly to give a hypodermic injection of sodium amytal. The giving of such a sedative helps the patient to stop vomiting and to sleep off the attack much earlier than he otherwise would do.

One of the most important things the physician can tell the patient is that once nausea and vomiting have begun, it is useless to put any medicine into the stomach. Even if it stayed down it wouldn't be absorbed. Once nausea and vomiting have started, all medicines must be given either hypodermically or in the form of a rectal suppository. So often a patient and his physician will be terribly discouraged because strong medicines in large doses are without any effect, but the reason will be that the patient followed some physician's advice to wait as long as possible before taking any drug. By that time any medicine put into the stomach would be without effect.

Recently I received a letter that pleased me much. It was from one of my old patients, a school teacher who told of losing in the past many days from work because of a prostrating migraine. Now when she wakes in the morning with that awful feeling of nausea and mental destruction, she promptly gives herself an injection of gynergen, and by the time she is dressed and ready to go to school, the headache is gone.

Summary

Migraine is a hereditary disease with its point of origin in the brain or in the nerves regulating the blood supply of the brain. The physician must not expect to find the cause in thorax or abdomen, and it is seldom helpful to examine the patient extensively and expensively. In migraine a "storm" of some kind seems to go down the vagus nerves to upset a normal digestive tract. Disease in the liver does not cause migraine.

The little explosion in the brain can be set off in several ways. In some cases, the eating of certain foods is one cause. Other causes are emotion, fatigue, loss of sleep, worry, excitement, and, in women, menstruation.

If the brain becomes sufficiently sensitive the explosion goes off without any recogniz-

able stimulus. This happens in most bad cases of migraine. Often also the patient is somewhat psychopathic and is using his or her brain badly or foolishly. In such cases the physician cannot hope to help the situation unless he can get the patient to rest, go on a vacation, get easier work, develop better habits of mental hygiene, get rid of annoyances, or solve some economic or sexual problem.

As yet there isn't any drug which can be counted on to lengthen the interval between attacks. Once attacks start, treatment should be instituted as soon as possible. In most cases the best treatment consists of a hypodermic injection of ergotamine tartrate or gynergen. The vomiting center can be quieted with barbiturates given preferably in the form of suppositories or intramuscular injections. It must be remembered that once nausea and vomiting have started the giving of medicine by mouth is useless. It will not be absorbed.

Author's Note.—Since writing this paper I have learned that the inhalation of pure oxygen for an hour or two will sometimes stop an attack. In a few cases this treatment appears to have led also to a lessening in frequency of attacks and to a decrease in their severity. The patient can at first be given oxygen from a basal metabolism machine. If the procedure works well then a B–L–B inhalation apparatus can be secured (Ohio Chemical and Manufacturing Company of 1177 Marquette Street, Cleveland, Ohio) together with a reducing valve and flow meter and a tank of oxygen to be kept in home or office.

Gonadotropic Hormone in Testicular Tumor*

By JANE READ, B. A.
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THIS discussion will consider the presence of gonadotropic hormone in cases of testicular tumor. First, however, it may be well to describe briefly the various gonadotropic hormones and to distinguish them. There are four important sources of gonadotropic hormone: first, the extracts or implants of the anterior lobe of the pituitary gland; second, the blood or urine of pregnancy; third, the blood or urine of menopause or castration; and fourth, that of testicular tumors. Although the hormones from each of these sources are similar in some respects, there are certain significant differences in their biologic behavior.

In 1926 Zondek and Aschheim, and Smith, working independently, demonstrated that if tissue of the anterior lobe of the hypophysis was implanted subcutaneously or intramuscularly in an immature rat or mouse, the infantile ovary was stimulated, causing precocious sexual maturity. The nature of the ovarian stimulation was growth and enlargement of the graafian follicles, liberation of the ova, and formation of corpora lutea. As a result of extraction studies, the follicular growth is now ascribed to the follicle stimulating hormone of the pituitary gland and the development of corpora lutea and luteinization of follicle walls is referred to a second hypophyseal hormone, the luteinizing hormone.

Zondek and Aschheim also discovered the presence of enormous quantities of a gonad stimulating substance in the urine of pregnant women. This hormone likewise showed the property of stimulating the ovaries of immature rats or mice. However, the infantile ovary responded to pregnancy urine in a different manner, with distinctly less follicular stimulation and with the formation of atretic follicles and numerous corpora lutea. The primary character of this hormone is its luteinizing action.

The anterior lobe extract and pregnancy urine, then, effect dissimilar morphologic changes in the immature rat ovary.

Another essential difference is to be found in the source of the two hormones. The extract of the anterior lobe is a product of the pituitary gland, whereas the gonadotropic principle of pregnancy urine is considered to be a secretion of the chorionic tissue. Although several other important distinctions might be made between the anterior lobe ex-

* From the Laboratories of the State of Wisconsin General Hospital.

tract and the principle of pregnancy urine, they may be overlooked for our purposes.

A third type of gonadotropic hormone is one which can be demonstrated in the urine of menopause or of castration. In contrast to the anterior lobe extract and the pregnancy urine, this hormone is capable of stimulating only the growth and maturation of the follicles in the immature rat ovary. The presence of the hormone may be looked on as an effort on the part of the pituitary gland to stimulate a deficient gonad. That it occurs in the female has been demonstrated abundantly by many workers, but information on the excretion of this hormone in the male is distinctly inadequate.

From the literature it appears that there is no normal excretion of a gonad stimulating substance in males. Kegel at Johns Hopkins examined the urine of eighty-five normal men with negative results. Branch, Ferguson, and Zondek have each assayed the urine of normal men as well as the urine of men with various testicular lesions. Except in cases of teratoma, negative findings were reported in a series of cases approximating 700. It is Ferguson's opinion that no disease of the testicle, either organic or functional (except malignancy), gives enough hormone to cause the stimulation of follicles in the immature mouse ovary.

On the other hand Hinman and Powell, Evans and others, state that castration in the male brings about excretion of a gonadotropic hormone. Owen and his co-workers describe two cases, one of extensive gumma, the other a destructive cyst in which the testicular tissue was largely destroyed. In both these instances they were able to demonstrate gonadotropic hormone. In this hospital two cases have been encountered, one in which the testicular tissue was destroyed by tuberculosis, the other by a pyohydrocele. An assay of the urine for gonadotropic hormone showed an appreciable amount of the follicular stimulating principle. This data would indicate that castration in the male, whether by surgical removal or by any destructive agent, may be likened to menopause in the female in respect to the secretion of a gonadotropic hormone. At any rate the possibility must be kept in mind that gonadotropic hormone may be excreted when the testicular tissue is destroyed by any agent.

However, there is conclusive evidence that a gonad stimulating hormone is excreted in the presence of malignancy of teratomatous origin. The gonadotropic hormone produced under this condition may bring about only the growth and enlargement of graafian follicles in the immature rat ovary. The morphologic aspect of the ovary is identical to that obtained with injection of the urine of menopause. In other instances, the gonadotropic hormone of teratoma testis may produce a luteinization of the rat ovary similar to that produced by pregnancy urine. There are to be found corpora lutea with retained ova, premature luteinization of the follicle walls and luteinization of the stroma. As in pregnancy, the luteinizing action of the urinary hormone is due to the presence of chorionic tissue.

Estimation of Gonadotropic Substance

An approximation of the amount of gonadotropic substance in the urine can be obtained easily. An aliquot of a twenty-four hour specimen is washed with ether to remove any traces of estrin, and the ether is allowed to evaporate. Then distilled water is added to obtain solutions of 5, 10, 20, and 40 per cent. A part of the etherized specimen is left untreated. The experimental animals used are six immature, albino rats twenty-four days old. Five rats receive daily injections of 1 cc. for 5 days; the sixth animal receives 2 cc. daily. The total amount of urine injected varies from 0.25 to 10 cc. The dosage levels are 0.25, 0.5, 1, 2, 5, and 10 cc. On the sixth day autopsies are performed on the rats and the ovaries examined for evidence of the hormone. The nature of the reaction has already been described; i.e., follicular stimulation and luteinization of the immature rat ovary. The smallest amount which causes follicular stimulation is said to represent one rat unit. The division of that amount into 1,000 gives the number of rat units per liter. Perhaps the more accurate way is to estimate the daily output by noting the volume of the twenty-four hour specimen and dividing the smallest dosage into that. In this manner the discrepancy which arises

with any great fluctuation of urinary excretion is eliminated.

Certain limitations inherent in the technic must be recognized. To begin with, only one rat is used for each dosage level. An accurate assay would require six or a dozen animals. Obviously, from the point of view of routine procedure, the cost of experimental animals would be prohibitive, and also the time consumed in running such a test would be unreasonable. From necessity, we use only one rat for each dosage; and in so doing we may seem to ignore the factor of animal variation. Secondly, the dosages are given so that only relatively wide ranges in amount of hormone are determined. A daily injection of 2 cc. will show the equivalent of 100 R. U. (rat units). The daily injection of 1 cc. shows 200 R. U., that of 40 per cent solution shows 500 R. U., that of 20 per cent 1,000 R. U., of 10 per cent 2,000 R. U. and of 5 per cent 4,000 R. U. In view of the objections mentioned, the numerical value of rat units is subject to error. It is to be understood that the result gives only an *approximation* of the amount of gonadotropic hormone.

Diagnostic Value

We have seen that some hormone could be demonstrated in those cases in which the testicular tissue was destroyed by something other than malignancy. If it occurs in such cases as well as in teratoma, the determination would seem to be valueless for diagnostic purposes. Actually, the hormone assay, interpreted in the light of clinical findings, yields useful information. Suppose the testicular lesion shows tissue destruction and some follicle stimulating hormone is demonstrated. Is the presence of the hormone diagnostic of malignancy, or is it to be looked on simply as the result of a nonfunctioning gonad? A series of assays during the course of a few weeks will help answer the question. If the amount of hormone increases considerably, teratoma is the probability, for it has been common experience that the hormone production constantly increases in untreated teratoma. On the other hand, if the amount of hormone remains stationary, the probability of some other etiologic factor must be considered.

Suppose a small nodule is present in the testicle. If the follicle stimulating hormone is found in the urine, it may be considered good evidence of teratoma, because there is no great loss of testicular tissue. A failure to demonstrate the hormone on successive testing is almost conclusive evidence that the nodule is not neoplastic.

In some few cases a great amount of luteinizing hormone, like that of pregnancy urine, will be found. The tumors concerned are those of very embryonic cells. Without any hesitation the presence of luteinizing hormone may be termed pathognomonic for the embryonal type of teratomata.

Prognostic Value

After a diagnosis of teratoma, the hormone assay is useful in following the course of the disease. The amount of hormone in the urine is influenced by at least three factors: first, the type of tumor; second, the number and site of metastases; and third, the amount of x-ray therapy.

Type of Tumor.—Ferguson classifies teratomata by correlating the hormone production with the histology of the tumor. Chorion epithelioma, histologically the most embryonic, produces the greatest quantity of hormone. Embryonal adenocarcinoma with lymphoid stroma, seminona, and the adult teratoma produce decreasing amounts of hormone and in the order named are less embryonic. With the material in our hands—some thirty-five cases—we are unable to find such clear-cut distinctions between tumor types on the basis of hormone secretion. None the less it must be admitted that equal amounts of tumor tissue produce different quantities of hormone, that the more embryonic the tumor, the greater the quantity of hormone.

Number and site of metastases.—The production of the gonadotropic hormone is also influenced by the extent of the tumor. Since the metastases generally bear the characteristics of the tumor of the primary site, they, too, are capable of effecting the secretion of the gonadotropic hormone. The amount of hormone is determined then by the total sur-

face of the neoplasm. Thus, more hormone can be demonstrated if the tumor has metastasized extensively than if it is still restricted to the primary site.

Amount of x-ray therapy.—Irradiation is the third factor which influences the hormone production. With x-ray therapy, the hormone excretion decreases as a result of the destruction of the tumor cells. If the tumor is very radio-sensitive, the decline in the hormone output is more marked. However, with the information that is available, it is inadvisable to make specific correlations between the hormone production and irradiation.

Summary

In summary, then, a gonad stimulating hormone is produced in cases of testicular tumor. In some instances it produces only the growth and maturation of graafian follicles in the ovaries of immature rats. Such a hormone, in amount as much as 500 R. U., is also produced when testicular tissue is destroyed by any agent. For clinical purposes, then, a distinction must be made by means of a series of assays. In other cases of testicular tumors a luteinizing hormone may be demonstrated which may be considered diagnostic of the embryonal types of tumor.

In following the course of the disease, three influencing factors must be recognized: first, the type of tumor; second, the number and size of metastases; and third, the amount of x-ray therapy.

The quantitative assay of gonadotropic hormone properly interpreted in the light of clinical findings is useful in the diagnosis and prognosis of testicular lesions.

REFERENCES

Allen, E. (Editor): Sex and internal secretions: A survey of recent research. Baltimore: Williams & Wilkins Company, 1932.

American Medical Association: Glandular physiology and therapy: a symposium. Chicago: American Medical Association, 1935.

Ferguson, R. S.: Quantitative behavior of prolan A in teratoma testis. Am. J. Cancer 18: 269–295 (June) 1933.

Hinman, F., and Powell, T. O.: Gonadotropic hormone in urine of men with tumor of testis. J. Urol. 34: 55–71 (July) 1935.

Owen, S. E., and Prince, L. H.: Macroscopic methods in bio-assay of prolan hormones. J. Lab. & Clin. Med. 22: 431–434 (Jan.) 1937.

Smith, P. E.: Induction of precocious sexual maturity by pituitary homeotransplants. Am. J. Physiol. 80: 114–125 (March) 1927.

Nonvenereal Suppurative Lesions of the External Genitalia*

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IN THE late fall and early spring of 1936 and 1937 there occurred an epidemic of influenza. The disease was mild and the mortality rate low. However, there were certain outstanding sequelae. The complications called to our attention were those directed to the external genitalia. These included one case of balanitis, four of epididymo-orchitis and one of penile-scrotal gangrene.

We grouped all of these cases under one heading because they were all (1) nonvenereal, (2) followed an attack of influenza, (3) went on to suppuration to a lesser or greater degree, and (4) with but one exception terminated with surgical intervention.

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

Case Reports

Case 1.—B. K., a male 46 years of age, complained of sharp, cutting pain of one week's duration in and about the meatus of his penis. This pain had been increasing in severity and at the time of examination was so intense that the mere movement of his penis rubbing against his clothing was unbearable.

One week previous to the onset of these symptoms, he had had a severe attack of influenza, with fever, chills and severe malaise. The first morning after recovering, while at his work as a janitor, he suffered a sharp lancinating pain on voiding. The pain persisted. Four or five days later, he noticed a darkening of the area about the meatus, which extended up toward the glans. The next day, the mucous membrane of the meatus seemed to him to be cracked, and bled when he voided. The pain was severe and scalding.

Examination disclosed a shallow ulceration of the mucous membrane about the meatus without induration, and a dark area extending backward toward

Fig. 1. B. K. (Case 1). Lesion at meatus.

the sulcus. Smears contained gram positive cocci in chains and clumps.

He was instructed to soak the lesion in hot solutions of boric acid and magnesium sulphate. The ulcer edges sloughed upward into the glans and backward to the frenum. At this stage, he could obtain relief only from the application of pledgets of cotton saturated with a solution of novocain. The anesthetic ointments were not satisfactory. The ointments of merthiolate, ammoniated mercury, mercurochrome and balsam of Peru gave no relief; Dakin's dressings and allantoin were equally disappointing. Irrigations of hydrogen of peroxide seemed to arrest the progression. Then cauterizaton with silver nitrate stimulated healing. A biopsy taken at the height of the fulminating period disclosed an ulceration surrounded by a heavy layer of leukocytes.

Two years ago, under identical conditions, this patient had a lesion, which began in the same manner, on the left side of the coronary sulcus, and burrowed toward the meatus. Healing occurred in five weeks and at no time was as painful. The patient on both occasions denied any venereal exposure.

Case 2.—Mr. G. V. T., age 35 years, was first seen in bed at his home on November 5, 1936, suffering from marked discomfort and pain in the left testicle of two weeks' duration.

He stated that about two weeks before, he had had an attack of influenza and with it sore throat, fever and chills. After returning to work, he lifted some heavy object and felt a sharp stab of pain in his left testicle. The pain remained constant and that evening upon his return home, while undressing, he noticed the testicle was swollen and markedly tender. The pain became more severe, the temperature rose to 103.6 F. and his physician was called. Hot compresses and elevation were instituted with no relief. The pain continued in the nature of sharp lancinations. On the third day he had terminal hematuria on two occasions.

He was seen by the writer on the fourth day. The swelling at the time showed what apparently was fluctuation in the lower portion of the testicle with no line of demarcation between the testicle and epididymis. A diagnosis of acute suppurative epididymo-orchitis was made, which was confirmed by surgical operation. The epididymis and testicle were both involved in a destructive and massive suppuration requiring the removal of both.

Case 3.—Mr. W. F., male, 53 years, was first seen at his home on January 26, 1937, suffering from a swollen and tender mass in the left scrotum. He had been in bed for about a month. On or about the beginning of January, the patient was exposed to cold weather, his work being that of a teamster. He went to bed because of an upper respiratory infection, which developed into influenza. One week later, he suddenly had a sharp lancinating pain in the right testicle, which immediately became markedly tender, red and swollen. Following the use of hot compresses of magnesium sulphate, the condition improved, and subsided in about one week, at which time he developed a similar pain and swelling in the left testicle. The left testicle then became markedly tender, and, again, the general malaise was repeated. The inflammation in the left testicle did not subside. On January 26 the left testicle still was very tender, swollen and fluctuating both in the upper and lower poles. No differentiation could be made between epididymis and testicle. His temperature at this time was 104.6 F. A diagnosis of acute suppurative epididymo-orchitis was made. This was substantiated by surgery, which showed the entire epididymis and testicle to be one necrosing mass. This was removed and the scrotum drained. The right testicle at this time was to all appearances negative. He made a very stormy convalescence; chills and temperatures up to 104.3 F. were not uncommon. His prostate and seminal vesicles were repeatedly examined for possible foci. His urine was carefully checked. Blood cultures revealed nothing. He complained of pain in the right acromial clavicular joint. The fever subsided gradually and on February 14, 1937, the temperature was normal. The patient was discharged apparently much improved.

Ten days later, the temperature again rose and at the same time the right testicle again became tender and swollen. He was returned to the hospital and right epididymo-orchotomy was done with the hope of saving one testicle. The temperature dropped immediately. The pain in the acromial joint disappeared. Two weeks later, the patient was discharged with a draining and suppurating incision. Three weeks later, he returned for a secondary closure, which healed satisfactorily.

Fig. 2. W. F. (Case 3). Beginning healing after right epididymo-orchotomy.

Case 4.—Mr. G. E., age 23, was first seen on April 18, 1937, complaining of pain and swelling in the right testicle. About two weeks before, he had had an attack of influenza with chills and fever. He complained of severe urinary frequency and urgency. On April 15, 1937, he suddenly developed pain and tenderness in the right testicle. The next day marked swelling was present. The pain and tenderness became exquisite. The swelling and discomfort remained. Hot and cold compresses were tried with no apparent improvement. The right testicle was swollen to the size of a large hen egg. The mass was very tender and the epididymis and testicle could not be differentiated. There was fluctuation in the lower pole. There was no history of venereal exposure. Diagnosis of acute epididymo-orchitis was made, which was substantiated by surgical operation. When the tunica was opened pus gushed out. The epididymis and testicle were both markedly necrotic. Right castration was done.

Case 5.—Mr. H. G., age 28, a white male, was first seen at Mt. Sinai Hospital while in bed. He complained of pain in the right testicle of four days' duration. One week before, he had a severe attack of influenza. On the fifth day, he developed a sharp pain in the right groin and testicle, which became swollen and very tender. No relief could be obtained by any of the prescribed methods,—heat, elevation, etc. The patient did not give a history of chills, but had a fever and when first examined, his temperature being 101.6 F. The scrotum was red and swollen. The testicle and epididymis could not be differentiated. There was no apparent fluctuation. A diagnosis of tumor of the testicle was made. On surgical operation, a hard mass was found at the lower pole of the epididymis, which extended to the testicle. A frozen section was diagnosed as a malignancy. Castration was done. Further sections differed from the original conception and a final diagnosis of suppurative epididymo-orchitis was made.

Case 6.—Mr. H. P., male, aged 35 years, complained of pain and swelling in the penis and scrotum of three days' duration. He was first seen on April 27, 1937, at his home. He looked desperately ill. He said that while at work on the preceding day he lifted a heavy weight and felt something "give" in his groin. He felt ill all day and that night had a severe chill. Following the chill, he had a high temperature. He then noticed a sore throat. He called his physician, who prescribed antipuretics. The following day, his penis was swollen, with most of the swelling confined to the loose tissue of the penis. Hot compresses were advised. The next day, the swelling had spread to the anterior surface of the scrotum, which was red and edematous, with the feeling of crepitation in the tissues. His temperature was 104.2 F. at this time. When the compress was removed for examination of the scrotum, the superficial epithelium adhered to the gauze. The patient was hospitalized.

The next day dark infarct-like areas were present on the anterior surface of the scrotum and the posterior surface of the penis. The edema was more marked in all the loose tissues, the prepuce included. The skin of the scrotum felt as if it were filled with air. The crepitation gradually spread to the penile tissues and prepuce.

The entire infected area now presented a weeping surface with infarcted areas showing secondary infection. Pus began to break down the entire skin surface and it was necessary to remove the entire anterior portion of the scrotum and the posterior surface of the penis. Convalescence was stormy. Some of the following methods were used in an endeavor to stem the progress of the gangrene; convalescent serum, prontylin, prontosil, blood transfusions, oxygen sprays, all the commonly known antiseptic solutions for compressing. Chills followed high temperatures, which rose to 104.5 F. at the peak. Allantoin dressings with permanganate of potassium irrigations gradually formed clean granulations. A plastic repair was done. The denuded areas were restored to a fair semblance of the normal.

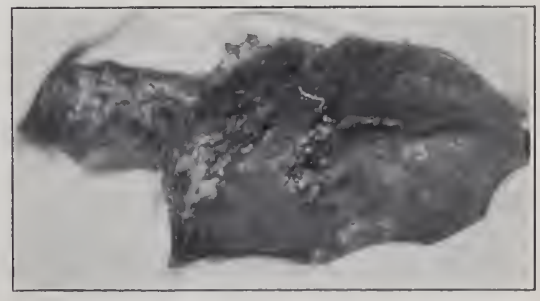

Fig. 3. H. P. (Case 6). Beginning gangrene.

Fig. 4. H. P. (Case 6). Entire sloughing mass removed. Note secondary infection in groin with pustules and vesicles.

Discussion

Briefly, a very similar pathological reaction occurred in all cases. A suppurating, leukocytic infiltrating process formed the background for miliary abscess formation and necrosis. The testes and epididymis were involved by suppuration and necrosis. In the fourth case, the process was somewhat more limited to the epididymis. In this case, the reaction was more organizing, less acute, less suppurating, and more closely resembling a granuloma. In the fifth case, the process may be best described as a necrosing suppuration. Bacterial stains disclosed large numbers of all types of bacteria. All the cases, however, on direct smear and culture, showed gram negative bacilli and gram positive short chain cocci predominating. In none of the specimens was there any evidence of tuberculosis, syphilis or tumor. None of the specimens disclosed any evidence of gonococcic infection either by histological appearance or by bacteriological investigation.

Acute and chronic nonvenereal lesions of the penis, which are primary and local and not secondary to some general or systemic process or other local abnormality, occur rarely.

In the lesion occurring in the first case, the sudden onset, the marked destruction and the delayed healing cause one immediately to classify it with the venereal lesions. But a diagnosis of venereal infection was belied by the following: No history of exposure, the results of multiple smears, the darkfield examination, the biopsy, and the history of a previous lesion reacting in the same manner. That left only the metastatic infection to account for the condition.

Hinman states the epididymis suffers bacterial invasion much more frequently than the testicle. Invasion occurs via the lymph, vas deferens and blood. The latter type of invasion is the most rare. This is usually inter-current with some infectious disease; Frey mentions such diseases as syphilis, mumps, typhus, cerebrospinal meningitis, malaria and influenza.

Differentiation between processes affecting the testicle and epididymis is a matter of clinical accuracy and at times impossible. Often it is difficult to determine at which portion the infection first manifested itself.

Acute orchitis is either an ascending type of infection from the posterior urethra by way of the lumen of the vas deferens through the epididymis, resulting in an epididymo-orchitis, or through the blood stream as a metastatic type of infection. Metastatic orchitis is not uncommon in infectious diseases, such as typhoid fever, paratyphoid fever, mumps, diphtheria, scarlet fever, variola, influenza and many others. It also occurs as a complication of pyogenic infections in any place in the body, particularly infections

Fig. 5. H. P. (Case 6). After healing.

caused by B. coli, staphylococci and streptococci. It is thus seen that any organism from any causative agent may enter the testicle through the blood and produce an acute epididymo-orchitis.

The penis and scrotal tissues, because of their structural peculiarities, lend themselves readily to edema and the resultant pathological changes. Gangrene is the final stage. Campbell states that acute fulminating gangrene of the penis and scrotum is a disease characterized by an abrupt, spontaneous onset, a rapidly ensuing inflammation with marked edema and subsequent necrosis of the superficial tissues of the genitalia. The condition is usually accompanied by generalized sepsis and prostration.

The etiology is of great interest. Whiting maintains the most probable predisposing factors are (1) the laxity of the cellular tissues, which permits marked infiltration, and (2) the looseness of the skin, which diminishes resistance to infection. Age is no factor. The disease has been reported in a boy two years of age; Campbell reports the disease in a seventy-one year old individual.

The portal of infection is a moot question. Many organisms have been accused, among which were Klebs-Löffler bacilli, Vincent's spirillum, aerogenes bacillus, aerobus septicus bacillus and various anaerobes. Randall reported the streptococcus family responsible. Erysipelas also has been considered. Because of the vast indecision, the term idiopathic gangrene is most often used. In differential diagnosis, penile-scrotal gangrene from urinary extravasation, acute peri-urethral abscess, diabetic gangrene and the marked edema of nephritis, cardiac insufficiency, hepatic cirrhosis and other related conditions must be borne in mind.

In the instance involving the testicle the character of the inflammation was extremely intense and accompanied by great destruction of the parenchyma. First, there was what appeared to be a polymorphonuclear infiltration of the stroma. Minute vessels became occluded. The tubules were desquamated down to and including the sertoli cells. The basal limiting membrane of the tubules ruptured. Spermatogenic cells were found lying free in the stroma. Finally, large areas were infarcted and all cellular detail disappeared. The process in the epididymis, while it varied to a certain degree in these cases, had one factor in common, that is, the epithelial lining of the tubules was neither ulcerated nor desquamated and there was no evidence of accumulation of exudate within the tubules. The process was limited entirely to the interstitial stroma. In the more chronic processes the inflammatory exudate exhibited a tendency to organization, and there was a considerable production of fresh fibrous tissue. This produced an interesting phenomenon affecting the tubules: the muscle coat of the tubules was hypertrophied and contracted; the lining epithelium took on the appearance of hyperplasia and the lumen of the tubules was frequently closed. Thus, there was produced the appearance of solid, cellular islets in place of the open tubules. These were so striking that taken independently, or even in fields where there were several closely packed, they might easily be mistaken for islands of tumor tissue of squamous epithelial origin. The predominating cell in the inflammatory exudate was the leukocyte, but there was in addition a substratum of young fibroblasts and large foamy monocytes. Scattered irregularly small veins or even small arteries were found with inflammatory processes involving the walls, and the development of miliary thrombi was noted. In the densely cellular areas necrosis occurred, and here there was a tendency for the leukocytic exudate to become walled off and to form abscesses. On the whole, staining of these tissues for bacteria was unsatisfactory. Occasional small bacilli were found and in the freshly involved areas occasional cocci were found. An insufficient number of bacteria were discovered by these methods to warrant any conclusions concerning them. Summarizing the anatomical findings, one might say these lesions were characterized by a suppurating process spreading via the interstitial tissues and involving secondarily the seminiferous tubules of the testicle and the collecting tubules of the epididymis.

Summary

Five cases of nonvenereal suppurative lesions of the external genitalia have been presented. The etiology of the condition was the same in all cases but its manifestations were different. The infection in all cases was limited to the external genitalia. The pathologic findings were of the same type. In the cases of epididymo-orchitis it was impossible to state which portion was first affected.

REFERENCES

Allen, C. W.: Gangrene of the scrotum. J. Cutan. & Genito-Urin. Dis. 12: 55–62 (Feb.) 1894.

Bisset, A. G.: Traumatic gangrene of the scrotum with almost entire separation; recovery, plastic operation for formation of new scrotum. Lancet 1: 1793–1794 (June 25) 1904.

Campbell, M. F.: Streptococcus, scrotal and penile gangrene. Surg., Gynec. Obst. 34: 780–786 (June) 1922.

Randall, A.: Idiopathic gangrene of the scrotum. J. Urol. 4: 219–235 (June) 1920.

Whiting, A. D.: Gangrene of the scrotum. Ann. Surg. 41: 841–862 (June) 1905.

Equine Encephalomyelitis in Man

Report of Three Questionable Cases

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Mondovi *Neillsville*

WE ARE presenting case reports from three patients with encephalitis, probably due to the virus of equine encephalomyelitis. These are the only cases known to have occurred in Wisconsin. If they actually are due to the equine virus the relation of equine diseases to human beings becomes of greater importance and a new public health problem arises, demanding serious consideration.

Meyer[1], in 1932, suggested the possibility of human infection from horses with encephalomyelitis and reported three cases. He[2,3] states the disease was originally diagnosed as botulism. The first epidemic among horses appeared in the San Joaquin Valley, California, in August, 1930, and spread to other parts of California but disappeared with the approach of winter. An increasing number of cases occurred in horses throughout the western half of the United States up to 1932 but the incidence declined steadily thereafter.

Recently cases of equine encephalomyelitis in human beings were observed in Minnesota[4] and in Massachusetts.[5,6] Blood from one of the Minnesota patients who recovered yielded a neutralization of the western strain of equine encephalomyelitis, the only strain of the virus which has been isolated.

During the summer and fall of 1938, an epidemic of equine encephalomyelitis appeared in Wisconsin. A communication from the State Veterinarian[7] reports 7,289 cases of equine encephalomyelitis of which 1,538 terminated fatally. The counties along the Mississippi river had the highest incidence, especially Burnett county. There were several minor outbreaks along the Wisconsin river and in the Fox river valley. In fact all sections of the State had a certain amount of equine encephalomyelitis with the possible exception of the extreme northeast section.

The patients whose cases we are reporting lived about six miles from Mondovi, Wisconsin, in the area where large numbers of horses were known to have been affected. Our findings closely parallel those of Feemster,[6] particularly as to clinical signs, symptoms and age group, the majority of cases occurring in children under ten years of age. Blood from the recovered patient was sent to Dr. Charles Armstrong, of the United States Public Health Service, and Dr. L. T. Webster, of the Rockefeller Institute, for neutralization tests. At the time of this writing no report has been received on the specimen sent to the United States Public Health Service. The one sent to the Rockefeller Institute was tested for the eastern, western and St. Louis strains of equine encephalomyelitis and the report was "found

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no neutralizing antibodies for any of these strains."

Case Reports

Case 1.—*History:* A girl, H.H., aged 3 years, was admitted to the hospital at 8 p. m., August 17, 1938. She was apparently well, except for a slight fever the evening before, up to 5 p. m. on August 17 when her parents noticed rolling of her eyes, convulsions and cyanosis, followed by loss of consciousness shortly thereafter.

The pasture of the farm on which this patient lived was used to load and unload transient horses. One of the horses died of encephalomyelitis on August 17, 1938.

Physical examination: The child was unconscious. Her rectal temperature was 102 F., her respirations were frothy and noisy. Clonic contractions of the right upper and lower extremities and increased tonus of the muscles elsewhere were noted, together with conjugate deviation of the eyes upward and to the left, generalized cyanosis (especially marked about the face), and moderate rigidity of the neck.

Diagnosis: Convulsions of unknown origin.

Laboratory data: The spinal fluid was clear and under moderate pressure. It contained 4 lymphocytes per field. The sugar was increased, the globulin, Kahn, colloidal and mastic tests were negative. No growth was recorded in twenty-four hours. The urine was normal. The erythrocytes numbered 4,700,000, the leukocytes 27,000 with 70 per cent polymorphonuclear leukocytes (stabs 10 per cent).

Course: The child remained drowsy and listless. Her temperature fluctuated from 100 to 105 F. and the pulse from 140 to 170. The left-sided convulsions and the cyanosis persisted. In addition muscular twitchings occurred over the rest of the body. Her coma deepened and she died at 8 p. m. on August 18, forty-eight hours after the onset of her symptoms.

Postmortem examination: (Performed by L. E. Dickelmann, M. D., Eau Claire.) Generalized lymphadenopathy and myocardial degeneration were the only abnormalities noted. The cause of death was undetermined.

Case 2.—*History:* A girl, E.H., aged 5 years, a sister of H.H. (case 1), was admitted to the hospital at 11:50 p. m., August 21, 1938. The day before she was seen at the office (of B.F.J.) complaining of nausea, abdominal pain and severe headache. Physical examination at that time was negative. A few hours later she was returned to the office because she vomited four times. Physical examination now disclosed a rectal temperature of 104 F., muscular twitchings and congestion of the pharynx. She returned home and the next morning, August 21, had a convulsive seizure. At 11 p. m. she became unconscious and began having a series of convulsions.

Physical examination: The rectal temperature was 105 F. and the respirations were rapid and noisy. Generalized cyanosis, tonic and clonic convulsions, and frothing at the mouth were noted.

Diagnosis: Convulsions of unknown origin.

Laboratory data: The spinal fluid was bloody. It contained 105 cells per field, of which 55 per cent were neutrophils and 45 per cent were lymphocytes. The globulin test was faintly positive, the gold-sol 2333210000. Nose and throat cultures were negative. The hemoglobin was 110 per cent, red blood cells 4,100,000, white blood cells 20,500, neutrophils 84 per cent (stabs 11 per cent), lymphocytes 13 per cent, monocytes 3 per cent.

Course: The next morning (August 22) the temperature dropped to 103 F. rectally, but there was rigidity of the entire body, especially of the right lower extremity. The child was stuporous, and looked around with a glassy stare. She seemed to understand when spoken to, but appeared unable to talk. She had several watery stools during the day and between 6:30 p. m. and 9:30 p. m. two convulsive seizures were observed, each lasting for twenty minutes.

On the morning of August 23 her temperature was almost normal. The aphasia persisted, she had involuntary micturition and occasional clonic muscular contractions, but was able to get in and out of bed. No convulsions were observed, but her neck was still rigid.

On August 24, the child talked and she was very lively although her neck was still rigid.

On August 25 and 26 she felt much better. Her temperature was 99.4 F. rectally and her neck was rigid.

On August 27, 1938, she was discharged from the hospital apparently normal, eight days after the onset of her illness.

Case 3.—*History:* A girl, D.G., aged 5 years, was admitted to the hospital at 6:30 a. m., August 24, 1938. She lived on a farm about one mile from where H.H. and E.H. (cases 1 and 2) lived. No contacts with these children could be established and there were no horses on the farm with encephalomyelitis. The child first became ill on the evening of August 22, 1938, when her parents noticed she was feverish. The next day she complained of severe headache and of dizziness. During the night of August 23 and on August 24, she was restless and cried frequently.

At 5:30 a. m. on August 24 she had a rectal temperature of 100 F. She was apprehensive, saying all the time, "Let me alone." Otherwise the examination was negative. One hour later the child went into clonic convulsions (especially of the right arm and leg). There were muscular twitchings, frothing at the mouth and generalized cyanosis, especially marked about the face.

Diagnosis: Convulsions of unknown origin.

Laboratory data: The spinal fluid was clear and contained three cells per field, lymphocytes predominating. The culture was negative as was the Kahn test.

Course: She did not respond to the administration of oxygen and died at 8:40 a. m., during a spinal puncture, thirty-six hours after the onset of her illness.

Postmortem examination: (Performed by L. E. Dickelmann, M. D., Eau Claire.) Edema of the brain and chronic passive congestion of all organs were found. The cause of death was undetermined.

Summary

Three cases believed to be encephalomyelitis due to the virus of equine encephalomyelitis are presented. There were two deaths and one recovery. All the patients resided in the region where at the time an epidemic of equine encephalomyelitis prevailed. These patients presented characteristic signs and symptoms of the disease,—a sudden and explosive onset, with headaches and convulsions, followed by muscular twitchings, coma, hyperpyrexia, generalized cyanosis, aphasia and rigidity of the neck.

We hope this report will keep the physicians of Wisconsin on the lookout for similar cases, since there is much information to be accumulated before the many problems presented by this disease can be explained. If a patient dies of an atypical human encephalitis the brain should be investigated for the virus of equine encephalomyelitis. To recover the virus it is necessary, as soon as possible after death, to preserve the brain specimens in 50 per cent glycerin solution.

BIBLIOGRAPHY

1. Meyer, K.F.: A summary of recent studies in equine encephalomyelitis. Ann. Int. Med. 6: 644–654 (Nov.) 1932.
2. Meyer, K.F., Haring, C.M., and Howitt, B.F.: The etiology of epizootic encephalomyelitis of horses in the San Joaquin Valley 1930. Science 74: 227 (Aug. 28) 1931.
3. New York State Department of Health: Health News (Dec. 26) 1938.
4. Eklund, C.M., and Blumstein, Alex: The relation of human encephalitis to encephalomyelitis in horses. J.A.M.A. 111: 1734–1735 (Nov. 5) 1938.
5. Wesselhoeft, C., Smith, E.C., and Branch, C.F.: Human encephalitis. J.A.M.A. 111: 1735–1741 (Nov. 5) 1938.
6. Feemster, R.F.: Outbreak of encephalitis in man due to the eastern virus of equine encephalomyelitis. Am. J. Pub. Health 28: 1403–1410 (Dec.) 1938.
7. Personal communication from Dr. V. S. Larson, State Veterinarian, Madison, Wisconsin.

Physical Therapy in General Practice*

By JOHN S. COULTER, M. D.

Chicago

IN PHYSICAL therapy the agents of the greatest use are heat, water, massage, light and exercise. This paper will deal with the indications and contraindications for their use in the general practice of medicine.

Heat

Heat is applied locally to increase local circulation. The amount and kind of heat should be definitely prescribed. For instance, it is not wise to use long infra-red radiation from an infra-red generator for a deep-seated lumbar myositis, because long infra-red rays penetrate the skin from 0.1 to 3 mm. while short infra-red rays from a lamp source penetrate 10 to 30 mm. Again, in peripheral vascular disease a temperature of 95 F. relieves pain and is preferable to higher temperatures.

Short wave diathermy.—The most penetrating form of local heat is that produced with short wave diathermy. In testing short wave diathermy machines we have performed over 300 measurements of the temperatures produced at a depth of two inches in the quadriceps muscle. With a heating pad the temperature rise was less than 0.5 F., with long wave diathermy it was about 3 F., and with an efficient technic with short wave diathermy it was 7 F. We use the electromagnetic induction technic for the application of short wave diathermy, that technic being the most efficient and convenient. It is believed the physiologic effects of short wave diathermy are those of heat.

Local heat is most often used in arthritis and the rheumatoid conditions, myositis, fibrositis, tenosynovitis, bursitis, and neuritis. It is also of value in traumatic conditions—such as muscle strains, sprains, traumatic synovitis, dislocations and fractures—pre-

* From Northwestern University Medical School, Chicago, Ill. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

ceding massage. It is a useful adjunct in inflammations of peripheral nerves and peripheral vascular disease.

Since local heat is used to increase local circulation, to bring a patient needing local heat from his home to a doctor's office for the application of heat once daily is not securing the best effects from this treatment. If we use local applications of heat in our office with short wave diathermy, we make arrangements for the patient to use a homemade "baker" (see fig. 1) at home for twenty to thirty minute periods three or four times a day in addition. Various other forms of heat, such as a paraffin bath, may also be used at home. To give the patient definite directions we use a mimeographed sheet of directions, reading as follows:

Directions For the Home Use of Heat

Have part to be treated in a comfortable relaxed position, without clothing.

Treatment should last from twenty minutes to one hour, given one, two or three times a day according to instructions from the doctor.

Cover part with blanket ten to twenty minutes before getting up, unless massage is to be given.

METHODS OF APPLYING HEAT

Electric light baker. Used for hand, foot, arm, leg, back, shoulders. Cover baker completely with a light blanket. Regulate to a comfortable temperature, by uncovering a corner if necessary.

Room heater. Place heater on chair or table near patient. Regulate to a comfortable temperature by distance placed from patient.

Hot compresses. Wring a bath towel or large piece of flannel out of hot water, apply to part and cover with folded bath towel or blanket. Repeat frequently to keep warm, or keep warm with hot water bottle, baker, or room heater.

Paraffin baths.

Hands—Fill top of large double boiler (6 qt.) with paraffin (6–8 lbs.), lower part with hot water. Place on stove until nearly all melted. Be sure that a piece is left unmelted. This is important to avoid burns. Remove from fire, leaving water in bottom of boiler.

Dip hand quickly into paraffin, with fingers separated, being careful not to touch sides or bottom of boiler. Remove hand from boiler until paraffin is hardened, dip and quickly remove again. Repeat until thick glove is formed. Peel off glove and put paraffin back into boiler. Make two or three gloves according to length of time prescribed by doctor.

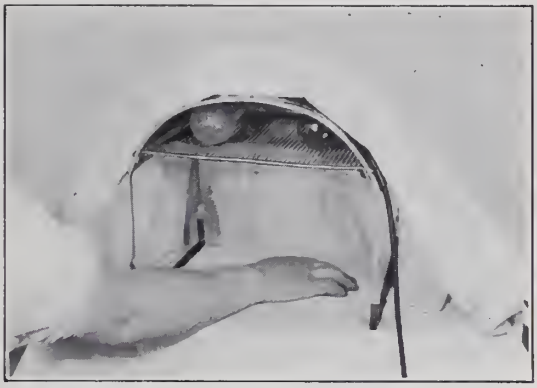

Fig. 1. Homemade "baker."

If exercise is prescribed, squeeze and mold piece of warm paraffin in hand before putting back in boiler.

Large Joints—Protect bed or floor from dripping paraffin with newspapers. Melt paraffin as above (2 lbs. in smaller boiler).

Take a new paint brush (2–2½ inches wide), dip into melted paraffin and spread it over the joint. Repeat spreading on the hot paraffin until the joint is completely covered. Work brush back and forth only enough to spread hot paraffin smoothly over the previous layer. Continue painting over the hardened layer of paraffin until a thick coating is made (⅛ inch or more).

Remove, put back into boiler, and apply additional coats for the length of time prescribed by the doctor.

Short wave diathermy recently has been advocated for many conditions. In the light of present knowledge, however, the indications for the use of short wave diathermy should be considered to be the same as those for the use of conventional diathermy. It is the local application of heat and is useful where heat is beneficial. Short wave diathermy is applied more conveniently than contact metal electrode diathermy and the danger of burns is lessened.

The use of short wave diathermy in pneumonia is sometimes questioned. There is no evidence of specific response to medical diathermy in the treatment of pneumonia. It does seem to be of definite benefit, however, in reducing the severity of the thoracic pain and this symptomatic relief is often important. The main factors concerned in the production of anoxemia are the passage of blood through the unaerated portion of the lung and shallow breathing.

Shallow breathing may be due to pleuritic pain restricting the respiratory excursion. The relief of this pain by diathermy may increase the respiratory excursions and thus be a factor in the decrease of cyanosis.

Short wave diathermy is contraindicated (1) in certain acute processes such as acute infectious arthritis; (2) in any condition in which there is a tendency to hemorrhage, such as a gastric ulcer; (3) over areas in which the appreciation of heat has been impaired or lost, as in certain peripheral nerve injuries; (4) through the abdomen, pelvis or lower part of the back during pregnancy, during menstruation, or thirty-six hours before or after menstruation; (5) over areas where there is a suspected malignant growth and (6) in diseases or injuries in which simpler methods of applying external heat give satisfactory results.

Hyperpyrexia.—Hyperpyrexia by physical agents has a definite field of application as an adjunct in the treatment of general paresis, chorea, multiple sclerosis, gonorrheal complications that have not responded to other treatment and the symptomatic relief of selected cases of chronic infectious arthritis. Hyperpyrexia should be given only in a hospital under the direction of a physician and by a technician both well trained in the administration of the particular physical agent used. We believe the most efficient method is that of electromagnetic induction short wave diathermy with the patient in a fever cabinet.

Water, Massage and Light

Water.—Water being so abundant and readily obtainable, its benefits as a therapeutic agent are often forgotten. Elaborate apparatus is not necessary in hydrotherapy. Head compresses for headache, throat compresses for tonsillitis and laryngitis, chest compresses for bronchitis, hot fomentation compresses for lumbago and sciatica, the hot sitz bath for prostatitis, painful hemorrhoids and dysmenorrhea are methods for the local application of heat that can be used in any home.

It is often forgotten that a full wet pack offers a very effective means of restraint in the excitement stage in psychoses and also has a marked sedative effect. A hypertonic salt bath is useful in the immediate care of extensive burns for the relief of pain and the prevention of shock.

Massage.—Every physician should be able to prescribe massage. The details of the technic of massage are given in the *Handbook of Physical Therapy,* published by the American Medical Association. The physician should supervise all early massage of fractures and give definite directions about the removal of splints, joint motions with or without the splint, and the amount and type of massage and exercise required.

In infantile paralysis and peripheral nerve injuries, massage at first should be only gentle superficial stroking. In these conditions the patient should be impressed with the fact that massage will not restore muscular power, but is used to increase the local circulation.

Ultraviolet radiation.—The sun is the best source of ultraviolet radiation but in our climate it is not usually available to provide accurate dosage. For general body radiation we use either of two artificial sources, the air-cooled mercury quartz or the carbon arc lamps. We do not use the cold quartz lamps for general irradiation. Although the erythemogenic efficiency of this type of lamp is high, practically all the erythemal effect is produced by the line of radiation at 2,537 angstroms.

Ultraviolet radiation is a useful adjunct in the treatment and prevention of rickets, infantile tetany and spasmophilia, in certain skin diseases, in certain cases of extrapulmonary tuberculosis and in a few other diseases. The *Handbook of Physical Therapy,* above mentioned, presents a detailed discussion of the uses of ultraviolet radiation.

In certain cases it is desirable that the physician prescribe the use of ultraviolet radiation in the home. Some lamps sold for this purpose do not furnish sufficient ultraviolet radiation. A physician should only recommend those lamps which have been accepted by the Council on Physical Therapy of the American Medical Association. A list of these lamps and other apparatus accepted

by the Council is given in a free booklet issued by the American Medical Association.

Exercise

Of the many varieties of physical therapy, active exercise probably deserves first place because of its wide applicability. In infantile paralysis, spastic paralysis, arthritis and fractures involving the weight bearing bones, Gaenslen's sling suspension exercises and underwater exercises are helpful in allowing the patient to translate even minimal and scarcely appreciable muscle power into active and readily demonstrable motion. The Gaenslen sling suspension method of assistive exercise consists in supporting the arm or leg to be treated in a sling suspended by a rope running through a pulley suspended overhead. The other end of the rope is managed by the patient. This eliminates the weight of the extremity as a hindrance during movement.

The advantages of underwater exercises are that the buoyancy of the water eliminates gravity and the warmth of the water can be used to relax the muscles and accelerate the blood flow. It is believed that every hospital physical therapy department should have facilities for some form of underwater exercises. In all our departments we use the Hubbard tank (see fig. 2). In certain long-continued cases it may be desirable to use underwater exercises at home. The Chicago Visiting Nurses Association has devised a tank for home use which we have made for $15. (See fig. 3.)

Fig. 2. Hubbard tank.

Fig. 3. Tank for home use devised by the Chicago Visiting Nurses Association.

In our program for exercises as an adjunct in the treatment of chronic arthritis we always start with body mechanic exercises. Local heat, massage, diathermy and other physical agents improve local circulation. Body mechanic exercises make more room in the thoracic cage for heart and lung action and set the diaphragmatic pump working on the abdominal veins and viscera, thus providing a higher general circulatory coefficient. Good posture and good body mechanics also relieve strains on weight bearing joints.

The patient and some interested member of the family are instructed in the use of body mechanic exercises. We give them the instructions on mimeographed sheets.* These exercises are based on the development of a firm, flat lower abdomen. The position to be attained is one in which the subject is standing so that the weight falls well forward on the outer borders of the feet, the lower abdomen pulled in and up, the back flat, the head up and the chin in. The body should be stretched tall without being rigid. The shoulders and chest then fall into their own balance line. The physician should direct carefully and check over the performance of these exercises every week, adding new ones and leaving off the easier ones as the patient improves.

* Any physician desiring copies of these sheets may obtain them by writing the author, 301 E. Chicago Avenue, Chicago, Ill.

For local joint conditions during the acute stage of arthritis, deformity must be prevented by rest in proper supports, but painless active motion is encouraged. These joints should never be manipulated by passive exercise, for swelling interferes with the circulation which is already poor and the diseased tissues are traumatized. During the subacute stage forms of exercise may be used which eliminate the weight of the extremity during movement. In Gaenslen's sling suspension method, previously described, the patient can exercise frequently for brief periods in the pain-free range. With a homemade tank, such as that shown in fig. 3, as stated before, the buoyancy of the water eliminates gravity and the warmth of the water relaxes the muscles and accelerates the blood flow.

After the acute and subacute stages have passed, free and resistive exercises should be given on prescription of the physician. The best results in the restoration of function in stiff joints following chronic arthritis are not obtained by manipulation but by the gradual use of these joints in directed exercise and occupational therapy.

In certain cases exercise apparatus is useful. Directions may be obtained from the author for the construction of (1) stall bars for arm and leg exercises, (2) a shoulder wheel and abduction ladder, (3) a Kanavel hand table, and (4) stairs with rails for stair-climbing exercises.

Rest and exercises are essential to the function of a joint. Motion should be encouraged in all stages of the disease, but this motion should be well within the fatigue limit.

Exercise for a single joint is monotonous. The human body is more than a machine and the formal repetition of a movement either with or without apparatus is not of maximum therapeutic value in increasing the amount of movement in a stiff joint or as an integral part of a larger coordinated movement because it provides no psychologic stimulant for personal incentive or sustained effort. Occupational therapy may be applied at home under the direction of the physician and with the help of the family. It is inexpensive and very effective if the patient is willing to cooperate.

Conclusions

Physical therapy can be used by every physician but it should be definitely prescribed. Usually some home program of treatment should be used in addition to that given in the physician's office or the hospital physical therapy department.

"QUESTION BOX" DISCUSSION

Question 1.—Abrams started the so-called "energy diagnosis of diseases." Dr. Guyan Richards, of London, England, is doing serious work on this now. Has anything been done in the United States on this subject?

Answer of Dr. J. S. Coulter, Chicago, Illinois.—The Abrams diagnosis and treatment of disease is a ghost of a treatment laid at rest by the Bureau of Investigation of the American Medical Association some years ago. It was so far as I know an absolute fake. I think the Bureau of Investigation of the American Medical Association has a pamphlet on the whole subject.

There have recently been a number of claims made for short wave diathermy on the general Abrams principle of a specific bactericidal action and specific thermal action. We have made some 300 investigations on human beings, testing the thermal action with thermocouples. We have also made a number of investigations on animals. But we have never been able to find in short wave diathermy any specific action—bactericidal, thermal or biological—of any wave length. Reports of these investigations were published in the Journal of the American Medical Association.

Question 2.—What are the indications for the therapeutic use of heat in the treatment of human disease?

Answer of Dr. Coulter.—Locally, heat is used to increase local circulation and relieve symptoms. It is indicated as an adjunct to treatment in chronic arthritis and rheumatoid conditions and in certain other conditions such as myositis and bursitis. It is indicated preceding massage in a number of traumatic conditions, like sprains, muscle strain and dislocations.

The general application of heat to raise body temperature has been used also as an adjunct in the treatment of such conditions as general paresis, gonorrheal complications (when all other methods have failed), chorea and in certain selected cases of chronic infectious arthritis.

This subject is very well covered in the Handbook of Physical Therapy, issued by the American Medical Association.

Allergy as Related to Otolaryngology*

By J. A. HURLBUT, M. D.
Madison

THE term "allergy" is now generally employed to designate all forms of hypersensitiveness in man. According to Hansel,[1] Coca has suggested that the term "anaphylaxis" be applied only to reactions which occur in animals. In man, Coca and Cooke[2] have classified the various forms of allergy into atopy, hypersensitiveness of infection, contact dermatitis, and ordinary serum disease, with ordinary drug idiosyncrasy. Under atopy are included such common manifestations of allergy as hay fever, nasal allergy, asthma, eczema, urticaria, angioneurotic edema, gastrointestinal allergy, allergic headache, and a few other less common manifestations.

Tuft[3] tells us that the allergic state is a condition of hypersensitiveness rather than one of intolerance. He states:

> This term (intolerance) is applied to those symptoms which result from the introduction of ordinary amounts of a substance producing in turn an exaggeration of its physiologic action but not any characteristically unusual symptoms. Thus, the administration of aspirin in ordinary doses in normal individuals usually produces no after-effects; in certain individuals it may by exaggeration of its physiologic action produce such symptoms of salicylism as tinnitus aurium, deafness, etc. These are considered symptoms of intolerance. However, even a minute dose in an individual hypersensitive to aspirin may produce sneezing attacks, urticaria or asthma, symptoms which are distinctly unusual, not exaggerations of physiologic action and hence termed symptoms of "hypersensitiveness" or "allergy." The term "intolerance" is employed, therefore, to indicate a quantitative difference in the physiologic response to a substance (e.g., food or drug), whereas a hypersensitive or allergic response is qualitative or pathologic in character.

Whether this hypersensitiveness is due to hereditary predisposition, endocrine disturbances, biochemical alterations in blood or tissues, or psychic, emotional or nervous disturbances, we do not know. But we do know an unbalance in the protein metabolism is involved.

Allergy to food produces more gastrointestinal symptoms than we realize. It should always be considered in every gastrointestinal complaint. Symptoms of food allergy are often associated with nasal symptoms. Often the nasal symptoms are all produced by allergy.

Genitourinary symptoms are perhaps less common than symptoms from some of the other systems, but should be considered allergic in origin when the other allergic manifestations are present. Generallergy signifies an altered reactivity of tissues to substances that do not ordinarily affect normal individuals. Metrallergy designates the symptoms referable to the uterus particularly.

Ear, nose, and throat symptoms are often produced by foods and evidenced by sneezing, watery discharge and nasal obstruction. Bronchial symptoms, such as profuse mucous secretions, often follow ingestion of foods to which the patient is sensitive.

Skin manifestations, urticaria, angioneurotic edema and eczema are often evidenced in early childhood and later on in life along with nasal and gastrointestinal symptoms produced by allergy to foods.

As to the inhalant allergens, the pollens are perhaps the most important of all. Dust, however, is a very common factor, especially house dust, which is principally composed of hair, animal danders (such as dog, cat, horse and goat dander), cotton, wool, ozite, kapok, and pyrethrum. In this particular type, the respiratory symptoms are worse in winter and better in summer, due to the greater dilution in air. Other inhalants to be considered are tobacco, orris root, castor bean, coffee bean, fungi, molds and glue.

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* From the Jackson Clinic. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

Diagnosis

History.—In determining which allergens are the worst offenders, the history is the best of all diagnostic factors. It constitutes an analysis and is a key to the situation. The physician himself should take a careful history, assisted by a questionnaire.

Skin tests.—The skin tests vary so much that one cannot depend on them absolutely. Some skins are more sensitive than others and a wheal may be produced at will on certain skins with but the slightest irritation. They are, however, one of our greatest aids in diagnosis. The best method of skin testing is the "cut" method, in which the skin is not scratched or broken enough to draw blood but only cut sufficiently to expose the live cells beneath the dead outer layer. This method might be referred to more accurately as the "press" method.

Nasal smears.—Nasal smears are very important in diagnosis. The cytology is perhaps more important than the bacteriology for our clinical work in that if the eosinophils are present, a diagnosis of allergy can be made; in the presence of neutrophils only, a diagnosis of infection may be made. Material for nasal smears is best obtained by having the patient blow on waxed paper rather than by swabbing the nose, for the majority of the eosinophils will be found in the mucus in the postnaris. They simply float around in the serum, but can be found clumped in the mucus.

Leukopenic index.—The leukopenic index is a very great aid to diagnosis in determining borderline foods. The patient is given the food to be tested and then blood counts are taken. If there is a normal rise, there is no sensitivity; if a fall in the leukocyte count occurs, the food is an offender.

Treatment

Allergic manifestations usually precede polyps and are not ordinarily pathogenic. The infection is usually secondary, a stagnation process. If the allergy is treated, the polyp will often disappear as will the infective process. As the patient's symptoms abate, profuse secretions clear and the allergic edema subsides. The allergic edema may be constant or recurring, the same as a hive in the skin. No one would surgically remove a hive or even cut into it, or operate upon a lung for an asthmatic attack. Surgery will not cure unless the allergic manifestations also are relieved.

Treatment should be carried out on the following bases:

1. *Dietary and environmental basis.*—Elimination of the offending allergen from the diet or environment should be the *first* step in treatment. Some of the worst offenders are cereals (all grains), white potato, nuts, flax seed, meats (especially from mammals), cotton seed, spices, condiments and beans.

2. *Endocrine basis.*—Following a basal metabolic test, thyroid may be tried. Hydrochloric acid, etc., are often valuable.

3. *Surgical basis.*—Correct septal deformity, remove adenoids, etc.

4. *General basis.*—Advise the patient to avoid trips, sudden change, physical exercise and dusty places.

Among the more radical procedures which may be tried, are the following:

1. Desensitization by injection of extracts of causative agents, such as bacterial vaccines and pollen extracts.

2. Ionization (in certain selected cases as those in which the patient presents himself for treatment after the symptoms have been present for several days).

3. Radium (40 to 150 milligram hours).

4. Cauterizing agents
   - Electric coagulation
   - Silver nitrate (10 per cent on applicator)
   - Alcohol (70 per cent for 20 minutes)
   - Phenol

Conclusion

Definite strides have been made in the diagnosis and treatment of allergy as related to otolaryngology. The principal ones are improvement in skin tests and extracts; the use of nasal smears and the leukopenic index in determining borderline allergens;

improvements in technic and dosage; and the practice of building up the patient's strength and keeping it built up in all seasons, so that the greatest relief and comfort may be obtained.

BIBLIOGRAPHY

1. Hansel, French K.: Allergy of the nose and paranasal sinuses. Page 169. St. Louis: The C. V. Mosby Company, 1936.
2. Coca, A. F., and Cooke, R. A.: On the classification of the phenomena of hypersensitiveness. J. Immunology 8: 163–182 (May) 1923.
3. Tuft, Louis: Clinical allergy. Page 17. Philadelphia: W. B. Saunders Company, 1937.

DISCUSSION

H. B. Beeson, M. D., Racine: I am glad to note the reasonably conservative position assumed by the essayist in his presentation of this controversial subject. I am convinced that people are allergy-minded today; that many of our patients suffer from allergy; and also that many patients suffer from *treatment for allergy.*

Allergy is undoubtedly an important subject. But at best, it seems to me still a highly speculative subject, beset by theory and conjecture. And in my opinion, at least from the standpoint of the otolaryngologist, it is at present grossly over-rated, over-emphasized and under-diagnosed.

If we, as otolaryngologists, are to consider sensitivity to foods manifesting itself in gastrointestinal, genitourinary and gynecological upsets, asthma, eczema and hives, it seems to me we are wandering a long way outside the field of otolaryngology, and invading a field best left to the research worker and the internist.

However, many patients present themselves to us with edematous or polypoid noses, hay fever, migraine and other complaints which appear to have an allergic or pseudo-allergic basis, and we are confronted with the problem of doing something for their relief.

As in other fields of medicine, the first important thing is a diagnosis. This is not always as easy as some enthusiasts would lead us to think. I was glad to note the essayist's emphasis upon a detailed history. But even here there are many pitfalls, as Ramirez so ably pointed out in his recent statistical paper on this subject [Bronchial asthma and nasal allergy. Arch. Otolaryng. 28: 199–208 (Aug.) 1938.] The history should be viewed with an open and unbiased mind.

There are also many fallacies to be guarded against in skin-testing, even when it is done by experts. And I must point out that the determination of eosinophilia is *not* the absolutely sure and easy way to diagnosis which some would infer. Laboratory technicians do not yet seem able to cope with the problem of being invariably accurate in the handling of nasal smears, and the same observation also may apply in tests of the blood.

Also, it certainly should not be forgotten that eosinophilia is not necessarily an allergic manifestation, and that it can, and often does, occur with intestinal parasites, pernicious anemia, trichinosis and other conditions which we do not now classify as allergic in nature, but which are certainly of more serious import than our present conception of simple allergy.

To clarify this point I shall cite the case of one patient who had been subjected to fifty skin tests for common foods and reacted to more than thirty of them. The prevalence of such instances, followed often by extensive withdrawals of important foods, has prompted Hartung of New York, an authority on arthritis, to state that he now questions every patient with painful joints as to whether they have been subjected to dietary restrictions by allergists, and finds many in whom the withdrawal of essential foods, especially those containing vitamin B, is a factor in the arthritis.

Another patient had a mild eosinophilia, a stuffy nose, dermographia, frequent atacks of urticaria and periodic gastrointestinal upsets. She reacted to many skin tests. Her symptoms continued to progress in spite of rigorous dietary restrictions by enthusiastic allergists. After a considerable period of time had been thus consumed, a stool specimen was found positive for ameba histolytica. Efficient treatment of the amebic dysentery resulted in a rapid disappearance of all the allergic manifestations.

Such instances, multiplied many times, over a period of years, have convinced me that no one, no matter how enthusiastic he may be about allergy, is warranted in accepting a diagnosis of allergy without first ruling out other possibilities. People still do, at times, become ill from other causes.

In regard to the management of patients with allergy, I feel that close cooperation of the otolaryngologist and the internist is essential to success in many cases. Few rhinologists have the training, the time or the inclination to make extensive skin tests, complete physical examinations and do the laboratory work necessary to avoid diagnostic pitfalls, regulate diets, keep track of the leukopenic index and attend to other infinite details of such management, many of which may possibly be classed as good showmanship, but rather futile from the standpoint of practical clinical medicine.

On the other hand, if the rhinologist wishes to treat hay fever, he is in a better position to do so than the internist. But first let him learn that hay fever is not the simple thing to treat that pollen-extract salesmen would like to have us think.

It is a complicated problem requiring much thought and study, and haphazard treatment is seldom satisfactory to either the patient or the physician. Those who limit their armamentarium to the average stock extracts are half licked before they start, and cannot expect a very high percentage of good results.

Ragweed is certainly not the only cause of hay fever. Careful individual testing must be done for all pollens in the vicinity, and even then, other factors may influence the result. The work of Feinberg seems to indicate that molds and fungi, as well as parasites and bacteria, produce a much larger incidence of sensitivity than is commonly thought, especially in Wisconsin where humidity is high and fungi thrive. Sensitivity to such agents probably accounts for numbers of failures in cases where treatment for pollen allergy alone has been well administered.

In regard to surgery in the presence of allergy, we can probably all agree that it is a mistake to sacrifice useful nasal mucosa to relieve a transitory edema. But I cannot believe that dietary measures will suffice for a patient whose antra or nasal passages are packed with polyps, with resultant secondary infection, postnasal dropping and cough. I have seen so many of these so vastly improved by surgical measures that I see no reason to proscribe surgery for them. At times even a submucous resection will give great relief, and certainly does no harm.

I do not feel that destruction of useful tissue by zinc ionization, coagulation or cautery is either necessary or advisable in many cases. Zinc ionization had its inception some forty years ago, and has had plenty of time to prove its worth, if any. Its recent revival does not seem to be meeting with much success. I have had no personal experience in using it, but have, unfortunately, seen many patients on whom it has been tried. To date, not a single one of them has admitted receiving the least benefit, and every one of them has complained bitterly of the pain, discomfort and lack of relief. Some have had secondary purulent sinus infections following it, and a few have complained of anosmia. This has not encouraged me to adopt it as a method of treatment.

I wish to thank the essayist for presenting this subject in a comprehensive manner. While the subject is still in a state of flux we can only grope diligently for the solution of its problems. I recommend facing the subject with an open mind, and restraining undue enthusiasms.

When the final solution of the phenomena is "in the book" perhaps it will be much simpler than it now appears.

GRADUATE COURSES IN OBSTETRICS AND PEDIATRICS

Through the joint efforts of the State Board of Health and the State Medical Society of Wisconsin graduate courses in obstetrics and pediatrics were begun in five cities in the State the latter part of May. The instructors are Dr. F. H. Falls, chief of the department of obstetrics and gynecology, University of Illinois, and Dr. F. R. Janney, pediatrician on the medical staff of Marquette University School of Medicine. No enrollment fee is being charged. The sessions begin at 2 p. m. and, after adjournment for dinner, reopen at 7 p. m. The schedule for the remainder of June is given below:

Rhinelander—Mondays
June 12, 19 and 26
Powell's Nite Club; dinner $1.

Wausau—Wednesdays
June 14, 21 and 28
Hotel Wausau; dinner $1.

Oconto Falls—Tuesdays
June 13, 20 and 27
Kiwanis Club; dinner 75 cents.

Park Falls—Thursdays
June 15, 22 and 29
City Hall; dinner 75 cents.

Ashland—Fridays
June 16, 23 and 30
St. Joseph's Hospital

Comments on Treatment

EDITORS
A. J. Quick, M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

At the recent meetings of the Federation of American Societies for Experimental Biology at Toronto, several suggestive reports of general therapeutic interest were presented.

Papaverine in Raynaud's Disease. Mulinos, Shulman and Pomerantz, of Columbia University, have used papaverine hydrochloride, one of the isoquinoline alkaloids of opium, with success in the treatment of Raynaud's disease. The drug is administered intravenously in doses of 60 mg. This compound is a general depressant of smooth muscle and evidently acts peripherally to relax the arterioles in the affected part. Due to the better oxygenation, pain is relieved and the beneficial effects seem to outlast the pharmacological action of the drug. A short lived rise of 10 to 30 mm. in systolic pressure occurs during administration. Since the compound is relatively non-toxic, its further study seems warranted. These authors have experienced some difficulty in obtaining the drug since it comes under the provisions of the Harrison Narcotic Act. They make a justified plea for the release of this compound from the provisions of the Act since its pharmacological properties are such that it possesses none of the qualities necessary for addiction, nor could it be manipulated chemically to form such compounds.

Ergotamine Tartrate in Postoperative Thyroid Crises. Basing their treatment on the hypothesis that the postoperative thyroid crisis is due to an excess liberation of epinephrine from sympathetic hyperactivity, which in turn potentiates the activity of the thyroxin liberated at operation, Brace and Reid, of the New York Medical College, use ergotamine tartrate to prevent its liberation. This drug is known to depress sympathetic activity. They have found ergotamine particularly efficient in controlling the postoperative tachycardia and somewhat less so in influencing postoperative reactions. Although the use of ergotamine in thyrotoxicosis has not been attended with success, probably because of tolerance development, it may be more successful in this acute phase of the disease.

"Shock" in Schizophrenia. Himwich, Alexander, Lipetz and Fazekas, of Albany Medical College, attempted to establish a common denominator for the reputed beneficial effects of such diverse procedures as the intravenous injection of sodium cyanide, the inhalation of carbon dioxide, metrazol convulsions, hypoglycemic shock from insulin overdosage, histamine shock, and barbiturate narcosis, in the treatment of schizophrenia. They determined that metrazol decreased cerebral oxygenation by temporarily preventing respiratory movement, and that insulin and cyanide interfered with cellular oxidations in the brain. Since the other procedures probably involve changes in the oxygen utilization or supply, they deduced that a reduction in cerebral metabolism is common to the action of all of these procedures. They therefore adopted a simpler method of inducing anoxia, i.e., by causing the patient to inhale nitrogen for five minutes three times a week for three months. The anoxia developed is more severe than that obtained by the other methods. The hemoglobin saturation may be reduced to 15 per cent. The results of this treatment in a small series of patients have been encouraging. Since this method is more easily controlled and seemingly less hazardous than those heretofore proposed, it seems to be worthy of more study. The other methods outlined above are either time-consuming, attended by large morbidity, or feared by the patients or relatives. If the deductions of these authors are correct as to the common mechanism of action of all of these procedures, their method also appears to be more widely applicable.—M.H.S.

THE WISCONSIN MEDICAL JOURNAL

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« « « EDITORIALS » » »

Filterable Virus Diseases

WE ARE now entering upon a period of experimentation and epidemiological study which may have as great an influence upon the practice of medicine as the development of bacteriology has had. Little was known of virus diseases at the beginning of this century; as a matter of fact, the term was hardly known. Within the last few years information about these diseases has advanced rapidly. It is now known that man is the victim of at least thirty-five virus diseases, trachoma, inclusion conjunctivitis, molluscum contagiosum, psittacosis, lymphogranuloma inguinale, smallpox, herpes, influenza, poliomyelitis, rabies, mumps, measles, various kinds of encephalitis, lymphocytic choriomeningitis, to name only a few; and hundreds of diseases affecting other mammals, birds, fish, insects, plants and bacteria belong to this group. Methods of study have developed which reveal something of the nature of these agents and the reaction of the body to them.

The fact that viruses pass through filters which hold back bacteria and that they require living cells to promote their growth separates them from bacteria. Bacteria will grow on dead or inert matter such as the common meat broths and coagulated blood serum used in bacteriologic laboratories. Viruses on the other hand require live cells, such as are found in tissue cultures, and embryonic cells found in chorioallantoic membrane of the developing chick embryo. Some viruses can be cultivated in Tyrode's solution. Many viruses are resistant to chemicals and desiccation. Some of them live for long periods in glycerol and the yellow fever virus dried for seven and one-half years was found still to be pathogenic for rhesus monkeys. They show great sensitivity to slight modification in environment. Strains showing similar tissue selectivity in the human body vary in their virulence, animal pathogenicity and antigenic properties. Thus the virus of equine encephalitis on the Atlantic coast is different from that found on the Pacific coast. The recognition of strains of virus having the same tissue selectivity but different antigenic properties has clinical importance. Two strains may produce similar symptomatology; the recognition of their dissimilarity, however, has an important bearing on an understanding of the treatment

of cases and the development of laboratory methods for their differentiation and diagnosis.

The development of laboratory methods for the recognition of virus diseases and for the differentiation of some of the viruses has already added to diagnostic methods and opened the way for important epidemiological study. Among the many of these are: (1) The demonstration in tissue cells and exudates of inclusion bodies and tissue changes by staining methods, ultraviolet light and fluorescence microscopy. (2) Production of the disease in laboratory animals by the injection of material containing the virus. (3) Propagation of certain viruses outside of the human body in tissue cultures, Tyrode's fluid and the chorioallantoic membrane of the chick embryo. (4) The neutralization of virus by antibodies in the blood serum of patients recovered from their effects and the demonstration of complement fixing bodies in such patients. The accumulated effect of these results is being felt upon medical practice and in the field of public health.

On page 464 of this issue of the Journal there is a report by Drs. Johnson and Morse of encephalitis occurring among children on farms where horses had died with a similar disease. Equine encephalitis has been recognized in several places throughout the country and it is known that the virus which causes this disease in horses on the West coast is more virulent than the virus causing a similar disease in horses on the Atlantic coast. In Massachusetts during the last year Dr. Feemster[1] made a study of five cases. There was isolated from brain tissue in one of these cases a strain of equine encephalomyelitis virus. Similar studies should be made in Wisconsin and an investigation of the relation of human cases to cases occurring among horses needs to be carried out.

Smith, Andrewes and Laidlaw[2] first isolated in England the virus of epidemic influenza. The isolation of this virus was accomplished by transfer from man to ferrets. It also has been transferred from ferrets to mice. It can be grown in tissue cultures. These facts are being used both for the development of laboratory methods for the diagnosis of influenza and for the preparation of a prophylactic treatment. Experiments are already in progress for the preparation of vaccines from a tissue culture of the virus. Newspaper reports announce that tne problem has been solved. This, of course, is premature since the whole subject is now in an experimental state but the results look extremely encouraging.

The Pasteur treatment long has been the method used for prophylactic inoculations against rabies. There has been much about it that has been unsatisfactory; particularly, there has been no way to measure the amount of live virus in the vaccine and no method to study the protection afforded by the injection of dead virus. With the introduction by Webster[3] of the mouse as an animal sensitive to this virus, it is now possible to carry out such studies and we can expect a great advance in our knowledge concerning the preparation of antirabic vaccine. Rabies virus also has been grown in culture by Webster and his associates. We are encouraged to believe that we may be able before many years to prepare a vaccine free from some of the toxic effects of the vaccine contained in the mascerated cord of rabbits dead of fixed virus disease.

Vaccinia is a virus disease of great importance to the public health. The production of vaccinia virus for vaccination purposes by the methods of Rivers[4], or in the chick embryo within the egg as first accomplished by Goodpasture and Buddingh[5] also is an advance which promises to improve our technic for prophylactic inoculation against smallpox.

With the improved methods of study and advances that have already been made, we can expect that filterable virus diseases will open up many new methods of medical practice.—W. D. S.

BIBLIOGRAPHY

1. Feemster, R.F.: Outbreak of encephalitis in man due to the Eastern virus of equine encephalomyelitis. Am. J. Pub. Health 28: 1403–1410 (Dec.) 1938.
2. Smith, W., Andrews, C.H., and Laidlaw, P.P.: A virus obtained from influenza patients. Lancet 2: 66–68 (July 8) 1933.
3. Webster, L.T., and Wright, F.H.: Recovery of eastern equine encephalomyelitis virus from brain tissue of human cases of encephalitis in Massachusetts. Science 88: 305–306 (Sept. 30) 1938.
4. Rivers, T.M.: Cultivation of vaccine virus for jennerian prophylaxis in man. J. Exper. Med. 54: 453–461 (Oct.) 1931.
5. Goodpasture, E.W., and Buddingh, G.J.: The preparation of anti-smallpox vaccine by culture of the virus in the chorioallantoic membrane of chick embryos and its use in human immunization. Am. J. Hyg. 21: 319–360 (March) 1935.

. . . . THE PRESIDENT'S PAGE . . . .

Bill S-1620 in the Senate of the United States.
Known as "Wagner National Health Bill to Amend the Social Security Act."
Captioned, "National Health Act of 1939 to Amend the Social Security Act."

EVERY practicing physician as a citizen, taxpayer and physician, should carefully study this bill and be conversant with its meaning and implications. It is filled with high-sounding phrases and reads like a fairy tale for the betterment of the health of the American people.

WHAT IT IMPLIES:

That it would put health on a high basis, for all people, under efficient management, and at slight cost.

It does not mention taxes except to say "sums appropriated." It infers also that the government has sufficient money to supply these services to the various states.

WHAT IT SPECIFIES:

That the health of the people be placed in the hands of the President and special bureaus in Washington rather than in our own state government.

It makes our state health departments subservient to federal bureaus.

It makes our states match federal funds, all of which must be expended under the direction of the federal bureaus.

It collects the money from the state in taxes, takes it to Washington and redistributes it to the various states through its bureaus.

It encourages a fixed tax for the future, of unlimited amount, the amount to be designated by a small group in bureaus whose order virtually will order our taxing bodies to raise the money.

No statement is made as to the source of these taxes. Hence, taxing authorities must find new types of taxation or raise the rates on present types of taxation.

The first year's sum to be distributed, for the year ending June 30, 1940, is $89,000,000 —to be matched by the various states, in unequal proportions, or equal according to their ability to pay, in the judgment of the federal bureau. (Cannot you see the implication of the direct value in this method for political purposes?)

The second year's sum, ending June 30, 1941, is $120,000,000, with no limits for administration—grants for mental and tuberculosis hospitals, general medical care and temporary disability compensation—again to be matched by monies from the various states.

In the third year, ending June 30, 1942, the sum is $230,000,000, with no limits for administration—grants for mental and tuberculosis hospitals, grants for medical care, grants for disability compensation—again to be matched by the various states, again to be distributed according to the thought of the Washington bureaus.

The fourth year, and thereafter, no limits are set on the sum to be distributed. It is to be the amount deemed necessary by the Washington bureaus, and again to be distributed for either health, political purposes or private gain, according to the thought of the federal bureaus at Washington.

I ask you—do you want dictatorship in all things, or do you want to be free citizens with free voice in public affairs of your state and country?

A S Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

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Dane

The annual meeting of the Woman's Auxiliary to the Dane County Medical Society was held on Wednesday, May 10, at one o'clock at the home of Mrs. F. F. Bowman, Cottage Grove Road. The assisting hostesses were Mrs. Homer Carter, Mrs. F. E. Collins, Mrs. Carl Neupert, and Mrs. Erwin Grumke.

Following luncheon, Mrs. Robert E. Fitzgerald, president of the Woman's Auxiliary to the State Medical Society of Wisconsin, who was the guest of honor, gave a brief talk on what the Auxiliary has accomplished the last year. It is of interest to note that of the fifty-two county medical societies, twenty-seven have auxiliaries, with a membership of 1,300. She also gave a short history of Hygeia, stating that the county auxiliaries have placed 990 subscriptions in schools.

Mrs. Stanley Briggs, president, then called on the committee chairmen for reports of their work during the year. All of these reports were most interesting. A few points of special interest are: $100 donated to the loan closet, in addition to the time and energy of many members making garments and collecting them for distribution; $9 collected for the cancer drive; and also the interesting work of the Committee on Archives and History in obtaining histories of pioneer doctors and collecting instruments for the display in the Wisconsin Historical Library. Following the Hygeia report, it was voted to donate $50 for subscriptions to Hygeia to be placed in schools next year.

The Nominating Committee announced the following officers: Mrs. Walter Sullivan, president-elect; Mrs. W. A. Werrell, secretary, and Mrs. Peter A. Duehr, treasurer.

Mrs. Briggs then turned the meeting over to Mrs. Homer Krehl, the new president.

The Dane County Medical Society and the Woman's Auxiliary held a dinner dance on Tuesday evening, April 25, at the Maple Bluff Country Club. The official receiving line consisted of the members of the Board of Trustees and their wives, as follows: Dr. and Mrs. A. G. Sullivan, Dr. and Mrs. J. Newton Sisk, Dr. and Mrs. C. O. Vingom, Dr. and Mrs. William A. Werrell, Dr. and Mrs. John Gonce, Dr. and Mrs. J. S. Supernaw, Dr. and Mrs. George Ewell, Dr. and Mrs. Joseph Dean, Dr. E. B. Keck, and Dr. and Mrs. Frank Bowman, all of Madison; Dr. L. W. Peterson, Sun Prairie; Dr. Isadore Schultz, Mazomanie, and Dr. and Mrs. A. T. Smedal, Stoughton.

Piano music was furnished during the dinner by Mr. J. O. Hinze. After the dinner a talk was given by Dr. A. G. Sullivan, who welcomed the wives. The response was made by Mrs. Stanley Briggs. Mr. William Erin gave a comedy talk on "The Experiences of a Medical Student."

Approximately sixty-five couples attended. Larry O'Brien's orchestra played for the dance.

Dodge

At the meeting of the Woman's Auxiliary to the Dodge County Medical Society at the home of Mrs. C. M. O'Hora, Beaver Dam, on April 27, members affiliated 100 per cent with the cancer control drive. This was conducted during the week of April 24 in Beaver Dam by the Women's Field Army of the American Society for the Control of Cancer.

A pot-luck supper preceded the business session at which tentative plans were made for the next meeting. This will be held at the cottage of Dr. and Mrs. R. R. Roberts on Fox Lake, and the husbands of members will be guests.

Fond du Lac

Mrs. Robert E. Fitzgerald of Wauwatosa, president of the Woman's Auxiliary to the State Medical Society of Wisconsin, was guest of honor at a regular dinner meeting of the Woman's Auxiliary to the Fond du Lac County Medical Society on April 27 at the Hotel Retlaw, Fond du Lac.

Presented by Mrs. O. M. Layton, president of the local Auxiliary, Mrs. Fitzgerald addressed the group on the aims and accomplishments of the organization. Following this there was an informal round-table and get-acquainted session.

Kenosha

The need of more publicity for the Visiting Nurse Association was stressed by Mrs. Lois Hendrick, the visiting nurse in Kenosha, when she spoke at a recent meeting of the Woman's Auxiliary to the Kenosha County Medical Society. The meeting was held at the home of Mrs. C. G. Richards of Kenosha, and approximately thirty-five members were present.

Mrs. Leif Lokvam, vice-president, presided in the absence of Mrs. George Schulte, president. Following Mrs. Hendrick's address a musical program was presented by a trio composed of Mesdames C. E. Hawley, C. H. Lockwood, and R. J. Dolan, accompanied by Anna Daze Ivins. Mrs. Dolan also entertained with several soprano solos.

Milwaukee

Spring flowers formed an appropriate background for the unusual program for the Mother's Day luncheon of the Woman's Auxiliary to the Medical Society of Milwaukee County, which was held at the Schroeder Hotel on Friday, May 12. One hundred members and guests were present.

Mrs. Robert E. McDonald, president, welcomed the mothers. A toast was given by Mrs. James C. Sargent, and the response by her mother, Mrs. Cook.

Mrs. Arno Fromm, music chairman, introduced the following Milwaukee musicians, who presented a delightful series of modern selections: Miss Marjorie Retschen, cellist, and Miss Mary Vandenberg, soprano.

Mrs. J. J. McGovern, program chairman, introduced the speaker, Dr. Samuel Higgins, who gave an illustrated lecture on his experiences in India. A display of native shawls and trinkets supplemented the slides.

A short business meeting followed. Committee reports were given by Mesdames Harry Zurheide, Hygeia chairman; Jerome Jekel, visiting nurse chairman, and William Studley, social chairman. Mrs. Studley awarded the beautiful baskets of flowers from the speakers' table to the oldest and youngest mothers.

The next meeting of the Auxiliary will be held in October.

Sheboygan

Spring flowers formed the decorations at the home of Mrs. Adam Pfeiler of Sheboygan Falls, when the members of the Woman's Auxiliary to the Sheboygan County Medical Society gathered there for their April meeting. Bridge was played, the honors being awarded to Mrs. W. H. Neumann and Mrs. John Boersma, both of Sheboygan.

Mrs. Lemont Richardson of Sheboygan Falls gave an interesting talk on "Germany and the Danube States."

The Auxiliary received an invitation to the April 27 meeting of the Sheboygan County Medical Society at the Sheboygan Memorial Hospital. It was planned to have an illustrated travel talk on India by Dr. Samuel Higgins of Milwaukee.

At their meeting on May 3, members of the auxiliary heard a talk on health insurance in Germany, given by Dr. Ludwig Gruenewald of Sheboygan. Officers for 1941–1942 were elected as follows:

President-elect: Mrs. A. J. Brickbauer, Plymouth
Vice-president: Mrs. Horace Hansen, Sheboygan Falls
Secretary and treasurer: Mrs. J. W. McRoberts, Sheboygan

Waukesha

The Waukesha County Medical Society was officially presented with a record of the medical history of Waukesha County at a meeting of the Society and its Auxiliary on May 3. The presentation was made by Mrs. J. B. Noble of Waukesha who for three years worked on this history with her committee, as a project of the Auxiliary.

The historical exhibit, which was also shown at the national convention of the American Medical Association in St. Louis, was arranged by Mrs. J. C. Hassall of Oconomowoc, Mrs. Herbert T. Barnes of Delafield, and Mrs. Floyd Aplin of Waukesha. It includes two sets of books telling much about the last 100 years of medical history in Waukesha county, the modes of travel, the prevalent diseases of various periods, the doctors of the Civil War, and other valuable and interesting information.

Waupaca—Shawano

The Woman's Auxiliary of the Waupaca–Shawano County Medical Society held its May meeting in Clintonville, with a one o'clock luncheon served at the Hotel Marson. Eighteen members were present.

The guest of honor was Mrs. R. E. Fitzgerald of Wauwatosa, president of the Woman's Auxiliary to the State Medical Society of Wisconsin, and she gave the address of the occasion. She explained the various measures affecting the public health now pending in the legislature, and also discussed the promotion of Hygeia.

Mrs. Irving Auld of Clintonville gave a review of the book "The Triumph Over Pain," by Rene Fulop Miller.

A flower corsage was presented to Mrs. Fitzgerald and also to the local president, Mrs. R. C. Cantwell of Shawano.

Winnebago

Mrs. T. D. Smith of Neenah gave a report on current legislation at the April 24 meeting of the Woman's Auxiliary to the Winnebago County Medical Society at the Valley Inn, Neenah. A one o'clock luncheon preceded the report, and later the group was taken on a tour through the Lakeview Paper Mill at Neenah. The entire process of making the various products was shown and explained.

Society Proceedings

Barron-Washburn-Sawyer-Burnett

The Barron–Washburn–Sawyer–Burnett County Medical Society met on May 2 at the Land O' Lakes Hotel, Rice Lake. Dr. R. G. Arveson of Frederic addressed the group on the subject of socialized medicine and Dr. Joseph Baird of Eau Claire spoke on "X-ray Therapy." Dr. G. E. Wesche, Hayward, was admitted to membership in the society.

Brown-Kewaunee-Door

The Brown–Kewaunee–Door County Medical Society met on May 11 in Green Bay. Dinner was served at 6:30 p. m. at the Beaumont Hotel. A moving picture, "Modern Methods of Anaesthesia," produced by the Winthrop Chemical Company was a feature of the scientific program which followed. The guest speaker of the evening was Dr. Ovid O. Meyer of the University of Wisconsin Medical School, Madison. Dr. Meyer spoke on "Treatment of the Anemias."

Clark

The Clark County Medical Society met in Greenwood on April 28. Dr. William A. Olson, Greenwood, was elected secretary of the society to fill the vacancy made by Dr. B. P. Ingersoll's recent move to Plainfield. On the scientific program were two Eau Claire physicians, Dr. G. Hoyme whose subject was "Peptic Ulcer," and Dr. Fin G. Anderson who discussed "Surgery of the Stomach."

Columbia-Marquette-Adams

The Columbia–Marquette–Adams County Medical Society met on Tuesday, May 16, at the Raulf Hotel in Portage. The guest speaker of the evening was Dr. Harold E. Marsh of the Jackson Clinic, Madison. He talked on "The Chemotherapy of Pneumonia."

Dane

Dr. Frederick H. Falls, professor of obstetrics and gynecology, University of Illinois College of Medicine, was the guest speaker on the scientific program presented by the Dane County Medical Society in Madison, May 9. Dr. Falls spoke on "Abortion." Dr. Mabel G. Masten, Madison, addressed the group on "Polyneuritis of Pregnancy."

At a business meeting the 1940 budget of the State Medical Society was discussed, the discussion being led by Drs. L. W. Peterson, A. R. Tormey and W. D. Stovall.

La Crosse

The La Crosse County Medical Society on May 9 met at the Hotel Stoddard in La Crosse. Thirty members attended the dinner at 6:30 and stayed for the scientific program. Dr. Forrester Raine, Milwaukee, was the main speaker of the evening. He spoke on "Water Metabolism."

Milwaukee

The Medical Society of Milwaukee County met on May 12 in the Milwaukee Athletic Club. Following a business session, movies of Milwaukee's Curative Workshop were shown. The Workshop, which is administered by a board of twelve Milwaukee laymen, last year served 825 patients referred by 232 Milwaukee physicians. All the Workshop's questions of medical policy are referred to the Medical Society of Milwaukee County; questions of financial policy are referred to the Milwaukee County Community Fund.

The society's scientific program was sponsored by the Milwaukee Pediatric Society. Dr. John A. Toomey, Western Reserve University School of Medicine, Cleveland, spoke on "The Treatment of Contagious Diseases Featuring Convalescent Serum." Dr. D. S. Hillis, Northwestern University Medical School, Chicago, spoke on "Routine Circumcision of the Newborn Infant."

Oneida-Vilas

The Oneida–Vilas County Medical Society met on May 11 in Rhinelander. Two Madison physicians appeared on the scientific program. They were Dr. J. E. Gonce, who discussed "Diseases of Early Infancy," and Dr. J. W. Harris, who spoke on "Occiput Posterior."

Pierce-St. Croix

Two surgeons from St. Paul, Minnesota, went to Baldwin on April 27 to appear on the scientific program of the Pierce-St. Croix County Medical Society. They were Drs. L. A. Hilger and A. R. Colvin. Sixteen members of the society heard them discuss "Fractures of the Hip."

Polk

The home of Dr. Karl F. Johnson in Frederic was the meeting place of the Polk County Medical Society on April 27. Dr. F. E. Butler, Menomonie, Councilor for the Tenth District of the State Medical Society, spoke to the group on the Secretaries' Conference, held in Madison on April 23. Miss Drew, Polk county nurse, discussed the immunization pro-

gram sponsored by the society the first two weeks in May.

Dr. Theodore W. Dasler, Deer Park, was elected to membership in the society at this meeting.

Racine

Dinner at the Meadowbrook Country Club, Racine, was the first event of the Racine County Medical Society meeting on April 20. Thirty-four members of the society were present. Speakers on the scientific program came from Chicago and Evanston. Dr. Philip Thorek, Chicago surgeon, discussed "Intestinal Obstruction." Another speaker on surgery was Dr. John A. Wolfer, associate professor of surgery, Northwestern Medical School, Chicago. Dr. J. P. Nesselrod, Evanston, delivered an address on "Anorectal Conditions."

Rock

At the Hilton Hotel, Beloit, on April 25, members of the Rock County Medical Society assembled for dinner and to hear a lecture "Subtotal Gastrectomy for Gastric and Duodenal Ulcer and Surgery of the Colon," by Dr. Siegfried F. Strauss, surgeon on the staff of Michael Reese Hospital, Chicago. Dr. O. W. Friske, secretary of the society, reports that the attendance was small—twenty-seven members and six guests—but the presentation by Dr. Strauss was excellent and well illustrated by lantern slides.

Sauk

The Sauk County Medical Society held a dinner and business meeting on April 27 at the Warren Hotel in Baraboo.

Sheboygan

A Milwaukee doctor who has lived in India, Dr. Samuel Higgins, was the guest speaker on the program of the Sheboygan County Medical Society, held on April 27 at the Memorial Hospital, Sheboygan, at 8 p. m. Forty-five society members and representatives of the woman's auxiliary to the society enjoyed Dr. Higgins' talk, "With Missions in India," which was illustrated by sound films.

Walworth

The Walworth County Medical Society, working with the Walworth County Board of Supervisors, presented a whooping cough vaccination program in cities in the county during May. The vaccine was given in three doses, a week apart.

Winnebago

The Winnebago County Medical Society met with the Winnebago County Dental Society on May 4 at the Athearn Hotel, Oshkosh. Dr. Frederick Figi came from the Mayo Clinic, Rochester, Minnesota, to lecture on "Malignant Diseases of the Mouth." Dr. E. B. Williams, Oshkosh, the society's secretary reports "a good attendance" at the meeting.

ADVISE YOUR PATIENTS . . .

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday

WEAU, Eau Claire—1:45 p.m., Monday, Wednesday and Friday

WHBY, Green Bay—7:30 p.m., Monday; 7:15 p.m., Wednesday; 7:15 p.m., Friday

WLBL, Stevens Point—11:15 a.m., Wednesday

WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday

WIBU, Poynette—8:00 p.m., Tuesday and Thursday

Ninth Councilor District

The Ninth Councilor District of the State Medical Society met on May 11 in Stevens Point. A noteworthy program of clinics and speeches was presented by Wisconsin and out-of-state physicians. Dr. A. B. McLean, of the department of neurology, the Mayo Clinic, Rochester, Minnesota, spoke on "The Diagnosis and Treatment of Spinal Cord Diseases." In the afternoon Dr. Henry W. Meyerding, Mayo Clinic orthopedist, presented case reports of spinal cord diseases and injuries. At the evening session he spoke on "Certain Causes of Backache." Dr. W. G. Sexton, Marshfield, gave a paper on "The Treatment of Prostatitis."

Milwaukee Neuropsychiatric Society

The annual Madison meeting of the Milwaukee Neuropsychiatric Society was held on May 4 in the Service Memorial Institute Building, Madison. Five Madison physicians presented the following program:

Dr. W. F. Lorenz, "A Rapid Flocculation Test for Syphilis Adapted to Cerebrospinal Fluid."

Dr. Helen P. Davis, "Anorexia Nervosa."

Dr. Mabel G. Masten, "Neurological Complications of Chicken Pox."

Dr. Joseph Pessin, "Catatonic-like Behavior in a 4-year Old Girl."

Dr. Frank O. Meister, "Demonstration of Neuropathologic Slides in Color."

Milwaukee Academy of Medicine

The Milwaukee Academy of Medicine met on May 16 in the Medical Arts Building, Milwaukee. Following a business session, the scientific program was presented on which Dr. Samuel J. Fogelson of Northwestern University School of Medicine, Chicago, was the main speaker. He discussed the diagnosis and mucin treatment of gastroduodenal ulcers.

News Items and Personals

At the meeting of the Wisconsin State Dental Society in Milwaukee, April 24, Dr. T. A. Hardgrove, Fond du Lac dentist, reported on the successful use of typhoid vaccine in tic douloureux. Dr. Hardgrove will discuss this treatment again at the convention of the American Dental Association to be held in Milwaukee in July.

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Two Wisconsin physicians appeared on the program of the American Association for Traumatic Surgery, held May 8–9 at the Homestead Hotel in Hot Springs, Virginia. They were Dr. James A. Jackson, Madison, who spoke on "Anterior Dislocation of the Elbow Joint with Rupture of the Brachial Artery," and Dr. William J. Carson, Milwaukee, who discussed "Traumatic Rupture of the Urethra."

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At the meeting of the Wisconsin General Hospital staff on May 2, Dr. Robert E. Burns, Madison, spoke on "Common Injuries of the Knee Joint," and Dr. H. W. Wirka, Madison, on "Bone Changes in Recklinghausen's Disease."

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Nephritis was discussed by Drs. F. C. Kinsman and R. A. Buckley, Eau Claire, at a well-attended dinner meeting of the Sacred Heart Hospital staff in Eau Claire on April 25.

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More than 1,000 Milwaukee industrial workers attended the sessions of the "1939 School of First Aid and Health," held in the public museum lecture hall in Milwaukee on successive Mondays during May. The school is conducted annually by the Milwaukee Association of Commerce, the Red Cross and the Medical Society of Milwaukee County.

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Michael Reese Hospital, Chicago, is offering a two weeks' course in electrocardiography for general practitioners, August 21 to September 2, under the direction of Dr. Louis N. Katz. Information regarding the course may be obtained by writing the Cardiovascular Department, Michael Reese Hospital, 29th and Ellis Avenue, Chicago, Ill.

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The Milwaukee Children's Hospital dedicated a new amphitheater for operative demonstrations and lectures on May 22. Dr. A. Graeme Mitchell, professor of pediatrics, University of Cincinnati College of Medicine, was the guest speaker on the dedicatory program.

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Dr. W. J. Urben, formerly with the field psychiatry department of the State Board of Control, Madison, has moved to Cuyahoga Falls, Ohio, where he has accepted the position of medical director of Fair Oaks Villa, a private hospital for the treatment of nervous and mental diseases.

Hospital engineers, executive housekeepers, accountants, librarians, nurses, laboratory technicians, administrators, staff officers and fourteen other types of hospital employees from four States gathered 3,000 strong at the Stevens Hotel in Chicago, May 3–5. The occasion was the tenth annual meeting of the Illinois, Indiana and Wisconsin Hospital Associations (the Tri-State Hospital Assembly), and a guest organization, the Michigan Hospital Association. The purpose of the Tri-State Assembly is "to bring hospital people in the Lake Michigan area together to know one another better and help each other in the solution of their mutual problems through joint thinking and joint discussion."

The printed program of the May 3–5 meeting filled a seventy-page booklet. Some idea of the program's variety and scope is shown in the following "cross-section" of the hundreds of subjects considered in the general assemblies and twenty-two sectional meetings:

Unprotected hours of the hospital pharmacy.
Organizing the anesthesia department in a large hospital.
Responsibility of lay groups in legislation affecting hospitals.
Determination of raw food cost.
Flower gardening as a therapy.
Linen control in the small hospital.
Should hospital insurance plans include pathology?
Relation of photography to hospital records.
Radiography in postmortem work.
Selection of coal for hospital power plant.
Care of the indigent in the voluntary hospital.
University courses for hospital administrators.
Handling visitors.
Preparedness for emergencies.

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Dr. Eben J. Carey, dean of Marquette University School of Medicine, Milwaukee, went to Appleton on April 28 to speak before the Fox and Wisconsin River Industrial Relation Association. He spoke on government-controlled health insurance, saying there was "nothing healthy about it." On April 23, Dr. Carey addressed the Alpha Sigma Nu honor fraternity of Marquette University on sterilization and socialized medicine bills in the Wisconsin legislature.

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Dr. James C. Sargent, Milwaukee, on a recent visit to Washington, D. C., was the guest speaker at a meeting of the Medical Society of the District of Columbia, April 26. He discussed "Health Insurance."

Drs. W. C. Finn, John S. Wier and J. C. Yockey, associated with the Fond du Lac clinic for about ten years, have formed a partnership and opened offices in the Hutter Building, Fond du Lac.

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Orthopedic clinics were conducted by the Crippled Children Division of the State Department of Public Instruction in cooperation with civic groups and county medical societies in Neillsville on May 13 and in Ashland on June 10.

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Recently several physicians in the State were named to serve their communities as health officers. Among them are:

Dr. Andre H. Lamal, Ashland (reelected Ashland county physician on May 2).

Dr. Paul M. Sowka, Stevens Point (elected city health officer of Stevens Point on May 2 to succeed Dr. F. R. Krembs of the same city).

Dr. Orvil O'Neil, Ripon (appointed by the mayor of Ripon to serve as city physician for one year).

Dr. Nelson A. Bonner, Manitowoc (elected on May 3 to another term as Manitowoc county physician).

Dr. Carl Neidhold, Appleton (reelected president of the Appleton board of health on April 28).

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Dr. William W. Kelly, Green Bay, spoke on "The Physician's View of the Lawyer," at a dinner meeting of the Marinette County Bar Association on May 2. About fifty lawyers from Marinette and surrounding counties attended the meeting.

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Dr. G. E. Seaman, superintendent of Winnebago State Hospital, spoke to the Booster Club of Oshkosh, April 26, on the medical purposes of the Winnebago Hospital and its position in the business life of Oshkosh.

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Dr. Phillip Halperin, Madison, addressed the home hygiene and care-of-the-sick class of the Red Cross, Cross Plains, on April 24. His subject was "The Control of Cancer and Other Diseases."

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Dr. Carl Neupert, Madison, assistant state health officer, spoke on "Old Age vs. Youth," at a meeting of the Rotary Club of Port Washington, May 3.

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Dr. Joseph F. Smith, Wausau, talked on "Ancient Life in the Southwest Section of the United States," at a luncheon meeting of the Rotary Club of Wausau on May 7. Dr. Smith has made several trips to the southwest part of the United States and has extensive photographic records of his travels there.

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Dr. Milton Trautmann, of the State Board of Health, Madison, addressed the Junior Chamber of Commerce of Racine on May 4. His talk dealt with the control of syphilis. He said, "Advances in syphilis control during the last four or five years have been the greatest in history."

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The Employers Mutuals Insurance Company, Wausau, on May 5 sponsored an industrial nursing conference, featuring round table discussions and instructive addresses by physicians and industrial nurses. Nurses from the J. Grennebaum Tanning Company, Milwaukee, the Line Material Company, South Milwaukee, and the Wilson–Jones Company, Chicago, led discussions on health programs in industry, plant housekeeping and the prevention of accidents. Miss Mabel Griswold of the State Industrial Commission spoke on "Woman's Place in the Industrial Nursing Field," and Caroline de Denato, R. N., director of public health nursing at Marquette University, talked on "Community Health."

Medical speakers included representatives from county, state and national medical groups, as follows:

Dr. Millard Tufts, Milwaukee, President, Medical Society of Milwaukee County.

Dr. R. G. Arveson, Frederic, President-Elect, State Medical Society of Wisconsin.

Dr. Rock Sleyster, Wauwatosa, President, American Medical Association.

Dr. M. N. Newquist, Chicago, Associate Director, American College of Surgeons.

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Dr. Robert S. Baldwin, Marshfield, has been elected to membership in the Marshfield Clinic and has become a stockholder in the organization. Dr. Baldwin has been connected with the clinic since 1934, going to Marshfield after his graduation from Rush Medical College and service as a resident physician on the staff of the Presbyterian Hospital, Chicago. His specialty is internal medicine.

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In observance of National Hospital Day, May 12, hospitals throughout Wisconsin opened their doors to the public, giving former patients an opportunity to renew hospital acquaintances and the public generally a chance to learn more about the function and services of hospitals.

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The American Public Health Association announces the recent adoption of five reports dealing with educational qualifications of public health statisticians, school health educators, public health engineers, sanitarians and sub-professional field personnel in sanitation. The association is distributing copies of these reports free of charge in the hope they will serve a useful purpose in raising the educational standards of professional public health personnel. Copies of the reports may be secured from the Book Service, American Public Health Association, 50 West Fiftieth St., New York City.

Meetings to Be Held

The First American Congress of Obstetrics and Gynecology, Cleveland, Ohio, September 11–15, 1939, under the sponsorship of the American Committee on Maternal Welfare, Inc. Information regarding the congress, the largest undertaking of its kind ever attempted in the United States, can be obtained by writing to the General Chairman of the American Congress on Obstetrics and Gynecology, The Annex, 650 Rush St., Chicago, Illinois.

Fifth Annual Meeting of the Mississippi Valley Medical Society, Burlington, Iowa, September 27–29, 1939.

The Eighteenth Annual Session of the American Congress of Physical Therapy, Hotel Pennsylvania, New York City, September 5–8. Preceding the annual sessions the Congress will conduct an intensive instruction seminar in physical therapy for physicians and technicians, August 30 to September 2. Information regarding the seminar and program may be obtained by writing the American Congress of Physical Therapy, 30 North Michigan Ave., Chicago, Illinois.

BIRTHS

A son to Dr. and Mrs. T. M. Slemmons, Waupun, on May 17.

A son to Dr. and Mrs. C. M. Schuldt, Platteville, on April 23.

DEATHS

Dr. Bertha V. Thomson, pioneer woman physician of Oshkosh, died on May 16 at the age of seventy-six years. She taught school in Necedah before taking up the study of medicine at Northwestern University Woman's Medical School, Chicago. In 1895 she was graduated by that institution and thereafter practiced her profession in Oshkosh for many years. Dr. Thomson was one of the first women to occupy the position of city health officer in Wisconsin. She was appointed city physician of Oshkosh in 1919 and held the office for three terms.

Dr. Victor L. Simones, La Crosse, died on May 7 in a La Crosse hospital following a heart attack.

Dr. Simones was born in Dubuque, Iowa, in 1891. He received his medical education at St. Louis University School of Medicine, being graduated from that school in 1915. In the same year he went to La Crosse for an internship at St. Francis Hospital. In 1916 he went to Chicago where he took graduate work in diseases of the eyes, ears, nose and throat and, after service in the medical corps of the United States army, he returned to La Crosse where he remained in practice up to the date of his death.

Dr. Simones was a member of the La Crosse County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association. Surviving him are his wife, four sons and a daughter.

Dr. Carl F. Schiedel, Milwaukee, died on April 29 at his home. He was sixty-seven years of age.

Dr. Schiedel, a native of Germany, took up residence in Milwaukee in 1888. He studied medicine at the Wisconsin College of Physicians and Surgeons and was graduated by that college in 1894. Thereafter he took up the practice of medicine in Milwaukee and remained in that city up to the time of his death.

Dr. G. A. Ribenack, Holcombe, died on April 24 in a Chippewa Falls hospital, after an extended illness. He was seventy-six years of age.

Dr. Ribenach was graduated from Rush Medical College, Chicago, in 1891. He served as physician on ocean liners, and practiced his profession in Colfax, Bloomer and Haugen, Wisconsin, before moving to Holcombe where he spent some ten years in practice before his retirement due to poor health.

Dr. A. Lovelle Burdick, Milton, died April 21 at his home after an illness of about one year. He was seventy-three years of age.

He was graduated from the Hahnemann Medical College and Hospital, Chicago, in 1893. For the next five years he practiced medicine in Coloma, Wisconsin, and then returned to Chicago for graduate work at the Hahnemann college. In 1900 he opened an office in Janesville and practiced in that city until 1938 when he moved to Milton.

He is survived by his wife and a son, A. Lovelle Burdick, M. D., Chicago, Illinois.

Dr. George W. Fifield, Janesville, died April 21 in a Janesville hospital after a short illness.

Dr. Fifield was born in Janesville in 1872. He took his medical training at Northwestern University Medical School, graduating in 1896. Thereafter he began the practice of his profession in Janesville and remained in active practice there until his death. Dr. Fifield traveled extensively during his lifetime, several times going to Europe for medical graduate study. He served in the medical corps of the United States army during the World War, holding the rank of captain.

He was a member of the Rock County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association. He is survived by his widow and one son.

Dr. Charles F. Myre, Chippewa Falls, died May 5 at the Northern Wisconsin Colony and Training School where he had been a resident physician since 1931. He had been in poor health for about three years.

Dr. Myre was born in Chippewa Falls in 1873. He was graduated by the University of Montreal Faculty of Medicine in 1899 and thereafter returned to Chippewa Falls where he engaged in the private practice of medicine until joining the staff of the Northern Colony and Training School.

Dr. John H. Cumming, Superior, died on May 1 in a Superior hospital after a short illness.

He was born in Minnesota in 1872 and received his degree in medicine from the University of Minnesota Medical School in 1902. He moved to Superior in 1913 and remained active in medical, civic and athletic circles there until his last illness.

He was a member of the Douglas County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow.

Dr. Adolph J. Shimek, Manitowoc, died on April 30 at his home of heart disease.

Dr. Shimek was born in Manitowoc in 1880. He studied medicine at the Wisconsin College of Physicians and Surgeons, being graduated in 1904. He practiced for a few years in Lena, Wisconsin, before returning to Manitowoc where he remained in active practice until he died. Dr. Shimek, who during his school days took a prominent part in athletic events, retained his interest in school athletics during his lifetime. He served as physician to the Manitowoc high school football teams for many years. For several terms he was city physician of Manitowoc; he also was health officer of Manitowoc county for a number of years. During the World War, Dr. Shimek, who held the rank of major, saw service in France.

He was a member of the Manitowoc County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his wodow, three daughters and a son.

SOCIETY RECORDS

New Members

Judson Forman, Lime Ridge.
T. W. Dasler, Deer Park.
W. E. Kiley, 2020 E. North Ave., Milwaukee.
L. M. Rauen, 5510—6th Ave., Kenosha.
T. C. Clarke, Beaver Dam.
T. J. Kroyer, Walworth.
J. Howard Johnson, Wisconsin General Hosp., Madison.
R. S. Gearhart, 122 W. Washington Ave., Madison.
H. J. Kief, St. Cloud.
G. N. Pratt, Jr., 144 Main St., Menasha.
H. W. Granzeau, Burlington.
S. M. Mokrohajsky, St. Vincent's Hosp., Green Bay.
W. H. Adashek, St. Joseph's Hosp., Milwaukee.
L. H. Verch, 425 E. Wisconsin Ave., Milwaukee.

Reinstated Members

L. W. Paul, Wisconsin General Hosp., Madison.

Changes in Address

P. A. Schulberg, Durand, to Basin, Montana.
W. J. Urben, Madison, Fair Oaks Villa, Cuyahoga Falls, Ohio.

Annual Session of American Medical Association, St. Louis, May 15-19

OF SPECIAL interest to Wisconsin physicians attending the ninetieth annual session of the American Medical Association in St. Louis, May 15–19, was the installation of Dr. Rock Sleyster of Wauwatosa, Wisconsin, as president of the Association at the opening general meeting on May 16. The title of Dr. Sleyster's presidential address was "The Mind of Man and His Security." After telling of the great progress of medicine in many fields during recent decades, he declared: "Among the problems which yet confront us, mental defect and mental disease are increasingly significant. They are imposing in their scope. An understanding of the human mind and of human thinking may aid in the solution of problems of government." He said that during his term as president he will devote himself primarily to increasing cooperation of medicine with national leaders of industry, finance and government.

The House of Delegates chose Dr. Nathan B. Van Etten, New York City internist, as president-elect of the Association. Dr. Van Etten was born in Waverly, New York, June 22, 1866. He has practiced medicine in New York City since receiving his degree in medicine in 1890. He has been medical director of Morrisania Hospital since 1929 and visiting physician to Union Hospital since 1906. He was elected speaker of the House of Delegates of the American Medical Association in 1935 and held that position until 1938. He was president of the Medical Society of the State of New York in 1925. He is also past president of the Bronx County Medical Society, the Bronx Borough Medical Society and the New York Society of Medical Jurisprudence. He is a fellow of the American

College of Physicians and the New York Academy of Medicine.

Other officers elected for 1939–1940 are:

Vice President: Alphonse McMahon, St. Louis

Secretary: Olin West, Chicago

Treasurer: Herman L. Kretschmer, Chicago

Speaker of the House of Delegates: H. H. Shoulders, Nashville, Tenn.

Vice Speaker of the House of Delegates: Roy W. Fouts, Omaha.

Board of Trustees:

Term expires 1944

Roger I. Lee, Boston (to succeed himself).

Elmer L. Henderson, Louisville, Ky. (to succeed Allen H. Bunce, Atlanta, Ga.).

Judicial Council:

Term expires 1944

E. R. Cunniffe, New York (to succeed himself).

Term expires 1942

Holman Taylor, Fort Worth, Texas (to succeed John W. Burns, Cuero, Texas).

Council on Medical Education and Hospitals:

Term expires 1946

Ray Lyman Wilbur, Stanford University, Calif. (to succeed himself).

Council on Scientific Assembly:

Term expires 1944

J. Gurney Taylor, Milwaukee (to succeed himself).

Term expires 1941

Samuel P. Mengel, Wilkes-Barre, Pa. (to succeed J. C. Flippin, Charlottesville, Va.).

Meeting places for the next three annual sessions of the Association were selected as follows: 1940, New York City; 1941, Cleveland; and 1942, Atlantic City.

Wisconsin Physicians Receive Awards

Two groups of Wisconsin physicians won awards for scientific exhibits. Drs. R. H. Jackson, J. Newton Sisk and A. S. Jackson of the Jackson Clinic, Madison, won a certificate of merit for their exhibit illustrating diseases of the gallbladder, biliary ducts and liver. Honorable mention was given to Drs. Irwin Schulz, W. P. Blount, Charles Fidler, G. W. Fox, Robert Montgomery, A. A. Schaefer, A. C. Schmidt, H. C. Schumm and Stanley J. Seeger of the Milwaukee Children's Hospital, Milwaukee, for their exhibit illustrating fractures in children and their treatment.

The distinguished service award of the American Medical Association went this year to Dr. James B. Herrick of Chicago for his pioneer work in coronary thrombosis.

Action on Wagner Bill

Among important actions of the House of Delegates was its adoption on May 17, without a dissenting vote, of the report of the Reference Committee to the House of Delegates on the "Wagner Health Bill," S. 1620, 76th Congress, 1st Session. The report is set forth below:

Your Reference Committee has carefully considered the Bill designated as S.–1620, "A Bill to provide for the general welfare by enabling the several states to make more adequate provision for public health, prevention and control of disease, maternal and child health services, construction and maintenance of needed hospitals and health centers, care of the sick, disability insurance, and training of personnel; to amend the Social Security Act; and for other purposes."

History of Wagner Bill

This bill was introduced by Senator Robert F. Wagner of New York, February 28, 1939, and is commonly referred to as the Wagner Health Bill. The bill itself provides that, if it be enacted, it may be cited as the "National Health Act of 1939." The purposes of the bill are sufficiently stated in the title, but the bill itself must be recognized as a proposed amendment to the Social Security Act of 1935. The bill is intended to make effective a national health program recommended by the Interdepartmental Committee to coordinate health and welfare activities.

The House of Delegates of the American Medical Association, at its special session in Chicago, September 16 and 17, 1938, adopted five recommendations made by a special committee that had been appointed to consider and report on the National Health Program. It is important that this fact be borne in mind, for the bill now under consideration, which was drafted long after those recommendations were adopted and at a time when they were presumably known to the proponents of this bill, does not recognize either the spirit or the text of those recommendations. Any criticism of this bill by the Association is not to be construed, therefore, as a repudiation of any of the principles adopted by the 1938 Special Session of the House of Delegates.

Analysis of the Bill

S. 1620 proposes to amend Title V of the Social Security Act—Grants to States for Maternal and Child Welfare—and Title VI—Public Health Work and Investigations—and proposes to add to the Social Security Act certain new titles: namely, Title XII—Grants to States for Hospital and Health Centers; Title XIII—Grants to States for Medical Care, and Title XIV—Grants to States for Temporary Disability Compensation.

Already some individuals and organized groups in the United States have appeared before the Senate Subcommittee which has this bill under consideration and have urged its immediate enactment. Although the stated objectives of the Wagner Health Bill are generally recognized as desirable, your committee cannot approve the methods by which these objectives are to be attained.

Repeatedly, physicians and all other qualified professional groups have recommended the coordination and consolidation of the health activities of the Federal Government. The Wagner Health Bill leaves existing and proposed preventive and curative medical services widely scattered through several federal agencies.

This bill does not in any way safeguard the continued existence of the private practitioners who have always brought to the people the benefits of scientific research and treatment.

It does not provide for the use of the thousands of vacant beds now available in hundreds of church and community general hospitals.

The Wagner Health Bill proposes an extensive program in the field of "health, diagnostic, and treatment centers, institutions and related facilities," without defining their functions.

This bill proposes to make federal aid for medical care the rule rather than the exception, since it does not specifically limit its benefits to persons unable to pay for adequate medical care.

The Wagner Health Bill does not recognize the need for suitable food, sanitary housing and the improvement of other environmental conditions necessary to the continuous prevention of disease and promotion of health.

This bill insidiously promotes the development of a complete system of tax supported governmental medical care, thus undermining and debasing present standards of medical services.

The House of Delegates in September 1938 urged compensation for the loss of wages during sickness. The Wagner Health Bill deviates from this suggestion by proposing to provide medical services in addition to compensation.

The Wagner Health Bill would authorize an enormous expansion of governmental medical services and therewith ultimately unlimited appropriations for its health program. The funds necessary would be so great as to increase still further the present burdensome general taxation.

The Wagner Health Bill provides for supreme federal control. Rules and regulations must be promulgated by the Chief of the Children's Bureau in the Department of Labor, the Surgeon General of the Public Health Service, the Federal Emergency Administrator of Public Works, and the Social Security Board. These federal agents are given authority to disapprove plans proposed by the individual states.

The House of Delegates at its September 1938 Session approved the expansion of preventive and other medical services when the need could be shown. The Wagner Health Bill prescribes no method for determining the nature and extent of the needs for which it proposes allotments of funds.

The provisions in the Wagner Health Bill that have never been considered by the House of Delegates are: the authorization of appropriations for studies, investigations and demonstrations, and the creation of federal and state advisory councils.

Conclusions

The Wagner Health Bill, as judged by the considerations that have been here presented, is inconsistent with the fundamental principles of medical care established by years of scientific professional medical experience, and in the opinion of your committee it is, therefore, contrary to the best interests of the American people.

For years the health of the people of the United States, as measured by sickness and death rates, has been better than that of most foreign countries, and this improvement has been continuous. The fortunate health conditions in the United States cannot be dissociated from the standards and methods of medical practice that have prevailed under the present system of medical practice.

No other profession and no other organization has done more for the prevention of disease, the promotion of health and the care of the sick than have the medical profession and the American Medical Association. No other groups have shown more genuine sympathetic interest in human welfare.

The contribution of the individual members of the American Medical Association to medical care is universally regarded as monumental in total volume. The contribution of the American Medical Association, through a program of medical education and the activities of its numerous councils which safeguard medical service, give abundant proof of interest in the problems of the national health. It has given continued consideration to these problems, whereas others show concern with these proposals because of a present but, it is to be hoped, a temporary need for relief. These are the groups which request revolutionary legislative action as indispensable for the extension and further diffusion of health facilities.

In view of its record and in consideration of the responsibility which American social history and the nature of medical care have imposed on the medical profession, the American Medical Association would

fail in its public trust if it neglected to express itself unmistakably and emphatically regarding any threat to the nation's health and well-being.

The American Medical Association must therefore, speaking with professional competence, oppose the Wagner Health Bill.

Recommendations

Nevertheless, recognizing the soundness of the principles stated in the recommendations adopted by the House of Delegates at its special Session in 1938, namely, the expansion of preventive medicine and public health where need can be shown, the extension of medical care for the indigent and the medically indigent where the need can be demonstrated, with local determination of needs and local control of measures to supply these needs, your committee would urge the development of a mechanism for meeting these needs within the philosophy of the American form of government and without damage to the quality of medical services.

This question, as it relates to the aid to be given by an individual state to its own counties, municipalities or other local political units, is not immediately before this Association. The answer is to be found in the individual state constitutions and state statutes. Counties, townships and municipalities are creatures of the individual states and can be molded and guided by the state for its own purposes. The individual state, itself, is not a creature of the Federal Government. The Federal Government is, as a matter of fact, a creature of the individual states.

The fundamental question is how and when a state should be given financial aid by the Federal Government out of the resources of the states as a whole, pooled in the Federal Treasury. Disasters, such as floods, dust storms, fire and epidemics have long been recognized as justifying such Federal aid. No state or person has ever been heard to object to the use of funds out of the Federal Treasury for such purposes. No one has ever proposed, however, that because Federal aid is extended under such conditions to a state in distress, a corresponding aid must be extended to every other state, regardless of its need. Nor has anyone ever been heard to say that Federal aid to a state in distress, because of flood, dust storm, fire or epidemic, shall not be extended, unless and until the suffering state has produced from its own treasury a stated amount of money to aid in affording the relief. The development of such bizarre thinking may be traced to those who have originated within comparatively recent years the granting of Federal subsidies—sometimes referred to as "grants in aid"—to induce states to carry on intrastate activities suggested frequently in the first instance by officers and employees of the Federal Government. The use of Federal subsidies to accomplish such federally determined activities has invariably involved Federal control. Any state in actual need of financial aid from the Federal Government for the prevention of disease, the promotion of health and the care of the sick should be able to obtain aid in a medical emergency without stimulating every other state to seek and to accept similar aid and thus to have imposed on it the burden of Federal control.

The mechanism by which this end is to be accomplished, whether through a Federal agency to which any state in need of Federal financial assistance can apply, or through a new agency created for this purpose or through responsible officers of existing Federal agencies, must be developed by the Executive and the Congress who are charged with these duties. Such method would afford to every state an agency to which it might apply for Federal assistance to enable it to care for its own people without involving every other state in the Union or the entire government in the transaction, and without disturbing permanently the American concept of democratic government.

Summary

1. The Wagner Health Bill does not recognize either the spirit or the text of the resolutions adopted by the House of Delegates of the American Medical Association in September 1938.

2. The House of Delegates cannot approve the methods by which the objectives of the National Health Program are to be obtained.

3. The Wagner Health Bill does not safeguard in any way the continued existence of the private practitioners who have always brought to the people the benefits of scientific research and treatment.

4. The Wagner Health Bill does not provide for the use of the thousands of vacant beds now available in hundreds of church and community general hospitals.

5. This Bill proposes to make federal aid for medical care the rule rather than the exception.

6. The Wagner Health Bill does not recognize the need for suitable food, sanitary housing and the improvement of other environmental conditions necessary to the continuous prevention of disease.

7. The Wagner Health Bill insidiously promotes the development of a complete system of tax supported governmental medical care.

8. While the Wagner Health Bill provides compensation for loss of wages during illness, it also proposes to provide complete medical service in addition to such compensation.

9. The Wagner Health Bill provides for supreme federal control; Federal agents are given authority to disapprove plans proposed by the individual states.

10. The Wagner Health Bill prescribes no method for determining the nature and extent of the needs for preventive and other medical services for which it proposes allotments of funds.

11. The Wagner Health Bill is inconsistent with the fundamental principles of medical care established by scientific medical experience and is

therefore contrary to the best interests of the American people.

12. The fortunate health conditions which prevail in the United States cannot be dissociated from the prevailing standards and methods of medical practice.

13. No other profession and no other group have done more for the improvement of public health, the prevention of disease and the care of the sick than have the medical profession and the American Medical Association.

14. The American Medical Association would fail in its public trust if it neglected to express itself unmistakably and emphatically regarding any threat to the national health and well being. It must, therefore, speaking with professional competence, oppose the Wagner Health Bill.

15. The House of Delegates would urge the development of a mechanism for meeting the needs for expansion of preventive medical services, extension of medical care for the indigent and the medically indigent, with local determination of needs and local control of administration, within the philosophy of the American form of government and without damage to the quality of medical service.

16. The fundamental question is how and when a state should be given financial aid by the Federal government out of the resources of the states as a whole, pooled in the Federal Treasury.

17. The bizzare thinking which evolved the system of Federal subsidies—sometimes called "grants-in-aid"—is used to induce states to carry on activities suggested frequently in the first instance by officers and employees of the Federal government.

18. The use of Federal subsidies to accomplish such federally determined activities has invariably involved Federal control.

19. Any state in actual need for the prevention of disease, the promotion of health and the care of the sick should be able to obtain such aid in a medical emergency without stimulating every other state to seek and to accept similar aid, and thus to have imposed on it the burden of Federal control.

20. The mechanism by which this end is to be accomplished, whether through a Federal agency to which any state in need of Federal financial assistance can apply, or through a new agency created for this purpose or through responsible officers of existing Federal agencies, must be developed by the Executive and the Congress, who are charged with these duties.

21. Such a method would afford to every state an agency to which it might apply for Federal assistance without involving every other state in the Union or the entire government in the transaction.

22. Such a method would not disturb permanently the American concept of democratic government.

Wisconsin Registrants

The State Medical Society of Wisconsin was represented in the House of Delegates of the American Medical Association by Drs. Stephen E. Gavin, Fond du Lac; James C. Sargent, Milwaukee; and Joseph F. Smith, Wausau. Other members of the State Society attending the St. Louis session, according to the American Medical Association Daily Bulletin, were:

May 16

Allebach, Hobart K. B.	Milwaukee
Baldwin, Robert S.	Marshfield
Baumgartner, M. M.	Janesville
Bayley, W. E.	La Crosse
Bennett, J. F.	Burlington
Bowing, Irwin E.	Kenosha
Burke, Charles F.	Madison
Busse, Alfred A.	Jefferson
Crosley, G. E.	Milton
Davis, Frederick Allison	Madison
Epstein, Stephen	Marshfield
Flaherty, G. S.	South Milwaukee
Foster, Ruth Caldwell	Madison
Gavin, Stephen E.	Fond du Lac
Geist, F. D.	Madison
Gramling, Henry J.	Milwaukee
Gramling, Joseph J.	Milwaukee
Greeley, Hugh P.	Madison
Habbe, J. Edwin	Milwaukee
Hartman, Evert C.	Janesville
Hathaway, Hubert R.	Madison
Heise, Herman A.	Milwaukee
Henske, Wm. C.	Chippewa Falls
Howard, Timothy J.	Milwaukee
Jones, Beatrice O.	Racine
Killins, W. A.	Green Bay
Kurtz, Chester M.	Madison
Kurtz, Esther Caldwell	Wauwatosa
Lang, Valorus F.	Milwaukee
Lee, Howard J.	Oshkosh
Madison, F. W.	Milwaukee
McIntosh, R. L.	Madison
Montgomery, Robert Page	Milwaukee
Mowry, William A.	Madison
Mudroch, Joseph A.	Columbus
Murphy, Francis D.	Milwaukee
Murphy, James A.	Milwaukee
Pohle, Ernst A.	Madison
Purcell, H. E.	Madison
Reese, Hans H.	Madison
Robbins, J. Holden	Madison
Sargent, James C.	Milwaukee
Schlaepfer, Karl	Milwaukee
Schlomovitz, Elias H.	Milwaukee
Schulz, Irwin	Milwaukee

Seeger, Stanley J._____Milwaukee
Sisk, J. Newton_____Madison
Sleyster, Rock_____Wauwatosa
Smith, Joseph F._____Wausau
Smith, L. D._____Milwaukee
Sokow, Theo._____Kenosha
Sullivan, Arthur G._____Madison
Taylor, J. Gurney_____Milwaukee
Tegtmeyer, Gamber F._____Milwaukee
Tormey, Thomas W._____Madison
Waters, Ralph M._____Madison
Wenstrand, D. E. W._____Milwaukee
Wilson, Russell F._____Beloit

May 17

Bartels, George W._____Janesville
Beeson, H. B._____Racine
Bennett, L. J._____Wisconsin Rapids
Blount, W. P._____Milwaukee
Borman, M. C._____Milwaukee
Carey, Eben James_____Milwaukee
Christensen, Fred C._____Racine
Conway, J. P._____Milwaukee
Copps, Lyman A._____Marshfield
Cron, Roland S._____Milwaukee
Edmondson, C. C._____Waukesha
Ewell, George H._____Madison
Fellman, G. H._____Milwaukee
Fencil, Y. J._____Casco
Foerster, Harry R._____Milwaukee
Fox, G. W._____Milwaukee
Hammond, Reginald W._____Manitowoc
Hardgrove, Maurice_____Milwaukee
Kasak, Michael_____Wauwatosa
Kauth, P. M._____West Bend
Kehl, Kenneth C._____Racine
Kelley, Mr. James O._____Milwaukee
Kurten, R. M._____Racine
La Breck, F. A._____Eau Claire
Ladewig, A. W._____Milwaukee
Ladewig, H. C._____Milwaukee
Mason, Elwood W._____Milwaukee
O'Neal, Orvil_____Ripon
Pope, Frank W._____Racine
Reuter, M. J._____Milwaukee
Rhea, Clarence W._____Wood
Richards, C. A._____Rhinelander
Satter, O. E._____Prairie du Chien
Schaefer, Carl O._____Racine
Schneller, E. J._____Racine
Simonson, S. W._____Dallas
Squier, Theodore L._____Milwaukee
Tessier, A. F._____Milwaukee
Thayer, F. A._____Beloit
Tufts, Millard_____Milwaukee

May 18

Andrew, C. H._____Platteville
Andrews, Malcom P._____Manitowoc
Baldwin, R. M._____Beloit
Bennett, W. H._____Kenosha
Bonner, Nelson A._____Manitowoc
Echols, Chester M._____Milwaukee
Gale, J. W._____Madison
Gray, R. J._____Evansville
Gregory, L. W._____Manitowoc
Gundersen, Gunnar _____La Crosse
Guth, Harvey K._____Waupun
Herner, Wm. L._____Milwaukee
Higgins, Samuel G._____Milwaukee
Jamieson, R. D._____Racine
Johnson, Arthur W._____Milwaukee
Jones, Walter J._____La Crosse
Kearns, Walter M._____Milwaukee
Lademan, O. E._____Milwaukee
Ludden, R. H._____Viroqua
Malnekoff, B. J._____Milwaukee
Malone, Julian Y._____Milwaukee
Maloof, George J._____Madison
Mason, Robert W._____Marshfield
McCormick, Stuart A._____Madison
Millard, Allen L._____Marshfield
Morton, S. A._____Milwaukee
Nadeau, E. G._____Green Bay
Osgood, Carroll W._____Wauwatosa
Patterson, L. G._____Waupaca
Peterman, M. G._____Milwaukee
Schlapik, A._____Kenosha
Schmidt, A. C._____Milwaukee
Schulte, George C._____Kenosha
Seaman, Gilbert E._____Winnebago
Seevers, M. H._____Madison
Severinghaus, Elmer L._____Madison
Sharpe, H. R._____Fond du Lac
Vingom, C. O._____Madison
Stebbins, Walter W._____Madison
Twohig, D. J._____Fond du Lac
Twohig, H. E._____Fond du Lac
Virgin, Herbert W., Jr._____Madison
Zuercher, John C._____Milwaukee

May 19

Backus, O. A._____Nekoosa
Christofferson, H. H._____Colby
Dockery, G. A._____Franksville
Eisenberg, Philip J._____Milwaukee
Gebhard, Urban E._____Milwaukee
Kassowitz, Karl E._____Milwaukee
Lotz, Oscar_____Milwaukee
Schaefer, Arthur A._____Milwaukee
Sullivan, Eugene S._____Madison
Werrell, William A._____Madison
Ziegler, Lloyd H._____Wauwatosa

Care of Crippled Children in Wisconsin

By MARGUERITE LISON INGRAM
Director of the Crippled Children Division, State Department of Public Instruction of Wisconsin, Madison

FOR a number of years, Wisconsin has recognized the problem of the handicapped child and gradually has been establishing the facilities needed to meet the problems of children with defective sight, hearing, speech or mentality, or with other physical handicaps. The School for the Blind was established in Janesville in 1849, the School for the Deaf in Delavan in 1852, and the institutions for the mentally handicapped were established in Chippewa Falls in 1895 and in Union Grove in 1919.

As the needs for these groups of children were studied it was felt that the work of the state institutions might be supplemented by the establishment of day classes in various cities. In 1885 a law was passed providing for day classes for the deaf. Now such educational programs are provided in twenty-four cities. The first day class for children with defective sight was organized in 1907. There are now such classes in four cities. The first program, in any city, for children with defective speech was established in Wisconsin in 1913. Now such programs are conducted in twenty-seven cities in the State. The first day classes for mentally retarded children were started in 1917 and at the present time forty-three cities are conducting classes of this type.

It was in 1927 that the law providing for the education of handicapped children was amended to include educational provisions for crippled children. In that amendment provision was made for the creation of the Crippled Children Division in the State Department of Public Instruction, and for an annual appropriation of $100,000 with which to pay the costs of providing special educational facilities for crippled children.

Previous to the passage of this legislation, a study had been made in a few selected counties as to the needs of crippled children, not only from the standpoint of their education but also their physical care. It was very apparent from this study that some facilities were needed for the carrying on of a physical therapy program, since so many medical recommendations were being made for that type of care. Parents had attempted, in some instances, to carry on the care at home but without much success.

It was decided, therefore, that the special schools for crippled children, which were to be established, should provide not only special building facilities for the child who was unable to attend a regular school, but should serve also as treatment centers and should provide facilities for physical therapy.

As the services of the Crippled Children Division have expanded, an effort has been made to integrate as closely as possible the educational and the follow-up care phases of the program. At the present time the Crippled Children Division has supervision of the physical care of crippled children from birth to twenty-one years and of their education during the elementary and high school period. At the age of sixteen years, information is given regarding these children to the Rehabilitation Division, State Board of Vocational and Adult Education, in order that attention may be given them in regard to further training after they complete their regular school course, and to their placement in employment.

Medical Supervision

In the development of the crippled child program pertaining to physical care services, it was found that many questions arose which involved medical procedure. In 1935 a request was made to the State Medical Society that an advisory committee be appointed for this division, to guide its personnel in policies regarding medical procedures. The committee which was appointed at that time has a membership representing orthopedics, cardiology, pediatrics, and general medicine. With the very helpful assistance which has been continuously received from the Medical Advisory Committee, it has been

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possible to evolve more practical procedures. At the time that the orthopedic schools were opened the procedure was established of requiring that every child admitted or served by the orthopedic school, come with the recommendation of a physician licensed to practice medicine or surgery. In the development of the program, however, it was found that sometimes a conflict would arise as to medical responsibility where recommendations were available from several sources. This situation was presented to the State Medical Advisory Committee and upon their advice the policy was changed. At the present time children are admitted to the orthopedic schools upon the written recommendation of the family physician. If, in addition to the family physician, there is an orthopedist, cardiologist or other specialist who is prescribing care through field clinics or through outpatient hospital clinics, but who is not acting in the capacity of a private physician, the prescription of the specialist is then considered as consultation service for the family physician and, therefore, any recommendation of such consulting specialist for admission to an orthopedic school, is subject to the approval of the family physician. The same procedure is followed in regard to medical recommendations for the discontinuance of physical therapy care or for discharge from the school.

Problems involved in the conducting of the orthopedic field clinics, for which the Crippled Children Division is responsible, are also presented to the State Advisory Committee. From that committee, advice is obtained as to the most practical solution to these problems.

Other problems involving medical procedure arose in the extension of the service of the orthopedic schools to rural districts and small towns. It is found that each year an increasing number of crippled children from districts outside of the cities in which the schools are located are being boarded in homes in the orthopedic school cities. Over one-third of the children now under supervision of the orthopedic schools are non-residents. In the care of these non-resident children, the orthopedic schools, when the program first started, presented many questions to this division as to what procedure to follow in providing general medical care and emergency surgical care for these children who were away from their parents, sometimes months at a time. The State Advisory Committee has given considerable time and thought in the working out of a practical plan for the medical care of these children who are under the supervision of the orthopedic schools and of the boarding home mothers.

As a further means of furnishing the orthopedic schools with medical advice on problems relating to the care of crippled children, county medical societies in the ten counties where orthopedic schools are located, have appointed an advisory committee for the orthopedic school located in that county. There are eleven such schools, two being located in Milwaukee county. The work of the county advisory committees for the orthopedic schools functions in the same manner as the State Advisory Committee to the Crippled Children Division, not in advising regarding the care of individual children but in the matter of medical policies and procedures. All questions regarding the individual child are referred to the physician who is responsible for the admission of the child to the school.

Orthopedic Schools

As stated previously, the orthopedic schools were established to fulfill a dual purpose, that of providing a school building with facilities for the child who was unable to climb stairs or to get about in a regular school building, and of providing physical therapy facilities for the crippled child for whom such recommendations were made. These special schools have been provided in the following cities: Appleton, Eau Claire, Green Bay, Kenosha, La Crosse, Madison, Milwaukee, Racine, Sheboygan, Superior and West Allis.

During the past school year 667 children were enrolled in the schools and 225 other children of either pre-school or high school age were given treatment on an outpatient basis by the physical therapy department of the schools.

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Classroom in an orthopedic school. Note the special seat adjustments.

The diagnosis classification of the children served by the orthopedic schools during the year 1937–1938 is as follows:

TABLE 1.—*Diagnosis Summary in 892 Children Served by Orthopedic Schools, Year 1937–1938*

Type of deformity	Number of cases	Percentage of total	Number of cases	Percentage of total
Congenital			210	23.6
Birth injury			96	10.8
Accident			44	4.9
Disease:				
Poliomyelitis	200	22.4		
Osteomyelitis	22	2.5		
Tuberculosis of bones and joints	44	4.9		
Arthritis	31	3.5		
Cardiac disease	61	6.8		
Other disease	184	20.6		
Total	542	60.7	542	60.7

The ratio of children having spastic paralysis is 23.7 per cent of the total number of children served by the orthopedic schools. These cases are distributed among all four classifications of origin of disability. All cardiac cases are included under the classification "Disease" although a few are of congenital origin. It may be of interest also that 4.9 per cent of the children served in the orthopedic schools were children having brachial paralysis.

As a matter of comparison, the following ratios are given for the diagnosis classification of 6,260 crippled children in the State who are at present under twenty-one years of age and for whom medical recommendations are on file in this office. Reports on 2,740 other crippled children have been received in this office but as yet no medical report containing the diagnosis has been filed.

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TABLE 2.—*Classification of Diagnosis in 6,260 Crippled Children, Year Ending June 30, 1938*

Type of deformity		Percentage of total
Congenital		32
Birth injury		6.5
Accident		8
Disease:		
	Percentage of total	
Poliomyelitis	21	
Osteomyelitis	6	
Tuberculosis of bones and joints		
Arthritis	3	
Perthes disease	1.5	
Rickets	2	
Other disease	16	
Total	53.5	53.5

The ratio of children having spastic paralysis is 14 per cent of the total. These cases are distributed among all four classifications of origin of disability.

Children attending the orthopedic schools only on the basis of their need for treatment, return to their regular school as soon as the physician feels they have derived the maximum benefit from the treatment given. Approximately one-third of the children leave the orthopedic school some time during the year to return to their regular school, to go to a hospital for surgical care, or for other reasons. Of the group who are dismissed it has been found upon discharge that in 60 per cent of the total, maximum improvement had been obtained from the treatment given. In the remaining 40 per cent who had not received maximum improvement, were the children who had moved out of the State, had become too ill to attend school, had died, or had been dismissed for other reasons.

The academic program carried on in the orthopedic school is the same as in any regular school and for that reason only those children are admitted who are able mentally to keep up to grade. Children of subnormal mentality for whom physical therapy is recommended, are provided that care on an outpatient basis.

In regard to the orthopedic school services, this State is unique in that legal provision has been made for the attendance of crippled children from districts outside of the cities in which the special schools are located. For these nonresident children whose parents are unable to pay the cost of maintenance, funds are granted for the five school days, the parents or some agency paying the cost of maintenance for the weekend. If the child lives too far away to go home for Saturday or Sunday, the family or some agency in the community assumes the responsibility for the board for those two days. The boarding homes in which these children are placed are investigated and approved according to standards which have been established for supervision.

Other Services

Hospital classes.—In addition to the financial aid granted for the excess costs of orthopedic schools, funds appropriated to the Crippled Children Division are also used for paying the entire cost of the academic instruction of crippled children undergoing hospitalization. During the past year 440 children were taught either in classes or were given bedside instruction in the following three hospitals,—Wisconsin Orthopedic Hospital for Children, Milwaukee Children's Hospital, and Milwaukee Children's Hospital Convalescent Home.

Transportation to regular school.—For those crippled children who may be having difficulty in walking to school, but who are not in need of any special supervision or care, legal provision is made that the local school district may grant transportation aid for such children, regardless of the distance from the home to the school. For this transportation service the district may allow twenty cents a day aid and may claim ten cents a day state aid. For crippled children who are unable to attend any school, some school districts are providing teaching in the home but no state aid is granted for that type of service.

Orthopedic field clinics.—When federal funds were made available in 1936 to the Crippled Children Division by the United States Children's Bureau, it became possible for this division to pay the costs of the orthopedic clinic service. Previous to that time this clinic service was financed by a private organization.

The clinics are held in cooperation with county medical societies. The society of the county in which the clinic is to be held, designates the place and time of the clinic

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and the orthopedists who are to conduct the examinations. The Crippled Children Division pays the cost of the fees and travel expense of the orthopedist and furnishes the staff to take histories and the stenographic notes. Copies of the clinic reports are furnished the family physician of each child examined. During the past year 1,080 children were examined at the sixteen clinics which were held in various parts of the State.

Field service.—A limited amount of field service is available through the Crippled Children Division to follow-up the family physicians' recommendations and clinic recommendations in arranging for hospitalization or orthopedic school attendance. At the present time there are four field workers, each being assigned the responsibility for the follow-up program in their district. During the past year 2,580 crippled children were visited by the field staff and interviews were also held with many family physicians, public health agencies, school officials and other interested persons.

Supervision of open-air classes.—During the past session of the legislature a law was enacted assigning the supervision of "open-air classes," or nutrition centers, to the Crippled Children Division. At the present time there are eight cities providing supervision of school children who are malnourished, who are "tuberculosis contacts," or who have some physical weakness which requires rest or special supervision. No state aid is granted to these cities for the excess cost involved in carrying on the program.

During the past year, a study has been made of the 600 children who were under supervision in these classes and it was found that there was little uniformity as to eligibility for enrollment among these eight cities. This study indicates the necessity for an analysis of the physical needs of these children and an evaluation of the services which are being provided.

Eight of the orthopedic schools have deep-water pools or equipment of the above type, and the other three will have such equipment by the end of 1939.

This program has been discussed with each of the county medical advisory committees and upon their suggestions some changes are being recommended to the boards of education in regard to policies and procedures pertaining to the medical questions involved.

Future Needs

In regard to the future needs of the orthopedic school program, it is felt that in order to have sufficient facilities to serve all the crippled children in the State who are in need of physical therapy or supervision, three orthopedic schools, in addition to the present eleven schools, are required. An increase in state appropriations is being sought this year in order to make possible the establishment of one of the three schools which are needed. If the necessary funds are granted, it then will be possible to

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establish a school in Wausau which will serve not only that city but also the ten surrounding counties.

Even with the establishment of the necessary orthopedic schools, there will remain one other type of school for crippled children which is most urgently needed. It has been found that there are in this State approximately 100 crippled children of normal mentality who are so extremely handicapped that they cannot be accommodated in an orthopedic school. If this type of child happens to live in a city where an orthopedic school is located, it is sometimes possible to arrange for his enrollment. For the crippled children requiring considerable custodial care, however, and not living in cities where orthopedic schools are located, it is usually impossible to find a boarding home which is willing or which has proper facilities to provide care for such an extensively handicapped child. It is felt that a boarding school should be established in this State for the crippled children of good mentality who require a considerable amount of matron care and who are not receiving at present the educational opportunities to which they are rightfully entitled.

The funds which are expended in conducting the present orthopedic school program are definitely justified by the physical and educational improvement which lead to the better adjustment of the child to the economic and social life of his community. The funds which may be later expended for the boarding school for crippled children may be justified perhaps more from a humanitarian standpoint, although some of these children might be able to contribute partially to their self-support if provided with educational opportunities.

When all the orthopedic schools and the boarding school are eventually established, Wisconsin should have rather adequate facilities for serving the estimated 9,000 crippled children in the State, who are under the age of twenty-one years and of normal mentality.

Whether any additional facilities are necessary to serve the crippled child who also has a mental handicap can be determined only upon further study. A file is maintained in the Crippled Children Division of mentally subnormal children who are also crippled. The medical recommendations for this group usually can be served through present physical therapy and hospital facilities. The custodial care and training of this group, however, will probably require further study in order to be properly evaluated.

In all the various services conducted by the Crippled Children Division, it would have been impossible to carry on the program were it not for the active cooperation of the medical profession, in making available to those workers in this division and in the orthopedic schools, advice and guidance in all phases of the program. With the continued assistance and interest of the medical profession, the many problems which this program presents should eventually be solved to the best interests of the children involved.

The Journal Bookshelf

BOOKS RECEIVED FOR REVIEW

The Genuine Works of Hippocrates (translated from the Greek). By Francis Adams, LL.D., Surgeon. With an introduction by Emerson Crosby Kelly, M.D. Three hundred and eighty-four pages, illustrated. Price, cloth, $3. Baltimore: The Williams and Wilkins Company, 1939.

Sex and Internal Secretions: A Survey of Recent Research. Edited by Edgar Allen, Yale University. Ed. 2. Thirteen hundred and forty-six pages, illustrated. Price, cloth, $12. Baltimore: The Williams & Wilkins Company, 1939.

Recent Advances in Medicine (Clinical, Laboratory, Therapeutic). By G. E. Beaumont, M.A., D.M. (Oxon.), F.R.C.P., D.P.H. (Lond.), physician to the Middlesex Hospital, physician to the Hospital for Consumption and Diseases of the Chest, Brompton, lecturer in medicine at Middlesex Hospital Medical School, etc. In collaboration with E. C. Dodds, M.V.O., D. Sc., Ph. D., M.D., F.R.C.P., Courtauld professor of biochemistry in the University of London, director of Courtauld Institute of Biochemistry of Middlesex Hospital, pathologist to the Royal National Orthopoedic Hospital. Ed. 9. Four hundred and thirty-one pages with forty-two illustrations.

Price, cloth, $5. Philadelphia: P. Blakiston's Son & Co., Inc., 1939.

What It Means to Be a Doctor. By Dwight Anderson. Eighty-seven pages. Price, cloth, $1; in paper covers, 25 cents. New York: Public Relations Bureau, Medical Society of the State of New York, 2 East 103rd St.

Clinical Pathological Gynecology. By J. Thornwell Witherspoon, B.S. (Princeton), B.A. and M.A. (Oxon.), M.D. (Johns Hopkins), formerly associate professor of experimental and pathological gynecology, Indiana University Medical Center, Indianapolis. Four hundred pages, illustrated with 271 engravings. Price, cloth, $6.50. Philadelphia: Lea & Febiger, 1939.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Emotions and Bodily Changes: A Survey of Literature on Psychosomatic Interrelationships, 1910–1933. Ed. 2. By H. Flanders Dunbar, M.D., Med. Sc. D., Ph. D, of the departments of medicine and psychiatry, Columbia University, New York City. Six hundred and two pages. Price, cloth, $5. New York: Columbia University Press, 1938.

Any contribution toward a psychosomatic approach to human problems and disease is worthy of careful consideration. The 432 page monograph of Dr. Dunbar with its extensive bibliography of over 2,300 references is therefore read with considerable anticipation. Dr. Dunbar's book presents preeminently the psycho-analytical interpretation of somatic phenomena, everything from pulmonary hemorrhage to verrucae being considered. The chapter on metabolism and heat regulation contains much of interest and less to challenge the more analytically minded that other sections.

It is feared that the mass of reports (largely from psychoanalytical sources) will not meet with a warm reception from the average physician who will tend to shy away from such statements as "dysmenorrhea is essentially of psychogenic origin. On the basis of several hundred cases it was shown that psychotherapy brings relief of menstrual difficulties (pain, migraine, nausea, vomiting, fainting, etc.)" page 337.

It is to be regretted that the somatic position is not more clearly outlined and that analytical interpretations are drawn upon almost entirely to explain pathological phenomena.—A.C.W.

Pneumonia and Serum Therapy. By Frederick T. Lord, M.D., clinical professor of medicine, emeritus, Harvard Medical School; member of the board of consultation, Massachusetts General Hospital; and member of Massachusetts Advisory Committee on Pneumonia, 1931–1935. In collaboration with Roderick Heffron, M.D., field director, pneumonia study and service, Massachusetts Department of Public Health, 1931–1935. Revised edition of *Lobar Pneumonia and Serum Therapy.* One hundred and forty-eight pages, illustrated. Price, cloth, $1. New York: The Commonwealth Fund, 1938.

In its general arrangement, this little book is like its predecessor, the first edition published but two years before. However, much has been added. There is now included an outline of plans for pneumonia control programs as community projects, further data on the incidence of types of pneumococci in the pneumonias, new mortality statistics, and the results of antiserum treatment in larger series of cases. A new schedule of dosage with antiserum is offered and the use of antipneumococci rabbit serum is discussed.

This handbook, clearly written and well printed, gives in compact form practically all of the information that the physician requires regarding serum therapy in pneumonia. It is well to realize that the material furnished here is not yet outmoded despite the rapid and important advances of chemotherapy nor is it likely that the need for proper typing and serum therapy will disappear in the immediate future. This book can be highly recommended as it serves its purpose well and at a minimum cost. O. O. M.

Medical Vocabulary (English, German, French, Italian and Spanish). By Joseph S. F. Marie. With a foreword by Chevalier Jackson, M.D., Sc.D., LL.D., F.A.C.S., honorary professor of broncho-esophagology and consultant in broncho-esophagologic research, Temple University, School of Medicine, Philadelphia. Price, cloth, $3. Philadelphia: P. Blakiston's Son & Co., Inc., 1939.

This book is apparently not intended for use as an aid in reading German, French, Italian or Spanish medical works, as only the English words are arranged alphabetically. It is rather designed as an aid to English-speaking persons attempting to express themselves in one of the languages named, or for Germans, Frenchmen, etc., who are confronted with the task of interpreting English medical terms.

The appendix contains remarks on pronunciation in the various languages, and various medical phrases in these languages. Several inaccuracies are present in the section on pronunciation. G. R.

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The second exhibit, on allergy, tells, in changing dramatic sequences, three 2 minute dramas of Allergy: "Tommy Todd's Autumn Colds," "Mrs. Tucker's Wheezes" and "Baby Bing's Eczema." By means of an animated question box and dioramas showing typical scenes in the doctor's office, a search for the offending allergic excitant in each of the three stories is conducted through information obtained by questions, scratch tests and an examination of the patient's family tree. An interesting part

of the allergy exhibit is an illuminated transparent chart showing in full color, 48 of the most common allergic excitants. A separate series of little pictures invites the visitor to examine commonplace scenes for causes of allergy and then, by pressing buttons, to illuminate the concealed answers. An illustration of this exhibit is shown in the Lederle advertisement on page 443.

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FOR SALE—The complete eye, ear, nose, and throat equipment of the late Dr. J. E. Donnell; includes one DeLuxe unit and latest attachments costing $1,200; located at Cuba City, Wisconsin. Address replies to Mr. L. W. Porter, Cuba City, Wisconsin.

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Wisconsin Assembly Floor Discussion and Action, May 18, 1939, on Bill 401, A., Relating to the Formation of Cooperative and Other Associations to Provide Medical or Hospital Care, Etc.*

Mr. Speaker: The hour of ten o'clock having arrived, we will proceed with the special order. The clerk will read the special order.

The Clerk: Bill 401, A. by Mr. Biemiller. Relating to the formation of cooperative and other associations, to provide medical or hospital care, or both, discrimination against, exemption from insurance laws, and providing a penalty. Indefinite postponement recommended by Committee on Public Welfare.

Mr. Speaker: The question is, shall Bill 401, A. be indefinitely postponed.

Assemblyman Biemiller: Mr. Speaker.

Mr. Speaker: The gentleman from the Milwaukee Second.

Assemblyman Biemiller: I will ask for a roll call.

Mr. Speaker: A roll call is requested; are there sufficient seconds? * * * There are a sufficient number up.

Assemblyman Biemiller: Mr. Speaker, in the course of my remarks I wish to refer briefly to two or three documents, and I ask unanimous consent to read one or two paragraphs during my remarks. I ask unanimous consent to read them.

Mr. Speaker: The gentleman from Milwaukee Second asks unanimous consent to read from documents.

Assemblyman R. W. Peterson: I object.

Mr. Speaker: Objection is heard.

Assemblyman Biemiller: Mr. Speaker and Members:

I think anyone following the public press during the last three or four years realizes full well the question of inadequacy of medical attention, and that it is becoming a paramount issue in this country. At this very time, as many members know, a bill is pending in the Congress of the United States to appropriate some $900,000,000 to provide health services. Hearings on that matter are being held at the present time. There is much public interest in this question, because there can be no doubt in anyone's mind, after fairly examining the evidence, that the available medical care in the United States is not adequately distributed as it might be. In saying that I am not criticizing the quality of care that is now being given, for the medical care is the best in the world, but I am saying that this very fine scientific knowledge is not being distributed as widely or as well as it might be. In other words, today we are concerned purely with the distribution of this medical science.

Now this bill here is one that is similar to about twenty others being introduced in various state legislatures this year. My reason for introducing it is not, as some people infer, to advance so-called state medicine. On the other hand, this is a bill to make it possible for those voluntary groups of citizens and physicians who wish to tackle the problem of meeting the cost of medical care to do so without interference and restrictions placed upon them by the medical oligarchy in control of the American Medical Association.

There have been, during the past several years, numerous surveys which brought out the necessity of improving on that care. These surveys have been made by various fine institutions. The first one of these surveys was started a few years ago, a survey known as the Report of the Committee on Costs of Medical Care. The Committee on Costs of Medical Care,—and I want to make this plain,—was not operated by anybody in close political affiliation with anybody on my side of the House here. The chairman of that Committee was Dr. Ray Lyman Wilbur, an American known well to the Republican members of the House and to others as well, a former president of the American Academy of Medicine, and now president of Leland Stanford University; also formerly past-president of the American Medical Association. That committee made a rather extensive report. The majority report was in favor of the principle of voluntary health insurance plans, or group plans, here also referred to as the medical center type of plan, in which a group of doctors band themselves together, combining their resources, and then sell their insurance plan on the basis of prepayment for services. As I say, that is recommended by the Committee on Costs of Medical Care.

So there is a need for some means of meeting the growing problem of bringing medical care to our people. Since that time there have been many other surveys. I am not going to bore you with statistical details. Those surveys include a most recent one by the National Government,—the National Health Conference. The National Health Conference brought out the fact that there is a very large percentage of our population getting no medi-

* Report of the committee hearing on this bill was published in the May issue of the Wisconsin Medical Journal, 1939.

cal care at all, and in the second place illness is more prevalent among the lower-paid groups in our society, and they get less care than the others. I think that those facts are proven incontrovertibly. The only attack organized medicine makes upon the reports of these various organizations is that they don't know the facts,—the doctors are the only ones who really know what is going on in the field of medical care. The doctors have made certain surveys, and they are continually asking members of the American Medical Association to send in reports on what is going on. A great many of these doctors contend there is no one who needs medical care who can't get it. There is no question in my mind or in anyone else's mind that the doctors of the United States are doing an enormous amount of voluntary free, charity work. And for what they do, I take off my hat to them. But the fact is, they do not realize that there are many, many thousands of people who don't want charity care, and they won't go to a doctor to get charity care. They want some means of solving this problem themselves.

Furthermore, I think it is interesting to raise the question of Dr. Hugh Cabot, a surgeon at the Mayo Clinic. How do doctors know who don't get care, if they don't know who goes to the doctor? They don't ever see these people who aren't getting proper care.

There has been a survey made in California, made jointly by the state medical society and by the University of California, showing that of people getting less than $800, 55 per cent are getting no medical care. And that is a report by a state medical society. Now that you have that in front of you, I think you see the kind of problem we are tackling. There are now existing in many states of the United States, voluntary health insurance plans. Every time these plans are begun and brought into existence, the medical society seems to expel the doctors in them, and they say, "You can't be a member of our society." It might not be so bad if these doctors were simply expelled from the medical societies,—there would be the question of the stigma, and that would be all there is to it, and they probably wouldn't be concerned about this issue. The difficulty is this: Under the organization of modern medicine, just being a doctor and having an office isn't enough. With all these modern, scientific things it has come to a stage where our medical care is very complex. It is necessary for doctors to use hospitals much more than in the past. And the result is this: When doctors are expelled from their medical societies, they find it impossible to get into the leading hospitals. That is where the fly in the ointment appears. It is not just in this State, but in practically every state in the Union. And this battle is constantly going on.

The battle came to a very sudden head by the action of the United States Attorney General. Today the American Medical Association and some of its constituent organizations are under federal indictment because of their action in barring people from hospitals. The thing was brought to a head in Washington, D. C., where a medical cooperative is functioning. In the course of the functioning of that organization, doctors connected with it, and patients, were barred from hospitals in the City of Washington. And so the assistant attorney general became interested in the matter. Today, as I said before, an indictment stands. The way this thing works is very simple. The American Medical Association chooses to take upon itself certain functions which in my estimation should be public functions,—functions of the government. The American Medical Association places the hospitals on an approved list, and unless the hospitals are on that approved list of the American Medical Association, they find it impossible to get interns. I think all of you are aware that without interns, a large hospital would find it almost impossible to function. And so we have this situation in Milwaukee:

In Milwaukee we have a situation in which physicians whose professional ability and integrity have not been questioned, physicians in the past who have held posts as chief of staff of various hospitals, secretary of staff of various hospitals,—and they are today barred from practicing in those hospitals, —barred on the sole ground that they are engaged in voluntary health insurance plans. And we find that this is not peculiar to Milwaukee, but it is true in Washington, on the West Coast, in Oklahoma, etc. That is the picture you are faced with, a picture that exists because in organized medicine in this country you have a medical oligarchy.

This is an enabling act; there is nothing compulsory about it. The hospitals couldn't bar these doctors. I want to tell you how all this happens: The officials of the American Medical Association are opposed to this type of practice, and the average doctor is afraid to fight the American Medical Association because he knows the penalty. He may be barred from hospitals. And when he is barred from the hospitals, I repeat, there is very little call for him. As proof of that statement, let me quote an illustration outside of this immediate field. Some of you probably saw a book which became a best-seller called, "Doctor, Here's Your Hat." Parts of the book were reprinted in Readers' Digest. This book talked against what I am arguing against. It argues for the return of the family physician of fifty years' ago, but in the book he says the American Medical Association's policy is hampering the doctor from developing. It is almost impossible for a young doctor to get into a hospital if he doesn't appear to be a specialist. As a result of the publishing of this book in which the author dared to criticize the American Medical Association, that doctor has been barred from every hospital in the City of Chicago. He had the temerity to criticize the oligarchy that runs the American Medical Association, from Doctor Fishbein on down. Now when you promise that you won't mention names, they will

speak their minds and tell you how they feel about this. When doctors are assured that there will be no publicity, and no use of their name, they will even write things and become outspoken against the American Medical Association.

There was a volume published two years ago in which a doctor said things about the American Medical Association, and the criticisms were much more far-reaching that anything I have ever heard. Furthermore, I want to call your attention to the fact of the Gallup Poll, which is pretty widely recognized as a very good fact-finding setup. In one of its most recent polls, the Poll said that 73 per cent of the doctors favored voluntary health insurance practice. They recently made a survey among doctors, asking them whether they favored the principle of voluntary health insurance. Seventy-three per cent of those asked replied in the affirmative, and 82 per cent said they were confident that in ten years the principle of voluntary health insurance would rise very rapidly in the United States. I repeat, you can get doctors to talk when they are not going to be quoted, or when Fishbein won't find out what their opinions are. We could go on here all day at some length if we wanted to, quoting sources, etc.

There are three groups of people who are beginning to show resentment and who are realizing the necessity of doing something: they are the doctors themselves, newspapers and other publications, and the people themselves. These doctors talk when they get a chance to, without getting publicity. There are in different parts of the country, some very well known physicians who have the temerity to speak out quite loudly,—men well established in their profession, men like Hugh Cabot of the Mayo Clinic, and like the retiring president of the College of Surgeons. They are accusing the American Medical Association of being so "stand-pat" that they are losing their recognition throughout the country, and I point out that many people are so disgusted with the attitude of the American Medical Association toward this type of social progress, that the effect is that the American Medical Association is also losing its standing as a professional organization. And that is one danger in this picture. Nothing would pain me more than to see the American Medical Association which has a true and proper function, and a necessary and desirable function as a scientific organization trying to improve the standards of the profession, lose its standing as a professional organization. I think you can see very well why it has been said that the American Medical Association, on the question of medical economics, has done nothing, done it thoroughly and for a long time. I think you can see how this oligarchy is enforcing its will on doctors and on the people.

The government, with social organizations, farmers, cooperatives and working men, called the National Health Conference last year. That Health Conference, I think, was a milestone in American medical history.

Now I am under no illusions today; there is no chance of this legislation becoming law in Wisconsin, but I do tell you this: You will face this issue in the future; it is going to be in front of you every election from now on; it is going to become one of the most important political issues in the country. When I made this same statement two years ago, people scoffed and laughed at me, but in July, 1938, you saw the Federal Government take an important step. Today there is a medical bill in Congress. As a result, this matter is before you. We have got to find some way of dealing with it. Newspapers are beginning to write about it. I have in my own files at home more than twenty-two publications coming out with publications for voluntary health insurance. Those publications cover a wide field of interests. Some are the so-called radical type; some represent certain groups of people like Survey Graphic, representing the social workers and others of the general public. There are the high-brow publications, like Harper's. And last but not least, newspapers are coming out in favor of it. And then there is one that reaches so many people, True Story, which is coming out with a story on the Elk City hospital in Oklahoma, and hundreds of thousands of people read that publication. Two years ago, you will recall, the Milwaukee Journal saw fit to let loose a barrage,—and I mean a barrage,—of criticism against this bill and other bills. Now it is very interesting to note that the Milwaukee Journal has certainly backed down from its "high horse." Since that time the Milwaukee Journal has run three editorials, each of which gets progressively more critical of the American Medical Association and its attitude on this question. When the final expulsion of doctors in Milwaukee took place, the Milwaukee Journal saw fit to raise a very serious doubt as to the error made in expelling these physicians. Doctors know about these problems; they can't deny that they exist. In speaking about cooperatives, I am speaking about the National Health Conference and the wide publicity concerning it.

There are today in Wisconsin at least five groups that I know of that are waiting to start forms of medical cooperatives. At least one group is ready to build a cooperative hospital; but all of them are held back by the fear of what is happening in Milwaukee at the Medical Center. Those people building the hospital aren't quite so concerned about this bill; they are concerned about the bill coming up here today or tomorrow morning, and I will have something to say at that time on that bill. Those who want to build the cooperative hospital are scared of the possible results.

Now here are some peculiar things: One of the tenets of the American Medical Association is free choice of physician. They are always "hollering" about free choice of physician. But let me show you how I am interested: I am a member of the Milwaukee Medical Center. If I suddenly fall ill, I should like to go to one of the leading hospitals

in the City of Milwaukee. I should also like to have the physicians of the Milwaukee Medical Center attend me. They are my personal choice of physician. But I can't do that. If I want to go to one of the leading hospitals in Milwaukee, I have to see some other physician. I can't have the doctor of my choice. If I do want the doctor of my choice, I have to go to some small hospital that is not nearly so well equipped as the larger ones. And this affects not only me, but 10,000 people in Milwaukee who are members of the Medical Center. And that is the theory of these groups scattered around the State.

Now sooner or later somebody is going to get up and say, "Wait a minute; the Medical Society is starting to do something." All right; maybe they are, but let me tell you something about that. Two years ago I had a series of bills in here, and they had much opposition from the Society. They said, "You don't know what you are talking about. There are no needy in the State." Now I am glad to see this bill coming in here sponsored by the Medical Society, but it is a mystery to me. It is true they have two or three plans under way. One of them is in Douglas County, which is supposed to be a medical cooperative proposition, functioning along with the county medical society. Now I happen to know there has been difficulty in getting members for the cooperative up there because it is so set up that they are still operating on the fee-for-service system. So long as that system exists, it is impossible to bring adequate medical care to any family in this State or in any other state that is making less than $3,000 per year. It can't be done. Those people up there are largely Scandinavian, and they know a real cooperative when they see one. They are having difficulty and trouble in getting ahead with it up there. What will happen, we will see in a year from now.

In Milwaukee County the medical society has offered a plan to the residents of Parklawn and Greendale. They saw fit to have no part of that plan. Instead they indentified themselves with the existing Milwaukee Medical Center, which has proven beyond a shadow of doubt that these plans can't operate with adequate service. And they still fight it.

It is interesting to note those appearing for this bill in 1937 and 1939. On the one side you find what? The Farmers Union, the Cooperative League, the Madison Ministerial Association. That is the kind of group that you find for this type of thing,—groups that represent the great mass of consumers of medical care who know that something is wrong in the present distribution of medical care, and they are all asking for this legislation to be passed. On the other side what do we find? The Wisconsin Medical Society and affiliated sister organizations, — the nurses, etc.,—who are dependent upon the doctors and who don't dare buck this. That is all the opposition there is in the committee report. In other words, you have one representative for about 2,000,000 people on one side, and on the other a representative of about 3,000 people. Take your choice. You can go along with these people to a voluntary way of solving this problem. Those of you who fear state medicine will find this one way to stop it. For if you do not find a way, another way will be found very quickly. People want to see that something is done about it. I know what you have been running into—I know you have had a lobby on your neck telling you what a terrible bill this is, that it is Moscow, etc. First it is Moscow, and the next time it is Wall Street. There is nothing of Wall Street in this, and there is nothing of Moscow about it. It is just a good American cooperative principle. That's all there is to it.

As for the Medical Society, I am very happy that they sent their secretary to Europe last summer to study compulsory health insurance over there, although I have always maintained if the secretary were fair he would have given me about a ten per cent commission on that trip.

And so the ham-stringing still goes on and efforts are made to stop any attempt made to set up these organizations for voluntary health insurance. I think the people of this State would be most grateful if the Assembly saw fit to pass this enabling act which once and for all would settle this thing of "You can find a way to do it; you can find a way to set up a system whereby medical care can be given; go to it." There is no promotion about it, except that you will help something along in this way.

Assemblyman Tehan: Mr. Speaker.

Mr. Speaker: The gentleman from Milwaukee Fourth.

Assemblyman Tehan: Mr. Speaker and Gentlemen of the Assembly:

Bill 401, A. by the gentleman from Milwaukee Second deals with the broad subject of voluntary sickness insurance. That includes both medical and hospital care that is given to sick or injured persons. This bill came to this Assembly two years ago, as some of you will remember. At that time I made a few remarks on the bill, and I have been reviewing a stenographic report of that. I find that I have not changed my position one iota.

During the past couple of years, the Wisconsin Medical Society,—perhaps projected by the gentleman from Milwaukee Second, — has spent some $30,000 and unlimited time in going into this particular field of medical care. Their studies included a complete study of hospital insurance. As a result of that study, Bill 288, S. is, I believe, on today's calendar. That is a bill sponsored by the Wisconsin Conference of Hospitals and by the Catholic Hospital Association, and sets forth a plan whereby certain funds are regulated; and it is kept under custody of trained hospital people, and one great objection that we have here in this bill is there taken care of.

That study, furthermore, included a study of compulsory health insurance, which is in a companion bill introduced by the gentleman from Milwaukee Second and which probably will appear on this floor in a week or so.

The third aspect of their study has been talking to Wisconsin citizens. Now the state of health in this State has been very splendid. They have found, for instance, over a national average, that Wisconsin's tuberculosis death rate is 40 per cent lower than the national average; infant mortality is 20 per cent better than the national average; pneumonia mortality is 24 per cent lower; syphilis mortality is 50 per cent lower than the national average; typhoid fever is 86 per cent under the national average; whooping cough mortality is 75 per cent under the national average. Regarding maternal mortality, so far as medical care is concerned in this State, last year some 56,000 births occurred and statistics show that 99 per cent of those births found a doctor in attendance. So we can see that under the guidance of those who are in the medical profession, Wisconsin, at least, has made splendid strides. That does not, however, forbid the idea, or obviate the idea, that there is no room for improvement in this State.

I heartily agree with the objectives of the bill of the gentleman from Milwaukee Second in trying to promote better health, as with what Mr. Kiefer was trying to do with his sterilization bill, but on that, as in this bill, I don't agree with the method. You have in this country some 200 or 300 different types of voluntary sickness insurance plans. You have in the State of Wisconsin some two or three plans under the authorization and sponsorship of the Wisconsin Medical Society. Now there might be room for this bill in this legislature, and serious consideration given to it, if the Medical Society was doing absolutely nothing about the study of these particular plans. But here they have spent a considerable amount of time, and a considerable amount of money, and I think in fairness it must be said that they have taken a commendable step to solve this problem scientifically.

Bill 401, A. also permits the organization of consumer cooperatives. My objection, however, is to the bill itself. In the first place there is the repeated objection made two years ago, that it has no insurance regulation. In other words, people putting their money into this voluntary health insurance have no assurance that when they want to use that personal service it is going to be there and available to them when it is needed. That objection has been dealt with in the hospital bill here which passed the Senate under suspension of the rules.

This bill 401, A. also puts the stamp of approval on one particular system, whereas this should be approached from a scientific angle and experiments should be made as are being made in this State and throughout the country, to see which system is the better system. And when they have arrived at a decision with scientific knowledge as to just which is the best one, then there is time for consideration of a measure endorsing it and putting the stamp of approval on that one certain procedure.

Then there is another feature in this bill. It provides a wall of defense against any sort of criticism.

In my concluding remarks I want to say this: This is a subject which we do not know much about. The Medical Society on the other hand has spent time and money in conducting experiments to find out a better way to take care of this problem.

Now then, I trust that this particular measure will be indefinitely postponed at this time. I think we can realize that the same medical association that brought about and petitioned for Mendota, Chippewa Falls, Statesan for the tuberculous, and the State Board of Health, will bring before this legislature, and bring to the people of the State of Wisconsin a practical plan. I trust this will be indefinitely postponed.

Assemblyman Catlin: Mr. Speaker.

Mr. Speaker: The gentleman from Outagamie.

Assemblyman Catlin: It is interesting to note that two years ago the Assembly in voting on this, recognized the cooperative matter. We have this bill more or less as a standard, for those voting for the bill were recognized Socialists and those voting against it were Progressives. So here again we have another bill as a means of determining how many Socialists there are in the Assembly, and how many Progressives. We found two years ago that we had twenty-six Socialists in the Assembly, as opposed to sixty-two persons of other political beliefs so far as these things are concerned. We found that we had forty-six Progressives two years ago. I hope we still have some members who may be Progressives but not Socialists.

There could be reams and reams of argument about this bill showing its unsoundness in destroying what it ostensibly proposes to help, to show that this bill is one of those "catch-alls," or "come-ons," or "cure-alls" which you always find Socialists advocating. Upon analysis you find that it is one of those things which destroys that which it seeks to promote.

One thing, if nothing else, is the fact that the Socialists in proposing this bill attempt to do away with the thing that is most important in the field of medicine, and that is the individual relationships between doctor and patient. They attempt to put in a third party there,—the government is to take some hand in giving medical care. The merits and demerits have been discussed. I think the legislature is aware of the fact that this bill is not practical, and it would seem that it should be defeated. I trust that it will be indefinitely postponed. Has a roll call been asked for?

Mr. Speaker: A roll call is ordered. The gentleman from Milwaukee Second.

Assemblyman Biemiller: I just want to answer briefly some of the remarks made. I was very much interested in learning how many Socialists there are in this legislature.

I would like to point out that this bill is similar to the one passed in Utah, which was passed forty-four to seven. I never knew we had forty-four Socialists in this legislature here. Two years ago I think there was a handful of Democrats and Republicans who had the foresight to see some value in a measure of this type.

The gentleman from Milwaukee Fourth raised one point. The plans proposed by the Medical Society so far have had few or no takers. The general public does not respond and it won't respond to that sort of plan for this simple reason: The plan proposed by the Medical Society does not take into consideration preventive medicine. The Medical Society favors the fee-for-service system, or modifications of this system, whereby you pay whatever is the cost of the bill. The people want preventive medicine. It is true that Wisconsin has high health standards, and I am proud of it, but even the gentleman from Milwaukee Fourth admits that there is room for improvement. Just because we have a high level is no reason why we can't have a higher one. Furthermore, the gentleman indicates that the reason we have got that is because there has been a good deal of preventive medicine. Well, it has been done by state agencies. Under voluntary health insurance you get preventive medicine. Under the fee-for-service system, it is to the economic interest of the doctor to be sick. And he doesn't know about it unless a man is sick. Under these health insurance plans it is to the economic interest of the doctor to stay well. He gets paid exactly the same amount of money whether you are sick or well, and naturally he wants to keep you well. You will find that under these plans the doctors are anxious to have you come in for examinations. People are more prone to go to the doctor under health insurance plans when there is something wrong with them, because it doesn't cost them anything over and above their regular rate. The result is that the health of the people stays much better. Statistics on the Group Health Association in Washington show that every person there makes an average of twelve visits to the doctor a year on a general average, while the general outside average of two and one-half prevails throughout the United States. I think these facts ought to be taken into consideration.

There is one more point. There are other contract practice schemes in use, not only in Wisconsin but throughout the Nation. In Wisconsin we have a contract practice scheme for the Electric Company. There is a set-up whereby workers at the Electric Company, and the Electric Company itself, pay monthly. Medical care and hospital attention under contract practice results, pure and simple. It operates the same way this does. But does the Medical Society interfere with that plan? I should say not. Some doctors in that plan have become medical politicians of the highest type, and they control the Medical Society. But if another group of individuals wants to start something, it immediately becomes a bad thing. These doctors set up self-standards just because they favor that type of practice. Some of you sitting here in this room have been in contract practice based on the voluntary insurance principle. It is true of University students; that is a health insurance plan. It is true at the Cutler–Hammer Company, and it is true at the Electric Company. And it is good for them. And it is good for any other group that wants to go ahead with it.

Mr. Speaker: The question is, shall the bill be indefinitely postponed.

Assemblyman Catlin: Have the Sergeant bring in the absent members.

Mr. Speaker: Will the Sergeant bring in the absent members?

The question is, shall Bill 401, A. be indefinitely postponed. Those in favor of indefinite postponement will vote "Aye;" those opposed will vote "No." The clerk will open the roll.

Assemblyman J. C. Hanson: I request the committee report.

Mr. Speaker: The clerk will read the committee report.

(Whereupon the clerk read the committee report.)

Mr. Speaker: The question now is indefinite postponement of bill 401, A. Those in favor of indefinite postponement will vote "Aye;" those opposed will vote "No." The clerk will open the roll. * * * Have all present been recorded? If so, the clerk will close the roll. * * *

There are 62 ayes, 29 noes. The bill is indefinitely postponed.

Assemblyman Catlin: I ask that reconsideration of the vote by which Bill 401, A. was indefinitely postponed be taken up at this time.

Mr. Speaker: It is requested that the vote by which Bill 401, A. was indefinitely postponed be reconsidered at this time. Is there objection?

Assemblyman Grobschmidt: I object.

Assemblyman Catlin: I move.

Mr. Speaker: It is moved that the rules be suspended and that reconsideration of the vote by which Bill 401, A. was indefinitely postponed be taken up at this time. Those in favor of suspension of the rules will vote "Aye;" those opposed will vote "No." The clerk will open the roll. * * * Have all been recorded? The clerk will close the roll * * * There are 66 ayes, and 23 noes. The rules are suspended.

The question now is, shall the vote by which Bill 401, A. was indefinitely postponed be reconsidered. Those in favor of reconsideration will say "Aye;" those opposed, "No." The noes appear to have it * * * The noes have it. The Assembly refuses to reconsider its vote.

Wisconsin Assembly Floor Discussion and Action, May 18, 1939, on Bill 288, S., Relating to Nonprofit Hospital Service Membership Corporations

The Clerk: Bill 288, S. by the Committee on Education and Public Welfare by request of Wisconsin Hospital Association, Conference of Catholic Hospitals and Wisconsin Medical Society, relating to nonprofit hospital service membership corporations. Concurrence recommended by Committee on Public Welfare.

Mr. Speaker: The question is, shall this bill be ordered to a third reading?

Assemblyman Biemiller: I have an amendment.

Mr. Speaker: Will the gentleman from Milwaukce Second send up the amendment?

The Clerk: (Reading) Amend the bill as printed as follows: On page 5, insert after line 96 the following: "(11) Nothing in this section shall restrict or affect in any way any hospital organized and operating under the cooperative plan."

Mr. Speaker: The question is on the adoption of Amendment 1, A. to Bill 288, S.

Assemblyman Biemiller: May I have that read once more?

(Whereupon the Clerk reread Amendment 1, A.)

Assemblyman Biemiller: In connection with that amendment, I want to say this on this bill: As to the principle of the bill I have no quarrel. I think it is to be commended because I think to a certain extent it helps solve a problem. You will recall that just a few moments ago on another bill I said that plans were under way to establish a cooperative hospital in the western part of the State, and also one in Milwaukee. I understand that under the provisions of this bill it is impossible to form them on any cooperative plan. It says there must be six hospitals in any plan. At this time I want to make sure that this bill will not interfere in any way, shape or manner with the operation of cooperative hospitals.

I ask for a roll call on this amendment.

Mr. Speaker: A roll call has been requested; are there sufficient seconds? * * * There are a sufficient number up.

Assemblyman McDowell: I move rejection of the amendment.

Mr. Speaker: Rejection is now moved. A roll call is requested. There are a sufficient number up. The question is, shall Amendment 1, A. to Bill 288, S. be rejected. Those in favor of rejection will vote "Aye;" those opposed to rejection will vote "No." The clerk will open the roll. * * * Have all present been recorded? * * * The clerk will close the roll.

There are 52 ayes, 33 noes. The amendment is rejected.

The Clerk: Amendment 2, A. to Bill 288, S. by Mr. Biemiller. Amend the bill as printed as follows: "strike out all material beginning with the word 'subject' in line 41 and ending with the figures 148.01 in line 42."

Assemblyman McDowell: I move rejection of the amendment and ask for a roll call.

Mr. Speaker: Are there sufficient seconds? * * * There are a sufficient number up.

Assemblyman Biemiller: In connection with this amendment, I find myself somewhat in the same position as the gentleman from Green Lake found himself yesterday on the bill to license operating engineers. The major point in that bill was the power of recommending people to serve and to carry out the proposals of that bill, and it dealt chiefly with the Operating Engineers League. You also heard the amendment offered by the gentleman from Dodge to strike out that part. I concur with them. I made no objection to striking out that feature. I think there is merit in the argument that we don't want this dictating policy.

Now this bill here does exactly the same thing. It gives the power of approving a certain number of the board of directors to the State Medical Society, which I don't think is a sound public policy. That is the reason this amendment was offered.

Mr. Speaker: The question is, shall Amendment 2, A. to Bill 288, S. be rejected? Those in favor of rejection will vote "Aye;" those opposed will vote "No." The clerk will open the roll. * * * Have all present been recorded? * * * Thc clerk will close the roll.

There are 62 ayes, 24 noes. The amendment is rejected.

The Clerk: Amendment 3, A. to Bill 288, S. by Mr. Biemiller. Amend the bill as printed as follows: On page 5, after line 96, add the following: "(11) No corporation organized under the terms of this section shall enter into a contract with any participating hospital that has either (a) discriminated against or refused medical or hospital service to any person or subscriber because of entering into a contract for medical or hospital service on a basis of a stipulated sum to be paid periodically to a single physician or to two or more physicians organized as a partnership or to a cooperative association, or (b) discriminated against or excluded any physician from such hospital because of entering into contracts with individuals or cooperative associations to furnish medical care on a basis of a stipulated sum to be paid periodically or because he is employed

by an individual, partnership or cooperative association furnishing medical service on such terms."

Assemblyman Tehan: I move rejection of the amendment and ask for a roll call.

Mr. Speaker: Are there sufficient seconds? * * * There are a sufficient number up.

Assemblyman Biemiller: Mr. Speaker.

Mr. Speaker: The gentleman from Milwaukee Second.

Assemblyman Biemiller: The gentleman from Milwaukee Fourth senses that this amendment is very largely the same type of rules and regulations as apply to Bill 401, A. I would like to call attention of the Assembly to the fact that 288, S. goes even further than the existing set-up so far as hospital discrimination is concerned. It is possible, under 288, S., for the Medical Society to succeed in creating a situation wherein if the Medical Society nominates part of the board of directors to the corporation, they will insist that any hospital participating in the corporation or group hospital plan must conform to American Medical Association standards in regard to who may, or who may not, be admitted to hospitals. Group hospital plans would be used as a potent weapon to destroy utterly any chance for medical cooperatives in this State. There will be a chance to practice further discriminations against even small hospitals now willing to play ball with cooperatives.

Mr. Speaker: The question is on rejection of the amendment. Those in favor of rejection will vote "Aye;" those opposed, "No." The clerk will open the roll. * * * Have all present been recorded? The clerk will close the roll.

There are 62 ayes, 24 noes. The amendment is rejected.

The question now is, shall Bill 288, S. be ordered to a third reading. Those in favor, say "Aye," those opposed, "No." The ayes appear to have it; the ayes have it. The bill is ordered to a third reading.

Assemblyman Catlin: I ask unanimous consent that the rules be suspended and the bill be given its third reading.

Mr. Speaker: The gentleman from Outagamie asks unanimous consent that the rules be suspended and the bill be given its third reading; is there any objection? Appearing none, the bill will be given its third reading.

The Clerk: Bill 288, S. by the Committee on Education and Public Welfare by request of Wisconsin Hospital Association, Conference of Catholic Hospitals and Wisconsin Medical Society, relating to nonprofit hospital service membership corporations.

Mr. Speaker: This bill having been read through several times, the question is, shall it be concurred in?

Assemblyman Catlin: I ask for a roll call.

Mr. Speaker: A roll call is requested; are there sufficient up? * * * There are sufficient number up.

The gentleman from Milwaukee Second.

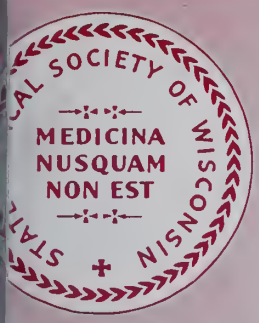
Assemblyman Biemiller: I think there are some very bad features in this bill. It is badly drafted, and I wanted to work on this because there is a section in here by means of which the funds are to be invested. It refers to rebates on life insurance policies. In spite of those things, I think we probably would make a mistake if the law did not go on the statute books. I hope that we pass it and immediately message it to the Senate.

Mr. Speaker: Those in favor of passage will vote "Aye;" those opposed, "No." The clerk will open the roll. * * * Have all present been recorded? * * * The clerk will close the roll.

There are 92 ayes, 2 noes. The bill is concurred in.

Assemblyman McDowell: I ask unanimous consent that the bill be immediately messaged to the Senate.

Mr. Speaker: Unanimous consent is asked that the bill be immediately messaged to the Senate. Is there any objection? Appearing none, it is so ordered.



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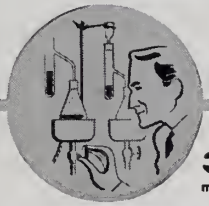

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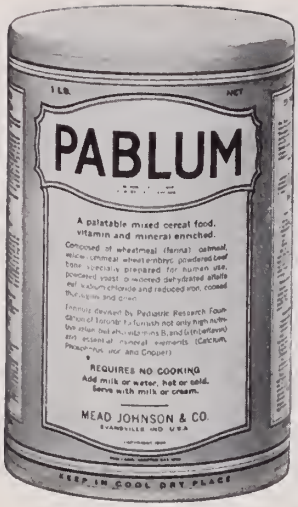

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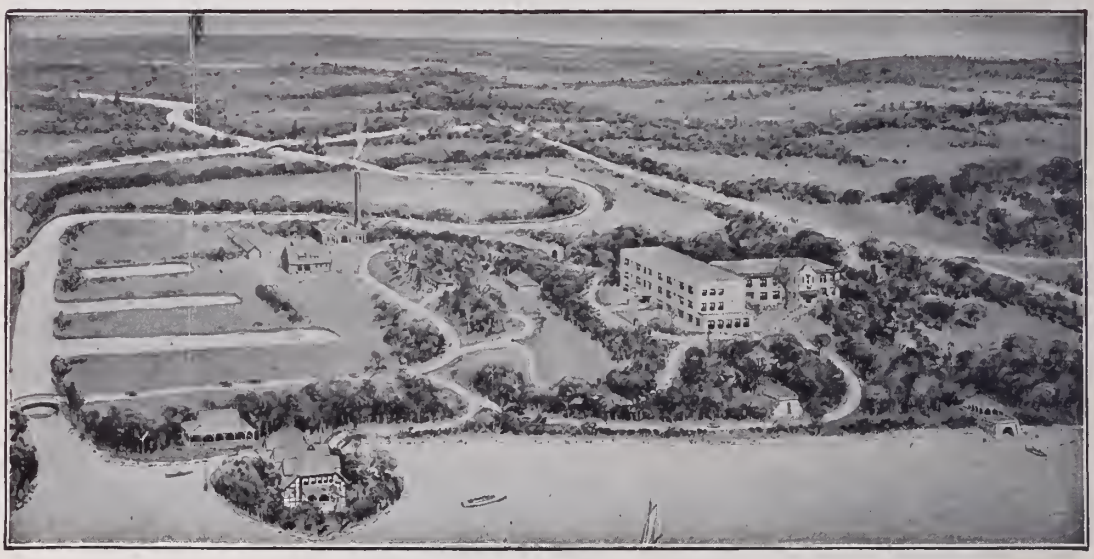

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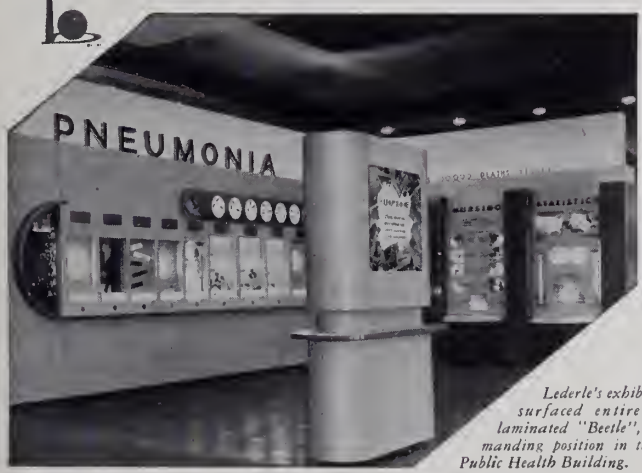

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(1) 1935. Nutrition Abstracts and Reviews, 4, 447
(2) 1929. The Biochemistry of the Amino Acids, H. H. Mitchell and T. S. Hamilton, Chemical Catalog Company, New York.
(3) 1937. Nutrition Abstracts and Reviews, 7, 257.
(4) 1937. J. Am. Med. Assn. 109, 2070.
(5) 1938. Annual Review Biochemistry, 7, 356.
(6) 1938. Chemistry of Food and Nutrition, Fifth Edition, H. C. Sherman, Macmillan Co., New York.

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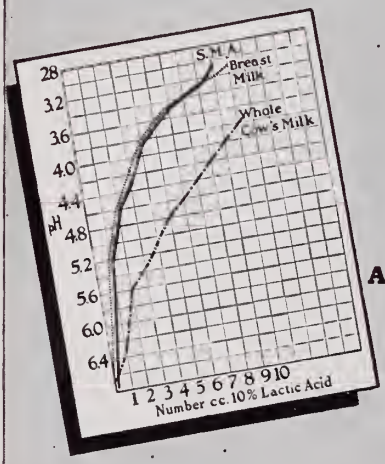

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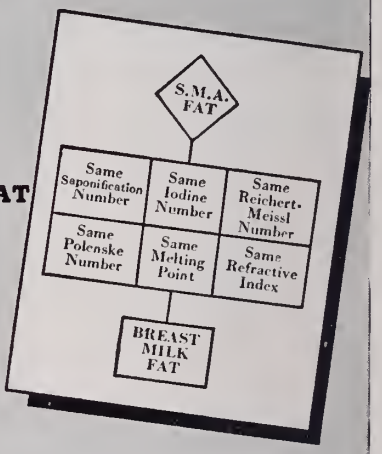

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A Review of 645 Operations on the Gallbladder and Biliary Ducts*

By CURTIS A. EVANS, M. D. and EDWIN L. EVERTS, M. D.
Milwaukee

THE literature has been abundantly supplied with papers on surgery of the biliary tract, and its complications. In spite of the profusion of articles dealing with the subject, however, surgery of the biliary tract is still fraught with danger, and the mortality rate is unnecessarily high.

It is our purpose here to give an analysis of 645 consecutive operations upon the biliary system, done at one hospital by one surgeon (C.A.E.) and to emphasize several points that only now are beginning to appear in the literature. The cases are all from private practice. The same general technic was used throughout, together with uniform terminology. The series covers a period of seventeen years.

The youngest patient in the series was sixteen years of age, the oldest seventy-nine. In five cases, the gallbladder had been previously removed. In five more, it was not identified as such, because of the extensive pathological changes found in the common ducts, and because the age and condition of the patients did not warrant an attempt to isolate the gallbladder. The gallbladder was removed in every case where the condition of the patient permitted such procedure.

Several observations as to the complications encountered are of interest. Carcinoma was found in only two cases (0.3 per cent); other workers have reported an incidence of carcinoma as high as 8 per cent. The association of peptic ulcer with biliary tract disease was also low, being found in only six patients (0.9 per cent). In five of these six patients, the ulcer was in the duodenum. Posterior gastroenterostomy was performed in three of them at the time of the gallbladder surgery. Other workers have reported as high as a 10 per cent incidence of gallbladder disease complicated by peptic ulcer. One case of tuberculosis of the gallbladder was found. Acute appendicitis was found in seventy-five cases (11.6 per cent).

Analysis of Findings

Chronic gallbladder disease accounted for 467 (72.4 per cent) of the cases in this series. Of this number thirteen gallbladders had perforated as the result of previous acute inflammation. In six, the perforation occurred into the duodenum; in three into the transverse colon; and in four into the liver substance. None of these patients died, but in all the convalescence was stormy. The gallbladder was removed whenever possible in the chronic cases, cholecystectomy being done in 433 (92.6 per cent of the chronic cases). Drainage of the gallbladder was performed in thirty-four (7.4 per cent of the chronic cases) and was necessary because of the advanced age or poor condition of the patients, or because of extreme technical difficulties.

One hundred and sixty-eight patients (26 per cent) had acute gallbladder disease. Perforation had occurred in twenty. Perforation into the liver substance and abscess formation had occurred in three, and there was perforation into the duodenum in three. Of the three with perforation into the duodenum, one had a stone the size of a hen's egg, half in the duodenum and half in the gallbladder. This same patient a few days previously had passed a stone of similar size by bowel, and at operation a third stone of

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

the same size was still in the gallbladder. Of the remaining fourteen cases of perforation, complete walling off of the abscess had occurred in ten and was incomplete in four. The mucous membrane was completely gangrenous in thirty cases. One patient had gangrene of the gallbladder, and his cystic, common and both hepatic ducts had the appearance of moist gangrene. This patient recovered. Empyema of the gallbladder was present in twenty and acute hydrops in thirty. The remaining sixty-eight had acutely inflamed gallbladders.

The patients with acute gallbladder disease were conservatively treated whenever possible. Surgery in the acute stage of the disease was resorted to only from necessity. Cholecystectomy was possible in 125 cases (74.4 per cent of the acute cases). In the remaining forty-three acute cases the gallbladder was drained.

The usual requisites for probing the common duct were observed; i.e., a history of jaundice; a dilated or thickened common duct; a large, thin, dilated gallbladder suggesting stones or carcinoma in the ampulla of Vater; a thick, contracted gallbladder suggesting stones in the common duct; and, a symptomatology greater than warranted by the condition found in the gallbladder itself. The common duct was probed in 127 cases (19.6 per cent), and stones were found in sixty-three (9.7 per cent). In each case a large Mayo probe or forceps was passed into the duodenum.

The common duct was opened in sixty-one cases, it being necessary to open one duct in three places. Stones were removed from the ampulla transduodenally three times with no deaths. In sixty-six cases, the probe was passed into the duodenum through the cystic and common ducts, it being unnecessary to open the common duct in this number. Stones were removed from the common duct through the cystic duct twice. The common duct was drained seven times, a T-tube being used in one case and a straight tube in six. In all cases of common duct drainage, we found putty-like stones or purulent material in the duct.

TABLE 1.—*Type of Surgery Employed in 645* Cases of Gallbladder and Biliary Tract Disease*

Cholecystectomy	558 (86.5%)
Cholecystostomy	77 (11.9%)
Appendectomy	323 (50.0%)
Common duct probed	127 (19.6%)
Common duct opened	61 (9.4%)
Common duct drained	7 (1.0%)

* One hundred forty-five males, average age 48.3 years; 500 females, average age 46.7 years.

Mortality and Its Reduction

Twenty-seven patients (4.1 per cent) died. Among the chronic cases, death occurred in eight (1.7 per cent), being due to myocardial disease in two, pneumonia in two, acute dilatation of the stomach in one, coronary disease with a disrupted wound in one, and peritonitis in two. In the latter, a posterior gastroenterostomy for duodenal ulcer was done in one.

In the acute cases, death occurred in twelve (7.1 per cent). Of this number, the gallbladder was drained in ten and removed in two. The cause of death was myocardial failure in one (a woman seventy-three years of age), pneumonia in five, peritonitis in three (perforation had occurred in all three), pulmonary embolism in one, coronary disease in one, and postoperative shock in one.

Of the cases involving the common duct, death occurred in seven (5.5 per cent). Of this number, the gallbladder was removed in five and drained in two. Common duct stones were found in four. The common duct was opened in five. Death was due to myocardial failure in two, pneumonia in two, pulmonary embolus in two, and peritonitis in one in which the gallbladder wall contained multiple abscesses.

The mortality rate of 1.7 per cent in the chronic cases probably could not be appreciably reduced. We will, therefore, concern ourselves with the question: How can the morbidity and mortality in acute cholecystitis and common duct disease be reduced? It is an accepted fact that the morbidity is considerably greater in these two classes than in chronic cholecystitis and that the mortality is five times greater.

In this series, 125 acutely diseased gallbladders were removed; forty-three were drained. In general, in those cases in which

it was possible to remove the gallbladder, surgery was resorted to earlier in the illness than in the "drainage cases." In other words, the more conservative the preoperative treatment was, the more severe the pathological condition found at operation. The remedy seems obvious; those patients seen soon after the onset of symptoms should be given surgical treatment early. Since a large number of patients do not reach the surgeon until comparatively late in their illness, our greatest reduction in mortality will be dependent, of course, on the early surgical treatment of those seen early in their illness.

The disadvantages of drainage of the gallbladder are obvious. It is followed by a recurrence of symptoms in a relatively high percentage of cases, many times requiring re-operation. Operation upon a severely inflamed gallbladder is technically more difficult and is associated with more complications than early operation upon an acutely inflamed organ. The complications due to extension of the disease into neighboring organs are likewise more frequent and severe. Furthermore, conservative treatment extended over a long period frequently does not result in a diminution of the severity of the infection. It takes a long time for an acutely diseased gallbladder to return to normal, and waiting for a period of two or three weeks often does not decrease the danger of operation.

This plea for early operation is supported by the mortalities occurring in the cases of cholecystitis in this series. Of the twelve deaths, ten occurred in cases in which it was not possible to remove the gallbladder because of the severity of the infection. All of these patients had been given an opportunity to recover under conservative management,

TABLE 2.—*Pathologic Findings in the Authors' 645 Cases*

Stones in gallbladder		460 (71.3%)
Stones in common duct		63 (9.7%)
Acutely diseased gallbladders		168 (26.0%)
Nonsuppurative	68	
Perforated	20	
Gangrenous	30	
Empyemic	20	
Hydropsical	30	
Chronically diseased gallbladders		467 (72.4%)
Perforated	13	
Associated with acute appendicitis	75	
Tuberculous	1	
Carcinomatous	2	

TABLE 3.—*Deaths in the Authors' 645 Cases*

Type of biliary tract disease	Number of deaths
Chronic cholecystitis	8
Acute cholecystitis	12
Cholecystitis with disease of the common duct	7
Total	27 (4.1%)

and surgery was resorted to only when it was seen that the disease was progressing.

In the patients with common duct infections, much the same condition existed. The majority of these patients gave a history of pain and jaundice in attacks extending over several years. In a series of forty-nine deaths following common duct surgery, Colp and Ginzburg[1] reported 29 per cent due to suppurative cholangitis. Practically all of these patients gave a history extending from three to five years.

Common Duct Strictures

Colp and Ginzburg gave stricture of the common duct as the second most frequent cause of death in their series, it being responsible for 14.2 per cent of the forty-nine deaths. Some of these strictures were caused by injury to the duct at the time of operation, usually in the presence of acute inflammation. Likewise, the Mayo Clinic has reported fifty-one operations necessitated by injury to the common duct[2] many being caused by operation in the presence of extensive infection. In our series, there was no case of injury to the common or hepatic ducts.

Accidental injury, however, does not account for all the common duct strictures. To our mind, some of them are due to too frequent and improper drainage of the duct. The great majority of surgeons use the T-tube for drainage, and allow it to remain in place for a considerable time. Is it not logical to assume that the long-continued presence of a foreign body in the common duct will result in the formation of excessive scar tissue in the duct? In addition, the removal of the T-tube cannot help but tear the duct, this in turn resulting in additional scar tissue, and increasing the possibility of stricture. We do not believe drainage with a T-tube has any advantages over drainage

with a simple straight tube inserted into the common duct and sutured into position with catgut.

In our series of common duct operations, the duct was drained only seven times, and only once with a T-tube. In the remaining six cases a straight tube was used for drainage and was removed in eight to ten days. In every case considerable putty-like material or pus was present. When a duct was not drained, it was sutured and a dressed tube placed in proximity to the duct. The great majority of ducts drained bile for five to ten days. In all cases of surgery on the common duct, a large Mayo probe or forceps was passed into the duodenum. The sphincter of Oddi was therefore well dilated, temporarily at least overcoming whatever spasm may have been present. Physiologic drainage of bile was thus encouraged, rendering prolonged drainage by means of tubes unnecessary. Follow-up of those cases in which the duct was not drained revealed no complications due to failure to drain the duct.

Spasm of the sphincter of Oddi is thought by some to be present in most cases of biliary tract disease. This has not been the case in our experience. Many times when the dilator was passed into the duodenum, no resistance at all was felt at the ampulla. In those cases in which some spasm was present, simple dilatation of the sphincter was sufficient to furnish adequate drainage. Puestow[3] has shown that removal of the gallbladder causes a relaxation of the sphincter. As a consequence, in that type of case there is no spasm to be overcome by a tube.

In addition to increasing the possibility of stricture, prolonged drainage of the common duct results in excessive loss of bile salts and fluid. This can be partly overcome by the administration of bile preparations by mouth. It does not seem logical, however, to administer these by one portal, only to allow their loss by another.

Conclusions

1. The morbidity and mortality attendant upon gallbladder surgery is directly proportional to the severity of the infection. In the great majority of operations in the presence of acute inflammation, surgery is done only after a period of conservative treatment, in the hope that the infection will become quiescent. If operation were performed soon after the onset of symptoms, the mortality would be reduced, and most of the complications avoided.

2. Stricture of the common duct is a frequent cause of death following operations upon the bile passages (14.2 per cent). Those strictures that are due to injury of the ducts in the presence of severe inflammation can be eliminated in large measure by operation early in the disease. Those strictures due to prolonged drainage by T-tubes can be reduced in number by the use of straight tubes for a comparatively short period. The necessity for frequent drainage of the duct can be minimized by dilatation of the sphincter of Oddi, permitting physiological drainage into the duodenum.

BIBLIOGRAPHY

1. Colp, R., and Ginzburg, L.: Mortality in surgical diseases of the biliary tract; an analysis of 130 autopsies. Ann. Surg. 105: 9–28 (Jan.) 1937.
2. Nygaard, K. K., Shelden, C. H., Walters, W.: Strictures of the bile ducts. Proc. Staff Meet., Mayo Clin. 12:25–30 (Jan. 13) 1937.
3. Puestow, C. B.: Changes in intracholedochal pressure following cholecystectomy. Surg. Gynec. & Obst. 67: 82–86 (July) 1938.

ANNUAL REPORTS OF OFFICERS AND COMMITTEES

In the next issue of the JOURNAL will be published the annual reports of the officers and committees of the State Medical Society of Wisconsin. These reports will be of interest to every member of the Society since they describe the work of officers and committees during the year in solving problems of vital importance to the general membership. One of the longest reports will be that of The Advisory Committee on Voluntary Sickness Insurance, giving complete and detailed information concerning the present status of sickness insurance trials in Wisconsin.

The program for the 98th anniversary meeting of the State Medical Society, to be held in Milwaukee, September 13, 14 and 15, also will appear in the next issue.

Manic Depressive Psychosis

A Consideration of Recent Views on Etiology and Treatment*

By ANNETTE C. WASHBURNE, M. D.
Madison

MANIC depressive psychosis is a disorder of relative frequency. According to statistics from the United States Department of Commerce, there were 82,475 psychiatric patients admitted to mental hospitals for treatment in 1934. Of this group 12,079 (14 per cent) were classified as persons with manic depressive psychosis (first admissions only.) Because of this incidence and because the disease is often preceded or accompanied by somatic complaints, the internist may in many instances have the first contact with the patient. The issue frequently is complicated by physical symptoms which suggest organic disease and lead in some cases to useless surgical intervention. For these reasons, it was felt that a paper dealing with the more tangible aspects of the psychosis might prove of practical interest.

Bearing in mind the warning of Schilder[1] that manic depressive psychosis should not be regarded as a rigid entity, we may, for purposes of orientation, quote the comprehensive definition given by Blitzen:[2]

> "Manic-depressive psychosis is . . . a severe chronic mental disorder characterized by strikingly dissimilar phases which may follow each other with or without intervals of normality or may recur without the contrasting phase; the one phase includes acceleration of thought, hyperactivity, flight of ideas, and distractibility, with resulting serious disturbances of judgment; the other phase is defined by poverty of ideation, hypo-activity and restriction of thought to a few grief-provoking ideas."

A survey of the literature by Harrison[3] reveals speculation and descriptive discussions on mania and melancholia extending back to the Ebers Papyrus in 1550 B. C., although the term manic depressive insanity was not proposed until 1899 by Kraepelin.[4] He used it to cover both the *folie circulaire* of Falret (1851) and the *folie à double forme* of Baillarger (1854). Later, in the eighth edition of his textbook on psychiatry,[5] Kraepelin states: "In the course of years I have become more and more convinced that all the above-mentioned states (so-called periodic and circular insanity, simple mania, the greater part of the morbid states termed melancholia and a considerable number of cases of amentia) only represent manifestations of a single morbid process." He recognized a uniform stamp on all these multitude clinical states. In this same edition, he discussed the following outstanding characteristics:

Psychic Symptoms

Perception (reduced, careless, inaccurate, clouded)
Attention (distracted, choice capacity soon gone)
Consciousness (in severe forms somewhat clouded, sense that "everything is not right," dreamy stupor)
Memory (not profoundly affected, though there may be some difficulty in remembering)
Retention (disordered as perception)
Pseudo memories (correspond to results of experiences in childhood)
Isolated hallucinations (auditory and visual, bodily sensations quite frequent)
Train of ideas (flight)
Association experiments (time retarded)
Thought inhibition (slowness, with uniformity of thoughts)
Mental efficiency (usually lowered)
Delusions (frequent, especially in depressed phases; phobias; ideas of sin and, somewhat rarer, ideas of persecution which may be associated with ideas of grandeur)
Insight (present only in milder depressed forms)
Mood (in mania—exalted, sexual excitability increased, fury, rages, arrogance; in depression—hopelessness, irritability, tension)
Fatigue (sensations of fatigue absent)
Pressure of speech (in manic states, 180–200 syllables per minute—normal rate is 122–150 per minute)
Suicidal tendency (14.7 per cent of 700 cases studied by Kraepelin attempted suicide)

Physical Symptoms

Insomnia	Weight loss
Anorexia	Amenorrhea

* From the Department of Student Health, University of Wisconsin.

The accuracy of Kraepelin's observations can be substantiated readily in present day evaluations of the manic depressive picture. Among the characteristics outlined by Kraepelin, it may be noted that mental deterioration is not listed nor does it usually occur unless the disease becomes chronic. In the manic phase, the generally increased tempo of the whole individual is responsible for the careless and inaccurate perception, the ease with which the patient may be distracted, the rapid train of thoughts or ideas (appropriately termed flight), and the general lowering of mental efficiency.

Lack of insight is present in nearly all psychotic pictures. In the case of the manic depressive individual it appears to be present in the manic form because of a deeplying sense of insecurity which the patient is unable to face. In the case of the depressed type it is present because of the general regression or withdrawal of the patient from reality. This withdrawal is responsible for feelings of unreality or the clouding of consciousness mentioned by Kraepelin. Delusions and hallucinations are apt to be rather characteristic of the underlying mechanisms. Thus the manic patient frequently has delusions of grandeur while the depressed patient usually is tormented by ideas of derogation and self-destruction.

The pressure of speech is an interesting phenomenon and in the manic individual the speed of thought is so great that he frequently resorts to a single word or in certain severe conditions to a syllable to express an entire train of thought. Thus there is produced at times a curious speech in which the patient may have recourse to the so-called Klang associations in which he repeats numbers of rhyming words, one apparently suggesting another.

While sensations of fatigue are absent in the manic picture it has been felt by Lundholm[6] that fatigue plays a definite role in the etiology of the entire syndrome. The same author stresses what are termed the three imperial moods of the manic depressive patient; namely, omnipotence, inadequacy and unreality. Basic feelings of inadequacy probably founded on constitutional difficulties are compensated for by flight into omnipotent moods or actions or are eluded by feelings of unreality and withdrawal.

Present interpretations of the manic depressive picture depend on the school of thought of the interpreter. The theory of some writers that there are biologic factors present appears reasonable. Whether these are cause or effect remains to be determined. It is conservative thinking, however, to consider manic depressive psychosis as a pathologic reaction which occurs most frequently in a certain type of individual who is predisposed by heredity and constitution. If we would, with Kempf,[7] consider the manic state as compensatory for a deeply ingrained sense of inadequacy, and the depressed phase as representative of a benign regression to earlier levels, we shall, perhaps, clarify the issue.

Etiologic and Other Considerations

1. *Heredity.*—Hunt and Appel[8] found neuropathic hereditary taints in 77 per cent of thirty cases of manic depressive psychosis.

Paskind,[9] in 485 cases, found 83.1 per cent demonstrating neuropathic heredity. The estimates of other authors as to the incidence of hereditary tendency, quoted by Paskind, vary from the 36 per cent of Lewis to the 90 per cent of Weygandt; Hoch apparently felt the disease to be almost entirely on a hereditary basis. In a later article, Paskind,[10] comparing hereditary factors in manic depressive psychosis, depressive psychosis and psychasthenia, finds a lower hereditary taint in the latter condition.

Farr, Sloane and Smith,[11] comparing 100 cases of manic depressive psychosis with seventy-five cases of involutional psychosis, found 145 neuropathic hereditary taints in the involutional group, as compared to 239 in the manic depressive group.

Fitschen, according to Paskind,[12] reported that, in 120 institutional cases of manic depressive psychosis, when the more severe hereditary taints were present the age of onset was earlier.

Steen,[13] comparing the neuropathic heredity in 493 manic depressive patients, both recovered and still hospitalized, found the following:

Neuropathic history	Recovered Per cent	Still in hospital Per cent
No unfavorable history	36.0	56.8
Immediate family	32.7	26.3
Distant family	10.3	6.4
History unknown	21.0	10.5

Rosanoff, Handy and Plesset,[14] in a study of 1,014 pairs of twins afflicted with some mental disorder, found that ninety pairs had manic depressive syndromes. Of these, hereditary factors were present in 69.6 per cent of the monozygotic twins, as opposed to 16.4 per cent of the dizygotic twins. The authors advance the theory of an existing cyclothymic factor in the autosomes and an activating factor in the X-chromosomes.

The types of neuropathic hereditary traits are given by Paskind in his study of 485 cases, previously referred to,[9] as follows:

	Per cent
Psychosis in parents	23.3
Nervous disorders	40.7
Alcoholism	2.8
Psychopathic personality	0.7
Suicide	1.2

2. *Order of birth.*—According to Pollock et al.,[15] manic depressive psychosis occurs most frequently in first born individuals or among the first five children. Berman,[16] in a study of 100 cases, found forty-eight among first born persons and twenty-two among last born. Recently, Roll and Entres[17] found that of 953 nephews and nieces of eighty-three patients with manic depressive psychosis, 2.34 per cent had this disease, indicating it is more common among such relatives than in the general population (0.4 per cent).

3. *Sex.*—Rosanoff, Handy and Plesset[14] note the preponderance of females in manic depressive patients. Pollock, Malzberg and Fuller,[15] in a study of 155 manic depressive patients, found sixty cases among men and ninety-five among women. They believe this to be the usual ratio.

4. *Marital status.*—Among the 155 patients studied by Pollock, Malzberg and Fuller,[15] 27.7 per cent were single; 61.3 per cent married; 8.4 per cent widowed; 1.9 separated from husband or wife, and 0.6 per cent divorced. According to Travis' study of seventy cases of manic depressive psychosis,[18] marital maladjustments were present in twenty-three instances.

5. *Race.*—In the 155 patients studied by Pollock et al.,[15] 77.4 per cent were found to be native born and 22.6 per cent foreign born. Among the foreign born patients, those from Italy and England were the most numerous. Raphael et al.[19] believe manic depressive psychosis to be more common in central Europe than in northern countries. Shaw[20] finds manic depressive patients more inclined to a macrosplanchnic habitus than any other.

6. *Type of person.*—The work of Kretschmer[21] has called attention to the frequency with which the manic depressive picture is found in the so-called pyknic or sthenic types. These individuals usually are ruddy-faced, short-statured, heavily built and apt to have a fluctuating vasomotor apparatus. Their moods (even during remissions) tend toward an equal fluctuation, so that they swing from periods of mild elation and hyperactivity to those of depression and decreased output. Such individuals accomplish their work in short, concentrated drives, conditioned by brief interest spans which tend to wane as rapidly as they arise. They are (when normal) friendly, vivacious, and often magnetic. Their accomplishments are frequently eccentric and uneven in value and tend toward superficiality, for the pyknic individual has little patience for detail and precision. Under the influence of alcohol, such people often become noisy and boisterous. If left any sum of money, there is a tendency to spend it lavishly and with little thought for the future. They are usually of the type classified by Jung[22] as extroverts, finding refuge outside of self during periods of stress.

Basically, the pyknic individual suffers from rather profound feelings of insecurity and inadequacy and his hypomanic tendencies are construed as part of a compensatory mechanism. Schilder[1] concludes that in manic depressive psychosis there is a specific constitutional make-up, a tendency to react in a special way to what is going on, and swings in the emotions which, although connected with specific life situations, get their final shape and coloring from constitutional factors. Kahn,[23] although saying "I do not assume that there are only pyknic and leptosomic (i.e., asthenic) individuals who behave in perfect conformity with their physiques,"

nevertheless continues "I often marvel that . . . there are still many individuals who correspond so closely to one or the other of the two polar types."

According to Raphael et al.,[19] about 50 per cent of manic depressive patients are of the pyknic type. Smalldon,[24] in a study of the pre-psychotic personality of seventy-five manic depressive patients, found fifty to be extroverts, nine introverts and sixteen equally balanced between extraversion and introversion. Over half, prior to their illness, had good common sense, were practical, talkative, at ease, sociable, trustful, frank, of average conscientiousness, self-reliant, affectionate, demonstrative and had many friends. The majority had a wide range of interests and had normal sexual reactions.

Bond and Partridge[25] sum up the pre-psychotic personality in forty cases of manic depressive psychosis, as follows: Usual average mentality, no special interest, strong drives, predominating motor interests, physical strength, sensitive, divided outside interests, artistic appreciation, normal sex life, strong social interests and friendliness, dependent on people for happiness, do not bear loneliness well, lack idea of goal, prone to scatter, self-exploiters, susceptible to environment, express strong self-confidence, maintain a good front although they have feelings of deep insecurity, tend to make sweeping generalities, see life as it ought to be, dislike detail, good natured but cannot bear contradiction, intolerant, tyrannical, quick-tempered, optimistic, and demanding of attention.

The Attacks

The attack may be purely manic, purely depressive, or mixed. In the latter case, the shift from "high" to "low" may occur over a period of minutes or days.

1. *Type of attacks.*—In severity the attacks show a wide variation. In the manic scale, the hyperactivity along the mental, emotional and physical lines may be sufficiently mild to be termed hypomania, there being merely an acceleration of the total personality beyond the normal, but not markedly so. Lundholm[6] has called attention to the rising egoism, obsessional tendencies, irritability and temper tantrums which may occur in the milder forms. The second and third degrees of the up-phase exaggerate the picture to the point of excessive over-activity,—running, jumping, screaming, singing and flight of ideas (due to the great pressure of increased thought stimulation) being common manifestations. Schizoid characteristics are seen in a fairly large number of cases, making an elimination of schizophrenia difficult in diagnosis. Total mental confusion may result in advanced cases. The presence of a rapidly ascending fever in such cases is always a sign of grave import.

In the depressed phase, there are variations from simple retardation (including slowing of actions, responses and speech) to profound melancholia and even stupor. Kirby[28] has called attention to the fact that marked catatonic syndromes may exist in otherwise typical manic depressive cases. Atypical attacks, referred to by Blitzen[2] as "amphithymia," are differentiated by their lack of vegetative disturbances, insomnia, anorexia, weight loss, impotence and constipation (common findings in true manic depressive episodes). In the amphithymic depression, Blitzen says, the patient "presents a petulant and hostile rather than a melancholy expression;" in the manic phase, there are no flight of ideas, no great loss of judgment and no true elation,—the attacks are more frequent and may often be aborted without much difficulty.

In 1908, Gregory[29] called attention to transient attacks in which he felt alcohol to be the most common exogenous factor. Paskind[30] reports similar attacks, lasting a few hours to a few days, though the usual duration was several weeks. The main symptoms of such episodes are fatigue, head pressure, weakness, epigastric distress, palpitation, etc. Mentally, profound sadness, self-reproach and blame, self-derogation, lack of initiative, avoidance of friends, hopelessness and death wishes are noted. No apparent precipitating cause is found. These attacks are further characterized by being easily dispelled by some simple "remedy" such as reassurance. Paskind[30] states that, in 633 patients studied by Patrick, 13.9 per cent had attacks of this variety.

2. *Average age of onset of attacks.*—Paskind believes that the average age for the first attack is thirty-one years; that where the hereditary taint is nil, the average age is thirty-three years; that where a neuropathic heredity is present in both parents the onset is advanced to twenty-two years.[12] Pollock's figures[31] agree with Paskind's, Pollock feeling when the attacks begin between twenty and forty years of age the prognosis is better than when they begin either before or after that period. This point is also stressed by Henderson and Gillespie.[32]

3. *Number of attacks.*—In his study of 493 patients with manic depressive psychosis, Steen[13] found among recovered patients that 51.5 per cent had no previous episode; 23 per cent had had one; 10.3 per cent two; 4.5 per cent three, 5 per cent four; 5 per cent over five. It does not appear possible to determine any average, but it is apparent that the prognosis becomes more grave as the attacks increase in number.

4. *Length of attacks.*—Paskind[12] feels the average attack lasts approximately four months unless there is a bi-parental taint, in which case the average length would be five months. In Malzberg's series of 2,000 cases,[33] the average duration of an attack was 246.8 days. Pollock[31] feels the prognosis following an attack lasting over three years is serious. Steen[13] feels the average duration (based on a study of 493 cases) is 1.51 years.

General Findings

1. *Endocrine factors.*—Although the role of the thyroid and gonads in manic depressive states has been stressed, little evidence of any positive nature has been forthcoming. Urechia and his co-workers[34] examined the hypophyses of eight patients who had died with manic depressive psychosis and found morbid changes in only two. M. and T. Cahane[35] felt that, in view of the occasional presence of diabetes insipidus, adiposity, impotence and amenorrhea, one might hypothecate a connection between the infundibulum and melancholia. Abely et al.[36] from their experiments assume a hyper-function of the anterior hypophysis in manic states. Cases of manic behavior have been noted in conjunction with hyperthyroidism. According to Page,[37] the iodine content of the tuber cinereum and the hypothalamic region is increased markedly when thyroxin is given by mouth or intravenously. Because of the recent work done on possible relationships between the diencephalon and psychotic states,[38] this is of interest.

2. *Biochemistry.* — Considerable experimental work has been done in this field. To quote only a few of the more recent investigators, Cowdry[39] suggests that a disturbance in the calcium metabolism in individual cells might be found in manic depressive states. Page[37] has called attention to a calcium rise during narcosis and its fall during excitement.

Changes in the glucose tolerance in manic depressive patients have been reported by McCowan and Quastel[40] and, more recently, by Tod.[41] According to the former, the hyperglycemic index (which is based on the generally accepted fact that, in the normal person, the blood sugar falls to the fasting level within two hours of the ingestion of 50 grams of glucose and gives, therefore, a reading between 0–10) is low in cases of mania unaccompanied by an aggressive, paranoid mood. Tod[41] also found that the hyperglycemic index varied with the emotional tension of the patient, rising in cases of great depression or agitation.

Studies on the blood and cerebrospinal fluid barrier in 100 cases of manic depressive psychosis and twenty-eight cases of involutional melancholia were reported by Rothschild and Malamud[42] in 1931. They made ratio determinations (after the administration for five days of measured amounts of sodium bromide) and found bromide ratios to be lower in manic depressive patients than in others, 41.5 per cent of the depressed patients showing a ratio below average (2.8) and 28.6 per cent of the manic patients showing ratios below average. The same authors made chloride and calcium ratio determinations in twenty-four patients. The chloride ratios were normal in all twenty-four patients but the calcium ratios were abnormal in eight or 33⅓ per cent.

Appel, Farr and Hodes,[43] in a study of 120 psychotic and fifteen normal patients, conclude that the total-base content of the

blood plasma in manic depressive psychosis is normal. Sacristan and Peraita,[44] taking 800 to 1,000 Y per cent as the normal bromine level, found the manic depressive range to lie between 685 and 161 Y per cent.

The increased sensitivity of manic depressive patients to the action of ephedrine, thyroxin and epinephrine has been observed by Freeman.[45] Jacobson[46] has pointed out that states of nervous irritation and excitement in man are marked by increased contraction in specific muscles. He found that complete relaxation could be maintained for from six to twenty-four minutes in a thirty minute period in six normal subjects, whereas in individuals with mild manic depressive psychosis, the range was from zero to four minutes.

3. *Psychologic factors.*—Although manic depressive psychosis is considered to be an affective rather than a reactive psychosis, certain environmental factors appear at times to play a contributing role. Travis,[18] in a study of seventy cases, found marital maladjustments in twenty-three, family deaths in twelve, childbirth and physical disorders in eight each, economic stress in seven, antagonism to parents in six, and family sickness in six. Pollock et al.[15] found the economic status of their series of 155 patients to be as follows: 5.2 per cent dependent, 78.1 per cent marginal and 16.8 per cent in comfortable circumstances.

Brew[47] felt worry to be the prime element in his survey of twenty-five cases and listed the following sources: heredity, loss or change of work, death of relatives, illegitimate or undesired pregnancy, heavy responsibility in work or at home, illicit or frustrated amorous episodes, and financial stress. Harrowes[48] cites two cases of mania which arose in response to situations.

If one considers the profound sense of inadequacy which appears to be the basic factor in so many cases of manic depressive psychosis, it is not difficult to believe that environmental changes of a nature interpreted as dangerous to the safety of the ego might be contributory.

Therapy

Institutional care obviously is indicated for the great majority of manic depressive patients, especially in view of the ever-present possibility of suicide. The hospital selected should be one in which active psychotherapy is employed and in which there are adequate facilities for hydrotherapy and occupational therapy.

Various drugs have been advocated from time to time as being of possible value. The use of belladonna, camphor, opium and stramonium has been discussed by Hinsie and Katz.[49] Leonhard[50] has reported on the use of atropine in manic states and gynergen in depressed states. Acetylcholine and ephedrine were used in twenty-one cases by Tomasson[51] with some apparent shortening of the attacks.

Prolonged narcosis by the use of somnifaine has been tried by Hennelly[52] in 133 cases, ten to fourteen days of continuous sleep being maintained, with favorable results in the majority of cases. The use of theelin in depressions of the menopause is advocated by Werner et al.[53] Benzedrine[54] and hematoporphyrin[55] have been advocated by others. Results with these drugs, however, have been inconstant.

In our hands, the use of sodium amytal or paraldehyde appears to have a good effect in calming the more active states, although large doses are required (15 to 20 grains of sodium amytal, given intramuscularly or intravenously; one to two ounces of paraldehyde), and the effects are not lasting. From the standpoint of drugs, it appears that their main usefulness is that of temporary sedation and is, hence, merely palliative.

In general more benefit appears to result from an attempt to meet the problem along the lines of its most obvious insufficiencies. These include—

1. *Disturbed mental state.*—This condition may be treated by sedation. Milder forms with agitation are benefited by tincture of opium, combined with dilute hydrochloric acid, 10 to 30 minims given three times daily, or by sodium amytal in 3 grain doses given three or four times daily. In the more advanced states large doses of sodium amytal,

given intramuscularly, and prolonged hydrotherapy are indicated. Occupational therapy, when suited to the needs of the individual patient, may be of great value. Music also has been advocated as helpful in calming the mind.[56] The use of metrazol in various phases has proved of some apparent benefit in selected cases.[57]

2. *Disturbed metabolic state.*—The question of feeding is of obvious importance. In patients markedly disturbed, large meals are tolerated less well than smaller, more easily digested ones. The somatic delusions of the patient (as to intestinal obstruction, the absence of a stomach, etc.) often make the taking of food a problem of extreme difficulty. The necessity of including adequate vitamins is apparent. The fluid intake must be kept at a high level (3,000 to 4,000 cc. daily) because of the possibility of hyperpyrexia and the complication of a Bell's mania (hyperpyrexia with a manic reaction) which usually has a fatal outcome.

3. *Disturbed psychic state.*—In the milder forms of manic depressive psychosis, psychotherapy may prove of distinct benefit. An endeavor should be made toward determining the underlying conflict and desensitizing the patient to it by means of rationalization and re-education (in the later stages), for the purpose of developing insight and a better understanding of the whole problem. As a definite part of the therapy, the family of the patient should have the situation thoroughly explained so that they may know what to expect. The possibility of future attacks should be discussed and early danger signals, such as irritability, moodiness, over- or underactivity, or hypochondriacal ideas, noted. On the appearance of such symptoms, the family should seek medical assistance. Early attempts to abort an attack by means of sodium amytal narcosis, used for one to three days, may be tried.

Summary

1. The relative frequency of manic depressive psychosis makes it a matter of importance for the practitioner of medicine.

2. A consideration of the more recent views on etiology establishes a highly neuropathic heredity, increased incidence among females and a tendency to occur in individuals with marital maladjustments; the disorder tends to develop in the so-called pyknic type of person. The attacks begin as a rule between the ages of twenty to forty years, may be manic, depressed, mixed or schizoid in character, and vary in length from a few days to months—the average length being four months. There is some evidence to indicate that endocrine dysfunction may co-exist and that changes occur in the hyperglycemic index. Psychologically, feelings of insecurity from one or more sources may be present.

3. Therapy should be carried out in a hospital equipped for such purposes. Treatment should be directed toward achieving sedation, metabolic balance and psychic readjustment.

BIBLIOGRAPHY

1. Schilder, P.: Clinical studies on particular types of depressive psychosis. J. Nerv. & Ment. Dis. 80: 501–527 (Nov.) and 658–683 (Dec.) 1934.
2. Blitzen, N. L.: Amphithymia; some syndromes of depression and elation. Arch. Neurol. & Psychiat. 36: 1021–1036 (Nov.) 1936.
3. Harrison, F. M.: Psychiatry in historical retrospect. Ann. M. Hist. 4:565–574 (Nov.) 1932; 5:85–95 (Jan.) 1933.
4. Kraepelin, E.: Textbook of psychiatry. Ed. 6. Leipzig: Verlag von Johann Ambrosius Barth, 1899, pp. 359–422.
5. Kraepelin, E.: Manic depressive insanity and paranoia. Translated by R. Mary Barclay from the eighth German edition of The textbook of psychiatry. Edinburgh: E. & S. Livingstone, 1921, pp. 1–53.
6. Lundholm, H.: The manic-depressive psychosis. Durham, N. C.: Duke University Press, 1931.
7. Kempf, E. J.: Psychopathology. St. Louis: C. V. Mosby Company, 1921.
8. Hunt, R. C., and Appel, K. E.: Prognosis in psychoses lying midway between schizophrenia and manic-depressive psychoses. Am. J. Psychiat. 93: 313–339 (Sept.) 1936.
9. Paskind, H. A.: Hereditary factors in manic-depressive psychosis; comparison of institutional and extra-mural cases. Arch. Neurol. & Psychiat. 24: 747–752 (Oct.) 1930.
10. Paskind, H. A.: Heredity of patients with psychasthenia. Arch Neurol. & Psychiat. 29: 1311–1313 (June) 1933.
11. Farr, C. B., Sloane, P., and Smith, L. H.: The relative importance of hereditary factors in manic-depressive psychosis and involutional melancholia; analysis of 175 cases. J. Nerv. & Ment. Dis. 71: 409–411 (Apr.) 1930.
12. Paskind, H. A.: Manic depressive psychosis; relation of hereditary factors of clinical course. Arch. Neurol. & Psychiat. 25: 145–147 (Jan.) 1931.
13. Steen, R. R.: Prognosis in manic-depressive psychoses with report of factors studied in 493 patients. Psychiat. Quart. 7: 419–429 (July) 1933.
14. Rosanoff, A. J., Handy, L. M., and Plesset, I. R.: The etiology of manic-depressive syndromes with special reference to their occurrence in twins. Am. J. Psychiat. 91: 725–762 (Jan.) 1935.

15. Pollock, H. M., Malzberg, B., and Fuller, R. G.: Hereditary and environmental factors in causation of dementia praecox and manic-depressive psychoses. Psychiat. Quart. 8: 77–97 (Jan.) and 337–371 (Apr.) 1934.
16. Berman, H. H.: Order of birth in manic-depressive reactions. Psychiat. Quart. 7: 430–435 (July) 1933.
17. Röll, A., and Entres, J. L.: Zum Problem der Erbprognosebestimmung. Die Erkrankungsaussichten der Neffen und Nichten von Manisch-Depressiven. Ztschr. f. d. ges. Neurol. u. Psychiat. 156: 169–202, 1936.
18. Travis, J. H.: Precipitating factors in manic-depressive psychoses. Psychiat. Quart. 7: 411–418 (July) 1933.
19. Raphael, T., Ferguson, W. G., and Searle, O. M.: Constitutional factors in schizophrenia. In *Schizophrenia*, Proc. Association for Research in Nervous and Mental Diseases, 1925. 5:100–132. New York: Paul B. Hoeber, Inc., 1928.
20. Shaw, F. C.: A morphologic study of the functional psychoses. State Hosp. Quart., Albany 10: 413–421, 1925.
21. Kretschner, E.: Physique and character; an investigation of the nature of constitution and of the theory of temperament. New York: Harcourt–Brace Company, 1925.
22. Jung, C. G.: Analytical psychology (Authorized translation edited by Dr. Constance E. Long). New York: Moffat Yard and Company, 1916. Chap. XI, Study of psychological types, pp. 287–298.
23. Kahn, E.: Constitutional aspects of personality types. In Biology of the individual, Proc. Association for Research in Nervous and Mental Diseases, 1933. 14: 138–149. Baltimore: Williams and Wilkins Company, 1934.
24. Smalldon, J. L.: Pre-psychotic personality of manic-depressive patients. Psychiat. Quart. 8: 129–147 (Jan.) 1934.
25. Bond, E. D., and Partridge, G. E.: Interpretations of manic-depressive phases. Am. J. Psychiat. 4: 643–662, 1924–1925.
26. Kraines, S. H.: Bell's mania (acute delirium). Am. J. Psychiat. 91: 29–40 (July) 1934.
27. Davidson, G. M.: Concerning the cause of death in certain psychoses. Am. J. Psychiat. 91: 41–49 (July) 1934.
28. Kirby, G. H.: The catatonic syndrome and its relation to manic-depressive insanity. J. Nerv. & Ment. Dis. 40: 694–704 (Nov.) 1913.
29. Gregory, M. S.: Transient attacks of manic-depressive insanity. Med. Rec., N. Y.: 88: 1040–1044, 1915.
30. Paskind, H. A.: Brief attacks of manic-depressive depression. Arch. Neurol. & Psychiat. 22: 123–124 (July) 1929.
31. Pollock, H. M.: Recurrence of attacks in manic-depressive psychoses. Am. J. Psychiat. 11: 567–574 (Nov.) 1931.
32. Henderson, D. K. and Gillespie, R. D.: Textbook of psychiatry for students and practitioners. London: Oxford University Press, 1927.
33. Malzberg, B.: Statistical study of factor of age in manic-depressive psychoses. Psychiat. Quart. 3: 590–604 (Oct.) 1929.
34. Urechia, C. I., Kernbach, M., and Retezeanu (Mme.): Le rôle de l'hypophyse dans la psychose maniaco-depressive. Encéphale 30: 209–221 (March) 1935.
35. Cahane, M., and Cahane, T.: Considerations zur un cas de syndrome infundibulotubérien avec melancolie. Ann. med.-psychol. 93: 208–216 (July) 1935.
36. Abély, P., Passek, V., and Coulêon: Recherches sur le fonctionnement de l'hypophyse dans la démence précoce. Ann. med.-psychol. 90: 170–173 (Feb.) 1932.
37. Page, I. H.: Certain aspects of the chemistry and metabolism of the brain. In *The problem of mental disorder*. A study undertaken by the committee on psychiatric investigations, National Research Council. Ed. 1. New York: McGraw and Hill Book Company, 1934, pp. 162–177.
38. Morgan, L. O., and Gregory, H. S.: Pathological changes in tuber cinereum in group of psychoses. J. Nerv. & Ment. Dis. 82: 286–298 (Sept.) 1935.
39. Cowdry, E. V.: Neurocytology. In *The problem of mental disorder*, supra. New York: McGraw and Hill Book Company, 1934, pp. 146–161.
40. McCowan, P. K., and Quastel, J. H.: Blood-sugar studies in abnormal mental states. J. Ment. Sci. 77: 525–548 (July) 1931.
41. Tod, H.: Studies on carbohydrate metabolism in mental disorders. Edinburgh M. J. 43: 524–527 (Aug.) 1936.
42. Rothschild, D., and Malamud, W.: Blood-cerebrospinal fluid barrier in manic-depressive psychosis. In *Manic depressive psychosis*, Proc. Association for Research in Nervous and Mental Diseases, 1930. 11: 182–202. Baltimore; Williams and Wilkins Company, 1931.
43. Appel, K. E., Farr, C. B., and Hodes, P. J.: The acid-base equilibrium of the blood in psychotic patients. In *Manic depressive psychosis*, Proc. Association for Research in Nervous and Mental Diseases, 1931. 11: 203–214. Baltimore: Williams and Wilkins Company, 1931.
44. Sacristan, J. M., and Peraita, M.: El metabolismo del bromo en la psicosis maniaco-depresiva endogena. Arch. de Neurobiol. 13: 39–43 (Jan.–Feb.) 1933.
45. Freeman, W.: Human constitution. In *Problems of mental disorder*, supra. New York: McGraw and Hill Book Company, 1934, pp. 227–233.
46. Jacobson, E.: Electrical measurement of activities in nerve and muscle. In *Problems of mental disorder*, supra. New York: McGraw and Hill Book Company, 1934, pp. 133–145.
47. Brew, M. F.: Precipitating factors in manic-depressive psychosis. Psychiat. Quart. 7: 401–410 (July) 1933.
48. Harrowes, W. M.: Reactive manic episode; its implications and scope. J. Ment. Sci. 77: 127–136 (Jan.) 1931.
49. Hinsie, L. E., and Katz, S. E.: Treatment of manic-depressive psychosis; survey of literature. Am. J. Psychiat. 11: 131–183 (July) 1931.
50. Leonhard, K. Weitere Behandlungserfolge mit Atropin bei Manie und Ergotamin bei Melancholie. Ztschr. f. d. ges. Neurol. u. Psychiat. 151: 331–345, 1934.
51. Tómasson, H.: Therapeutic attempts in manic-depressive psychosis. J. Ment. Sci. 82: 595–607 (Sept.) 1936.
52. Hennelly, T. S.: Prolonged narcosis in manic-depressive psychosis. J. Ment. Sci. 82: 608–614 (Sept.) 1936.
53. Werner, A. A., Kohler, L. H., Ault, C. C., and Hoctor, E. F.: Involutional melancholia; probable etiology and treatment. Arch. Neurol. & Psychiat. 35: 1076–1080 (May) 1936.
54. Nathanson, M. H.: The central action of beta-aminopropylbenzene (benzedrine) sulfate. J.A.M.A. 108: 528–531 (Feb. 13) 1937.
55. Strecker, E. A., Palmer, H., and Braceland, F. J.: Hematoporphyrin as a therapeutic agent in psychoses. Am. J. Psychiat. 13: 1157–1173 (May) 1934.
56. van de Wall, W., and Bond, E. D.: Use of music in case of psycho-neurosis. Am. J. Psychiat. 91: 287–302 (Sept.) 1934.
57. Cohen, L. H.: Early effects of metrazol therapy in chronic psychotic over-activity. Am. J. Psychiat. 95: 327–333 (Sept.) 1938.

Traumatic Fracture of Pelvis and Wrist

Complicated by Osteitis Deformans (Paget's Disease)*

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PAGET'S disease of the skeleton is most common among males forty-five years of age or over. The involvement of bone is most often multiple, the tibiae, skull and pelvis usually are affected in the order of frequency given. The femurs also may be involved. As a rule the lesions are symmetrical. When the disease occurs as a single lesion, the tibia usually is affected. When it is generalized, the spine and sacrum are sooner or later involved. In an advanced case the skull is enlarged and somewhat square in the frontal region, and occasionally deafness results from the changes in the bone. The tibiae usually are bowed forward, and the femurs bent laterally; the pelvis is widened and lordosis of the lumbar spine gradually occurs; varicose veins may or may not be present in the lower extremities. It is stated by some writers that two or more members of the same family may be affected.

X-ray films show the characteristic appearance of the skull, described as "nigger-wool" or "cotton-wool." The bones of the skull are considerably thickened and consist of areas of varying density and fuzzy inner and outer tables. Roentgenograms of the tibiae show them to be bowed, and the cortex added to by a new bone layer of decreased density in the subperiosteal zone. Cyst formation may occur beneath the cortex and most commonly is located in the proximal portion of the tibiae. X-ray examination of the pelvis and femurs, when they are involved, shows similar characteristics. The bones are widened by new bone of diminished density, but cysts are not as frequent in these regions as in the tibiae.

It is a chronic inflammatory affection of the bones of unknown etiology, characterized by hypertrophy and softening. The bones enlarge and soften, and those bearing weight become unnaturally curved and misshapen. Section of an affected bone shows it to be markedly increased in size, and somewhat in length, by a combination of rarefying and formative osteitis. The inner layers become porous, and at the same time new bone is deposited beneath the periosteum. Histologic examination reveals bone absorption and new bone formation. The new coarse bone leads to an enlargement and elongation of the bones, accompanied by bending. Pathologic fracture may or may not occur. At times complaint is made of pain, usually supposed to be rheumatic until the characteristic changes in the bones appear. The disease is extremely chronic in its course, and, as a rule, the general health is not seriously affected.

Carcinoma has been reported as an important complication of osteitis deformans. The differential diagnosis usually can be made from the x-ray film. Geschickter and Copeland* state:

> ". . . metastatic carcinoma, despite the new bone formation about the cortical zone, always produces lytic changes in the medullary cavity, whereas this is not the rule in Paget's disease. The smooth expanded cortex of osteitis deformans in the long bones is distinctly different from the irregular margins of this zone seen with carcinomatous metastases."

One must bear in mind that lung metastases are absent in Paget's disease but occur in carcinoma. The importance of differentiation between these two conditions is thus extremely important from the standpoint of prognosis. Sarcoma as a complication in a certain small percentage of Paget's disease must also be borne in mind. Without any complications the prognosis for life is good, and the degree of discomfort is rarely severe. There is no known form of treatment.

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* From the Department of Traumatic Surgery, Mt. Sinai Hospital. Presented before the Middlewest Section Meeting of the American College of Surgeons, Milwaukee, March, 1938.

* Geschickter, C. F., and Copeland, M. M.: Tumors of bone. New York City: American Journal of Cancer, 1936.

Case Report

The following case of osteitis deformans associated with a traumatic fracture of the pelvis and wrist is presented.

O. V., 55 years of age and married, was employed as a brewery worker. On June 8, 1936, while standing on a ladder putting in a new fan, the old fan fell, struck the patient, caused him to lose his balance and fall about eight feet, landing on his right hip and right wrist. He was removed in an ambulance to the hospital.

On admittance, contusions and abrasions to the right side of the face, right elbow, right wrist and right hip were noted. There was laceration of the left hypothenar area. There was no period of unconsciousness, no bleeding from ear, nose or mouth. There were no eye or pupillary symptoms. Motions of the right wrist were painful and there was tenderness over the radial styloid and carpus. The right hip was very painful and all motions were restricted.

Roentgenographic findings.—1. A roentgenogram of the right hip (fig. 1) showed a transverse comminuted fracture through both rami of the pubis at their junction with the ischium. The fracture line was seen extending into the hip joint. The fractured fragments were slightly separated and the horizontal ramus was displaced slightly downward. General position of all fragments was good. In addition there was noted a diffuse coarsening of the trabeculations throughout the entire pelvis. Within both pubic bones were seen small, oval areas of rarefaction. There was also a thickening in the sides of the bones associated with a periosteal reaction along their margins. The latter change was noted chiefly about the rim of the pelvis.

2. A roentgenogram of the right wrist (fig. 2) showed an oblique comminuted fracture through the radial styloid. Several fracture lines were seen extending into the wrist joint. On the dorsal aspect of the radius in the region of the fracture several small, irregular fragments of bone were seen. The position of the fragments was excellent. There was no evidence of disease of the bone in this region. A very marked calcification of the radial and ulnar vessels and their branches in the hand was noted.

3. A roentgenogram of the skull (fig. 3) showed in a lateral view the typical "cotton-wool" or "nigger-wool" appearance of the bony calvarium in the parietal and occipital regions. This change was associated with some thickening of these bones.

4. A roentgenogram of the left femur (fig. 4) showed presence of osteitis deformans in the condylar region.

The condition was diagnosed as traumatic pelvic and wrist fractures associated with Paget's disease. The patient was given heavy doses of calcium and viosterol. On June 10, 1936, a plaster-of-Paris body cast was applied, following extension and abduction. On June 11, 1936, the fracture of the wrist was reduced and a cast applied. On June 23 roentgenograms of the hip showed the fractured fragments of the pubic and ischial bones to be in excellent position. The fracture line was still definitely visible and there was no evidence of bony union. The portion of the pelvis over the site of fracture showed a periosteal reaction which was probably due to the osteitis previously described.

On August 6, reexamination of the pelvis through the cast was not entirely satisfactory. The fracture lines were not clearly made out. This was due either to the presence of union of the fragments or to the fact that the lines were obscured by the presence of a cast. On further roentgenographic examination, August 28, 1936, the fracture lines through the ischium were not visible. The cast was removed on September 2, 1936. On September 14, 1936, after removal of the plaster cast, examination showed the fracture lines of the ischium extending into the acetablum to be obliterated. However, the fracture through the ascending ramus of the pubis at the junction with the ischium apparently had not been completely united. In comparison with the previous examination the acetablum appeared to be slightly displaced inward (i.e., toward the pelvis). The changes within the pelvic bones due to Paget's disease were essentially unchanged in appearance. Urinalyses were normal. The Wassermann test was negative. The blood chemistry on June 10, 1936, was as follows:

Blood calcium	8.8 mg. per 100 cc. (Normal 9–11 mg.)
Blood phosphorus	3.7 mg. per 100 cc. (Normal 3–4 mg.)
Blood phosphatase	35.7 units per 100 cc. (Normal 1.5–4 Bodansky units)
Blood sugar	98.7 per 100 cc.

The urine calcium determination was as follows: 0.11 gm. excreted in twenty-four hours (590 cc.).

On September 17, 1936, the patient began to walk with the aid of crutches. On October 1, 1936, the patient was dismissed from the hospital. On October 29, 1936, roentgenographic examination showed firm union with callus formation over the ascending and descending rami of the pubis and obliteration of the fracture lines through the head and neck of the femur. There was no shortening of the leg. The motions at the hip joint were within 10 per cent of normal. Occupational therapy at the hospital was instituted.

On December 22, 1936, a roentgenogram of the pelvis showed excellent position of the fragments with firm bony union. Occupational therapy was discontinued on December 31. There was no shortening of the leg and all the motions were practically normal. On February 1, 1937, the patient returned to part-time work. Roentgenograms taken on February

12 showed complete healing of fractures. Some deformity was visualized along the right side of the outlet of the pelvis, probably due to the increased callus formation.

The patient returned to full-time work on April 1 and was discharged from treatment. Examination on June 12, 1937, showed about 3 to 5 per cent permanent disability (impairment of abduction and flexion) at the hip joint. There was no impairment at the knee joints, but the patient complained of pain in the thigh and hip at times. He was examined again on December 3, 1937, at which time very slight impairment of flexion and abduction were found. The patient has been in excellent health since then and has worked without interruption. Roentgenograms taken on March 11, 1938, showed complete healing.

Comment

It appears from the description of the above case that preexisting Paget's disease exerts no deleterious effect on the healing process of subsequent traumatic fractures which a patient may sustain in the course of his daily life. It will be noted that the patient returned to work in about eight months from the date of injury. In uncomplicated cases the length of disability is frequently nine months. It is also worth noting that this patient's health has been excellent since. In spite of a diseased condition of the bony skeleton, the prognosis is not necessarily hopeless or gloomy.

Conclusions

1. A short description of Paget's disease is presented.

2. A case of Paget's disease associated with trauma is cited.

3. Existence of osteitis deformans does not preclude the normal process of bone healing.

Fig. 1. The lines of fracture are clearly visible. Note the areas of rarefaction and thickening of bones especially about the rim of the pelvis.

Fig. 2. While no evidence of osteitis deformans is seen, noteworthy is the early appearance of calcification of blood vessels (arteriosclerosis).

Fig. 3. Typical "nigger wool" appearance of skull in the parietal and occipital regions with thickening of these bones.

Fig. 4. Note presence of osteitis deformans in the condylar region of the left femur.

Fig. 5. Firm union with callus formation over the ascending and descending rami of the pubis and obliteration of the fracture lines through the head and neck of the femur.

Arsenic Poisoning*

Case Report of Arsenical Poisoning With Homicidal Intent

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THIS case is reported for the following reasons: (1) It exhibited many of the clinical manifestations of arsenic poisoning. (2) It provided an opportunity to follow the concentration of the arsenic and lead in the patient's body with reasonable completeness.

It is of interest also from a medicolegal standpoint. The symptoms of the husband in the case suggested to lay observers a similarity between his illness and that of his wife's previous husband whose death occurred under circumstances which were regarded as suspicious at the time. The remains of the first husband were subsequently exhumed and found to contain abnormal amounts of arsenic and lead. Knowledge of the findings induced the wife to confess homicidal intent in both cases.

For many years arsenic has been a favorite poison for homicidal purposes. Arsenic trioxide as well as lead arsenate have been common instruments for this purpose because they are easily disguised in food and drink in the performance of secret crime. The literature indicates that these drugs have at times been introduced into the body by means of the vagina, rectum and urethra, as well as through the mouth, thus indicating the ready absorption and diffusion of arsenic compounds. Of late years, this method of poisoning is much less common because of the ease with which such compounds are detected in the body tissues and also because druggists are required to keep a record of all sales involving arsenic compounds. Many persons are poisoned accidentally because of the frequent use of arsenic in fly paper, tree and garden sprays, paper glazers, and cloth and wall paper dyes. Fatal poisonings often occur from eating fruit and vegetables sprayed with arsenic. In certain sections, especially in California, it has been necessary to discontinue spraying large orchards from airplanes because of subsequent fatalities among stock in nearby fields.

Among the conditions which should make the observer suspicious of arsenic poisoning John Buis[1] mentions multiple instances of acute gastroenteritis. This author concludes that when an epidemic of diarrhea with green stools involves, for instance, all members of a family and none of them present fever or other signs of infection, arsenical poisoning may well be kept in mind. Gonzales, Vance, and Helpern[2] classify arsenic poisoning into four different types, as follows:

1. There is the so-called paralytic form, in which the deceased has received a large dose, with rapid absorption of a large quantity of the drug. Stupor, collapse, convulsions and death occur with or without signs of gastro-intestinal irritation. Death supervenes in less than twenty-four hours. This type is rare.

2. The gastro-intestinal form is the most common, and the symptoms are referable to lesions in the stomach, intestines and parenchymatous organs. Soon after the ingestion of the arsenic compound, vomiting occurs, followed in an hour or two by diarrhea. There is a burning pain in the abdomen, urgent thirst, dryness about the mouth and sore throat. The vomiting is persistent and distressing and the vomitus has the appearance of rice water; in some cases it contains blood-stained mucus or bile. The diarrhea may be profuse and may be composed of rice water-like or blood-stained stools, similar to those in Asiatic cholera. The patient has a livid and anxious face, a cold clammy skin, cramps in the calves of the legs, delirium, albuminuria, suppression of urine and dehydration. It is significant in these cases that an attack of vomiting can recur when the primary free arsenic in the stomach has been expelled; this is probably referable to excretion into the stomach of arsenic already absorbed. Death occurs in a few hours to several days. If the patient survives the initial attack, he has a chance of recovery.

3. A subacute type of poisoning may develop if the poison is administered in small doses, repeated at intervals. Such dosage may produce prostration, dehydration, albuminous and bloody urine, subacute gastro-intestinal inflammation, cramps, secondary anemia, jaundice, eczema, keratosis and coma. Death occurs after intervals of weeks to months.

* From the Jackson Clinic.

4. Sometimes after the acute symptoms subside, the patient develops a chronic neuritis, which extends from the periphery towards the center. The nerve fibers degenerate with paralysis of the muscles of the hands and feet, anesthesia, and trophic disturbances such as muscular atrophy and falling out of the hair and nails. In some cases a chronic gastro-enteritis may supervene with anorexia, nausea and diarrhea. Progressive weakness, coryza, marked keratosis of the palms and soles, puffy eyelids, loss of weight, pallor and general ill health may occur. This syndrome may be evoked by volatile compounds formed by fungi on arsenic-containing wall papers or by the continual ingestion of small amounts in the food, or by the continual absorption of certain dyes in clothing through the skin. The chronic forms of poisoning may not be preceded by acute symptoms and may make their appearance insidiously.

The practitioner may encounter a number of reactions when arsenicals are used in antisyphilitic treatment. These have been classified by Meakins[3] as a nitroid crisis resembling shock, exfoliative dermatitis, the Jarisch–Herxheimer reaction (which is apparently associated with the rapid destruction of the Treponema pallidum in cases of chronic syphilis), hepatitis, aplastic anemia, agranulocytosis and sudden death.

When arsenic is found in the urine, its importance depends upon the type of arsenic which has been introduced, the length of time over which it has been taken into the body, and the susceptibility of the patient to arsenic. In general, large amounts of arsenic in the urine indicate only that the intake has been recent, whereas its absence in the urine and its presence in the hair may indicate long storage of the substance in the body. It is well known that arsenic compounds are readily diffusible through the body passing quickly through the various tissues where they linger a short time and are then largely eliminated in the urine. The presence of arsenic in the body in more than traces is abnormal although the degree of concentration in the amount necessary to produce pathological changes is variable. Osterberg et al.[4] indicated that such influences as diet, foci of infection, metabolic disorders, seasonal changes and heredity affect susceptibility to arsenic.

From a neurological standpoint, the chief findings include paresthesia, pain, weakness and numbness of the legs and hands, fibrillary twitching of the extremities, and ataxia.

In fatal cases, Osterberg and Kernohan[5] noted multiple capillary hemorrhages which were mainly limited to the white matter of the brain in certain cases of hemorrhagic encephalitis. In a number of cases, especially when there was no evidence of inflammatory reaction about the hemorrhagic area, the finding of abnormal amounts of arsenic showed this substance to be the probable etiologic factor.

So far as the fatal dose of arsenic in cases of poisoning is concerned, most authors agree that 3 grains of arsenic absorbed into the system may kill a man of average weight. When the patient is seen in the acute stage, the preferred treatment is to empty the stomach by tube and wash it out with salt water and milk. An emetic consisting of mustard (1 part), salt (6 parts), and a large amount of water may be valuable. Castor oil is advised to clear the intestines.

As an aid to the elimination of arsenic from the body, calcium or sodium thiosulfate is strongly recommended by some authors. Among these, Ayres and Anderson[6] agree that sodium thiosulfate caused a prompt increase in the elimination of arsenic in the urine. In the forty-nine cases which they studied, the urine was tested before and after sodium thiosulfate was given and in each case an increase in the excretion of arsenate was noted following the administration of this drug.

Case History

A farmer, 41 years of age, who had married a widow four years previously, was admitted to the Jackson Clinic, July 25, 1938, following convulsive seizures. For several months he had suffered from nervousness, irritability, and melancholy which had been ascribed to domestic unpleasantness. Two weeks before admission, he developed abdominal pains. These had been followed shortly by diarrhea; he had as many as five or six bowel movements a day. The abdominal distress was more marked about the umbilicus and in the right lower quadrant. The evening preceding admission, he had had two general convulsions each of which lasted about ten minutes. There was an interval of ten minutes between attacks. These seizures suggested to friends and neighbors a striking similarity to the illness of the wife's first husband who died September 9, 1930. These people were suspicious of the wife's relations

to her husband because of her alleged immoral practices and stated they "did not wish to see the patient go the way of the former husband."

On physical examination at the time of admission, the patient appeared to be fully conscious. He had a speech impediment which was of life long duration. His weight was 180 pounds, his blood pressure 125 systolic, 75 diastolic. The mucous membranes of his mouth appeared dry and there was a fetid odor to his breath; his tonsils were moderately swollen. The chest and heart were negative to percussion and auscultation. There was moderate tenderness and rigidity in the right upper quadrant of the abdomen, but the liver was not definitely enlarged. The reflexes at this time were essentially negative and his sensory examination was normal. His temperature was 100 F. on admission, but became normal the next day. That afternoon it again rose to a maximum of 101 F., shortly subsided and thereafter remained normal. For about twenty-four hours after admission, the skin over the chest, back, abdomen, and limbs presented a finely punctate erythematous dermatitis which was followed in a week by a fine branny desquamation.

On admission the laboratory examinations were as follows:

Urinalysis.—Specific gravity 1.012, acid reaction, trace of albumin, no sugar or acetone. Microscopically, the urine showed occasional pus and red blood cells, as well as occasional hyaline and granular casts.

Blood tests.—The Kahn blood test was negative. The blood count showed hemoglobin 60 per cent, red blood cells 3,290,000, and white blood cells 1,250. The differential blood count showed neutrophiles 40 per cent, eosinophiles 2 per cent, lymphocytes 42 per cent and transitionals 16 per cent.

Treatment during this admission included the forcing of fluids to four liters a day and the giving of a high carbohydrate diet. He was given 3 cc. of liver extract intramuscularly each day for three days, 10 cc. of 5 per cent sodium thiosulfate intravenously each day, and 10 grains of calcium gluconate combined with large doses of vitamin D given three times daily. Blood transfusions of 500 cc. each were given on July 25 and July 28, 1938, respectively. Under this management, his general condition rapidly improved. On July 30, 1938, his blood count showed hemoglobin 70 per cent, red blood cells, 4,280,000, and white blood cells 4,050. The differential blood count showed neutrophiles 33 per cent, basophiles 3 per cent, eosinophiles, 10 per cent, lymphocytes 36 per cent; transitionals 16 per cent and 2 myelocytes. On August 10, he was permitted to leave the hospital as he seemed to be in good general condition.

On August 22, he returned with the complaints of numbness of the hands, fingers, and feet; soreness and stiffness of the legs of three days' duration. He stated that on August 19, he had fallen at the time of leaving his bed in the morning. On examination he presented symmetrical anesthesia of the stocking and glove type. His legs were obviously weak, vibration sense was markedly reduced over the knees and malleoli. Rombergism was notable, the gait was stiff and performed on a broad base. A diagnosis of arsenical neuritis was made and the patient was readmitted to the hospital where he remained until September 29.

His blood count on August 22, was as follows: hemoglobin 97 per cent, red blood cells 4,300,000, and white blood cells 10,600 of which 65 per cent were neutrophiles, 26 per cent lymphocytes, 5 per cent transitionals, 3 per cent eosinophiles, 1 per cent basophiles. The red blood count showed some basophilic stippling.

During the first two weeks of this stay, his neuritis became aggravated. At examination, September 8, he appeared well when lying in bed or sitting on a chair. However, he was unable to stand or walk and, on attempting to do this, his legs gave way under him. His toes had a tendency to drag and his hands were stiff with the fingers extended. He reported no difficulty in controlling his bowels or bladder. He was unable to rise without difficulty. It was impossible for him to execute finger movements with his hands and the fingers were straight, coarsely tremorous and could not be flexed. The deep reflexes were symmetrically absent and there was no plantar response. The abdominal reflexes were also absent except for a slight response in the upper abdominal region and the cremasteric reflexes were greatly reduced. Strength on coarse movements of the arms and legs was markedly reduced to both extension and flexion. The heel to knee tests were performed in a very awkward, stiff manner. He showed well marked ataxia and past pointing on the finger to nose test. Tactile sensation was normal throughout, but the perception of pain and cold was impaired over the mesial portions of both feet. He could not distinguish a cross from a circle over the lower extremities. There was a tendency to drop things held in the hand. He said, "When I take hold of something, I can't tell how hard I have hold of it."

Shortly after this examination, he began to improve. Within a week he could walk with a cane and at the time of discharge on September 29, he could walk with only moderate difficulty but carried a cane as a protection against falling. The reflexes have continued to be markedly reduced and there is still symmetrical paresthesia of the hands as well as the second toes of each foot. He is gradually becoming less awkward with his hands and manages to tie his shoes.

The arsenic, lead and copper determinations in this man throughout his illness are included in Table 1.

It is of interest to note that with the progress of treatment, the amount of arsenic and lead in the urine decreased markedly, but that in the course of a few weeks, arsenic appeared in the hair.

TABLE 1.—*Arsenic Lead and Copper Found in Second Husband (Patient in This Case Report)*

Date	Material	Arsenic	Lead	Copper
7-26-38	Urine (1,000 cc.) Stool (100 gm.) Hair (1 gm.)	10.85 mg. 5.47 mg. Negative	2.05 mg.	1.78 mg.
8- 2-38	Urine (1,000 cc.)	0.16 mg.	0.16 mg.	
8-29-38	Urine (1,000 cc.)	0.20 mg.	0.043 mg.	
10- 7-38	Urine (1,000 cc.) Blood (100 gm.)	0.04 mg.	0.275 mg. 0.129 mg.	
11- 9-38	Urine (1,000 cc.) Hair (1 gm.)	0.07 mg. 0.021 mg.	0.091 mg.	

The maximum amount of lead in the urine which may be considered normal is approximately 0.005 mg. Round computations based on the above figures and the patient's average measured excretion of urine a day indicated that he had probably received at least 2 grams of lead arsenate which is well over the lethal dose, or, as it seemed to us, about the amount which one with homicidal intent might readily "dab" onto the end of a spoon. According to the wife's subsequent confession on October 27, two doses of lead arsenate were given at two or three day intervals probably between July 5 and July 28.

Because of the suggestion of criminal motives finally directed at the wife in the above case, the district attorney ordered the exhumation of the remains of her first husband. Therefore, in October, 1938, this was done and analysis of the badly decomposed tissues revealed the following results:

TABLE 2.—*Arsenic and Lead Found in Remains of First Husband*

Tissue	Arsenic per 100 gm.	Lead per 100 gm.	Remarks
Liver	0.25	4.25	
Brain	0.07	0.96	
Tissue from ribs and scapula	0.22	0.60	
Ribs (bone)	0.28	1.58	
Hair			
Roots	0.032		Indicates individual exposed shortly before death
Distal ends	0.007		
Ground	0.008		Indicates arsenic not from ground
Casket scraping	0.01		Scrapings were from material accumulated on casket, not actual casket material.

Within a few days of these reports, the wife confessed poisoning the first husband and her attempt to poison the second. She was promptly sentenced to life imprisonment for the first offense and to an additional one to ten years imprisonment for the attempted second homicide.

Conclusions

1. During the acute stage of the poisoning, this patient exhibited acute gastroenteritis and acute diffused erythematous dermatitis, cerebral irritation (epileptiform seizures) as well as marked agranulopenia.

2. After an interval of three weeks, he developed marked symmetrical paresis of the distal portions of all four extremities with associated backache but no acute root pains. There were also symmetrical sensory changes involving mainly the mesial dorsal portions of the feet and impaired pressure sense of the hands.

3. Within three months' time, he made a 90 per cent recovery after the ingestion of an amount of arsenic commonly considered ten times that of a lethal dose.

4. The findings in this case led to the exhumation of the wife's first husband, deceased eight years, and precipitated the wife's confession and the penal sentence imposed upon her by the court. The long memory and suspicion of a small town public were mainly responsible for the hospitalization of the second husband which resulted in his comparative clinical recovery. These factors were responsible to some extent in pressing the demand for a full investigation of the death of the first husband.

BIBLIOGRAPHY

1. Buis, John: Arsenical poisoning traced to flour. Nebraska M. J. 22: 302–304 (Aug.) 1937.
2. Gonzales, T. A., Vance, M., and Helpern, M.: Legal medicine and toxicology. New York: D. Appleton–Century Company, 1937, pp. 493–500.
3. Meakins, J. C.: Practice of medicine. St. Louis: C. V. Mosby Company, 1936, pp. 1167–1168.
4. Osterberg, A. E., Brunsting, L. A., Montgomery, H.: Certain manifestations of arsenism. Proc. Staff Meet. Mayo Clinic 10: 152–156 (March 6) 1935.
5. Osterberg, A. E., and Kernohan, J. W.: Presence of arsenic in brain and its relation to pericapillary hemorrhages or so-called acute hemorrhagic encephalitis. Am. J. Clin. Path. 4: 362–369 (July) 1934.
6. Ayres, S., and Anderson, N. P.: Sodium thiosulfate and the elimination of arsenic. J.A.M.A. 110: 886–887 (March 19) 1938.

Chronic Suppurative Sinusitis; Its Relation to Pulmonary Disease*

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ONE of the most common infections with which we, as medical men, have to cope and one of the most unsuccessfully treated, at least in the minds of the general public, is sinusitis.

General Considerations

I feel much can be accomplished toward avoiding sinus infections if patients are given general as well as local consideration. The hypothyroid state, for instance, because of its usually concurrent mucous membrane infiltration, brings about a lowered vitality and a susceptibility to infections. This fact should be considered in treating children who have frequent colds. Some physicians give such children thyroid extract in ¼ grain doses at bedtime. In adults having a low basal metabolic rate, constipation, etc., thyroid therapy is also advisable. Chronic intestinal toxemia is a common cause of upper respiratory tract infection. In this condition, a smooth laxative diet should be given, not one containing roughage.

An occasional acute suppurative inflammation may be cured by an intranasal, lateral wall, window resection for the improvement of ventilation and drainage; but, even in these cases, if a true hyperplasia of the lining mucosa has begun, success will not attend this type of treatment, for chronicity has been established.

When the mucous membrane is thickened there is an increase in connective tissue infiltration and formation of pus or mucopurulent secretion. Eventually ulceration and a terminal fibrosis may occur. Chronic inflammation may be followed by edema and the formation of cysts and polypi, or it may involve the periosteum.

Generally, cases of chronic sinusitis fall into one of four classes; namely, those in which there is (1) a thickened membrane and pus; (2) thickened membrane and no pus; (3) a diffuse fibrosis of the membrane; (4) polypoid cystic degeneration. It is not difficult to visualize the pathologic changes and, with the appearance of fibrosis, the attendant loss of epithelium, cilia, goblet cells and glandular elements.

Therapeutic Considerations

Medical measures.—If we are to consider the skin the greatest immunizing organ of the body, then massage and ultraviolet radiation should be of value in the treatment of these conditions. Treatment for allergy has a place among therapeutic measures. The same may be said for the use of vaccines, but mostly it has been hard to decide whether the patient has obtained a specific or nonspecific immunity.

Recurrent acute inflammatory exacerbations are prone to occur in these chronic affairs. Once an acute inflammatory process is suspected, treatment for the first few days should consist of general rest; eliminative measures, including catharsis and diaphoresis; and the giving of aspirin, phenacetin and codeine for pain. Other valuable treatment measures in the early stage of an acute sinusitis are Bier's hyperemia and the application of local heat. If desired, omnadin or some similar agent to boost nonspecific immunity may be used. As I stated in a previous paper,[1] I believe most of these infections begin in the pharynx and are attended by a leukopenia. One should use also a nasal spray intended to relieve pain, improve nasal respiration, ventilation and drainage. I do not think argyrol tampons are of any particular value for they act by osmosis, and saline solution will accomplish the same thing.

Irrigation of the maxillary sinus should be postponed until the febrile stage has subsided and, even then, some men do not be-

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

lieve in the introduction of water into an infected cavity for it merely provides the organism with a culture media.

Surgical measures.—In local treatment, infected adenoid and tonsil tissue should be removed, of course, and ventilation improved so as to approach the normal as nearly as possible.

When sinus surgery is suggested, an occasional alarmist will appear. I think the principal reason for this lies in the fact that some otolaryngologists depend on operations for the establishment of ventilation and drainage to cure a chronic disease of the mucous membrane. This, of course, is impossible. If the deep structures are involved, in other words if chronicity has become established, there is but one way to arrive at a cure and that is not by mutilation but by a so-called radical operation. In chronic cases, such an operation is no more radical, however, than the complete removal of the appendix in appendicitis or of the gallbladder in gallbladder disease. The word "conservatism" has no application in these cases.

One of my patients, who was recently considering surgical treatment, said to me: "I have been advised by two physicians not to have this operation." Such differences in opinion are very unfortunate and I hope physicians will soon come to a better understanding of this important and interesting field.

Goodale[2] in a recent study brought out a point which is very important if our results are to be all they should be from an operative standpoint; namely, that the ethmoid sinuses are infected as frequently as the maxillary sinuses. In fact I decided long ago that if a radical maxillary sinus operation is necessary and the ethmoid sinuses are infected—as they usually are—success will not attend the operative procedure unless a radical exenteration of the ethmoid sinuses also is performed.

Concurrent Conditions and Chronicity

I have encountered many patients with infection of the sinuses who have experienced a long train of complications, including excruciating headache, rheumatism, retrobulbar neuritis, peripheral neuritis, pulmonary involvement and other evidences of toxemia, and I feel I can evaluate the gravity of infections in these cavities. Three things about sinus infections I am afraid we do not appreciate; namely, (1) their prevalence; (2) their importance in the mental and physical make-up; and (3) their amenability to treatment.

Most authorities insist, I know, that in acute infectious diseases of the upper respiratory tract, the sinuses are involved in a great majority of cases, and it is also true that in most cases no particular treatment need be directed at the sinus condition specifically. Nevertheless, I feel no patient with upper respiratory tract infection should be discharged before a roentgenogram of the sinuses has been made. Then the condition may be diagnosed early, the patient or his parents advised as to further care and observation, and many cases of chronicity and others due to contact avoided.

Chronicity is the condition that challenges us. It should not be permitted to appear. However, if for one reason or another it does supervene, proper treatment will enable 95 per cent of those so afflicted to continue their lives in peace and comfort. Every fatality I have seen in this field was the result of a chronic infection, most of the patients being beyond help when encountered.

Among patients in whom treatment is neglected, I have been surprised at the high incidence of chronic cough and elevation of the temperature in the evening, in addition to the chronic head cold. I have a patient now who spent one entire year in a tuberculosis sanatorium; no acid-fast bacilli were found but his condition was labelled questionable tuberculosis. I, myself, on the advice of a competent internist, went to New Mexico, only to find that the condition at fault was a chronic suppurative sinusitis. A boy, twelve years of age, was recently referred to me with a cough, a white blood cell count of 40,000 and albuminuria. A report from his school read, ". . . entire past year was marked by lack of attention and disturbing cough."

What shall we do to prevent these chronic infections? I think we must educate those medical men of little or no faith—and possibly others—in the evaluation of upper respiratory tract infection and its destructive importance, economically and socially.

Sinusitis and Pulmonary Disease

Goodale, for many years a professor on the Harvard Medical School faculty and member of the Massachusetts General Hospital staff, in his recent study under Dr. Mosher,[2] reviewed seventy-five cases of bronchiectasis to ascertain the incidence of sinusitis in pulmonary infections. Bronchiectasis can occur from a number of causes, yet Dr. Goodale's very comprehensive examination brought out evidence that in recurrent pulmonary infection there is an extremely high incidence of chronic sinusitis which constitutes a possible source of reinfection of the lungs.

Hodge,[3] of Montreal, states that in nearly all his patients with bronchiectasis a coexisting sinusitis occurred and that primary bronchitis has a tendency to clear up unless it is kept active by a well marked infection of the sinuses, or if the sinusitis be more primary it frequently augments or protracts the bronchitis. He says statistics from various centers show the association of chronic sinusitis and nontuberculous bronchiectasis to be very common, the percentage varying from 55 to 100 per cent, about 75 per cent being the finding of most observers.

Hodge placed a small amount of iodized poppy-seed oil in the tracheae of ten patients with bronchiectasis. It reached the nasopharynx in only three of the patients. Quinn and Meyer[4] demonstrated the presence of poppy-seed oil in the thorax after instillation into the nostrils of sleeping patients. McLaurin[5] showed that after being placed in the antra of patients the oil could be demonstrated in the chest by roentgenograms. This all shows that chronic sinusitis must play an important part in many infections that reach the chest, either by inhalation or the lymphatic routes.

Because of the frequent absence of symptoms of sinusitis when the condition is associated with bronchiectasis, the sinuses often are not considered. This is, of course, a grave mistake. Mullin,[6] in reporting on 295 cases, said that in 7 per cent cough was the only symptom, although definite sinus disease was demonstrated in all. Cases have been reported in which treatment for a questionable pulmonary tuberculosis was given over a period of years when, in reality, a bronchiectasis due to chronic sinusitis was the underlying condition. The assumption is that following sinusitis, chronic bronchitis develops, and—in the course of time, perhaps years—bronchiectasis appears.

The way out lies in making a careful examination of the sinuses of all patients with infection of the lower respiratory tract. The best results in the conservative treatment of bronchiectasis are obtained in childhood; therefore, treatment should be instituted early. Care should be taken to locate and treat promptly all foci of infection in the sinuses of children before the lower respiratory tract is invaded.

BIBLIOGRAPHY

1. Comee, W. C.: Chronic sinusitis in general practice. Wisconsin M. J. 32: 453–456 (July) 1933.
2. Goodale, R. L.: An analysis of 75 cases of bronchiectasis from the viewpoint of sinus infection. Ann. Otol., Rhin. & Laryng. 47: 347–359 (June) 1938.
3. Hodge, G. E.: Relation of bronchiectasis to infection of the paranasal sinuses. Arch. Otolaryng. 22: 537–544 (Nov.) 1935.
4. Quinn, L. H., and Meyer, O. O.: The relation of sinusitis and bronchiectasis. Arch. Otolaryng. 10: 152–165 (Aug.) 1929.
5. McLaurin, J. G.: Chest complications of sinus disease. Ann. Otol., Rhin. & Laryng. 41: 780–793 (Sept.) 1932.
6. Mullin, W. V.: A review of sinus-chest infections. Ann. Otol., Rhin. & Laryng. 41: 794–804 (Sept.) 1932.

DISCUSSION

Willis L. Johnson, M.D., Janesville: Dr. Comee has so comprehensively covered this subject that I shall make my remarks very brief.

Recently I have sincerely enjoyed perusing many articles on the subject of the relationship of pulmonary disease and sinus infections. The roentgenologists were the first to stress this relationship; consequently, there are many fine articles on the subject in journals of roentgenology. I call your attention especially to an article by Dr. Karl Kornblum in the American Journal of Roentgenology (A roentgenologist looks at sinus disease. Am. J. Roentgenol. 38: 48–56 (July) 1937). He starts his article by saying, "Disease of the paranasal sinuses constitutes an extremely difficult problem whether considered from the point of view of the rhinologist, the roentgenologist or the patient."

I am astounded by the diversified opinions expressed in the literature regarding methods of diag-

(Continued on page 594)

Pudendal Anesthesia

By IRWIN J. WALDMAN, M. D.
Milwaukee

THE use of local anesthetics in obstetrics in aiding delivery through the normal passages is not a new procedure. With the advent of cocaine, Stiassny[1] attempted perineal anesthesia by painting the vagina with cocaine, but this is only of historical interest. Advocates of pudendal anesthesia include Ilmer,[2] King,[3] Braun,[4] Greenhill,[5] Walker,[6] Gellhorn,[7] Torland,[8] Oku,[9] O'Connor[10] and many others, but standard textbooks make no mention of this method and the literature concerning it is surprisingly scarce in comparison to the voluminous reports on other methods of analgesia and anesthesia. Pudendal anesthesia is a valuable addition to the armamentarium of one doing obstetrics in the home or hospital, and it is worthy of more attention.

There are many methods of obtaining perineal anesthesia, including parasacral, sacral, spinal and epidural block. Pudendal block may not give the uniform results of other methods, but its application requires no extensive knowledge of anatomy and no assistants. Further it involves no discomfiture for the patient and can be used without fear for the mother or baby.

Indications and Advantages

Pudendal anesthesia may be advantageously employed:

1. In the practice of home obstetrics, in which one is usually confronted with many difficulties, the most important being the problem of anesthesia. There is often a lack of trained assistants to administer inhalation anesthesia and to control the patient after she is unconscious. In primiparae episiotomy is often necessary. The repair is made difficult by the lack of assistants and the unconsciousness of the patient. By using pudendal block the patient is awake at all times and is able to cooperate. The pelvic floor is relaxed to such a degree that episiotomy is often not necessary, and, if so, can be performed without additional anesthesia.

2. In the presence of upper respiratory tract infections and pathologic conditions of the chest, especially during the winter months, the routine use of pudendal anesthesia is advantageous. It is used also in other medical complications where inhalation anesthesia is contraindicated.

3. In breech deliveries Urnes and Timerman[11] advise pudendal anesthesia. The perineal relaxation aids in shortening the second stage of labor. It also facilitates the delivery of the aftercoming head and aids in manipulations necessary to deliver the arms or legs.

4. In many occiput posterior presentations the head easily may be delivered posteriorly with the use of pudendal anesthesia.

5. In difficult forceps delivery pudendal anesthesia alone or in combination with inhalation anesthesia greatly aids in the diagnosis and in the application of the blades.

6. In version and extractions or transverse presentations, ether is the ideal anesthetic, but pudendal block is an ideal adjuvant.

7. Eclamptic and pre-eclamptic patients are especially susceptible to pneumonia; hence pudendal anesthesia is advisable in such cases.

The only contra-indication to pudendal anesthesia is the presence of infection or inflammation around the area to be injected.

The advantages of infiltration anesthesia are set forth below:

1. There is no mortality, while in inhalation anesthesia there is a definite one. Bartlett and Simmons[12] report an incidence of death from ether anesthesia of 0.15 per cent in 10,325 abdominal operations. DeLee[13] states that "the longer one's experience grows the more one respects the dangers of general anesthesia."

2. There are no pulmonary complications.

3. Bleeding during the third stage of labor is lessened as uterine contractions continue normally.

4. There is no asphyxia of the child.

5. The second stage of labor is shortened and the likelihood of cerebral hemorrhage of the newborn minimized.

6. It lessens the number of episiotomies; hence the morbidity is reduced.

7. In forceps deliveries the force expended by the operator is greatly aided by the co-operation of the patient in bearing down. Also there is no interruption in the uterine contractions, and the pull on the forceps is made synchronous with the contractions.

8. The patient can take fluids and food immediately; thereby the tendency to acidosis is combatted.

9. There is no toxic effect on the liver or other vital organs; hence it is useful in toxemias.

10. Any tears that occur during delivery may be repaired without further anesthesia.

The pain of parturition is composed of two factors: (1) the pressure on the sacral nerves during the effacing and dilating of the cervix; and (2) the tearing of the resisting and clonically contracted fibers of the pelvic floor. The former is decidedly the lesser of the two and at the present time is rendered endurable by the wide use of barbiturates. The second factor is the one influenced by pudendal anesthesia. The levators and muscles of the perineum relax, and the vulvar ring yields and gapes widely, allowing the presenting part to pass easily and painlessly.

The act of bearing down is a reflex action; the afferent stimulus is the pain caused by the distending perineum. As the pains increase in severity the bearing down process increases until it eventually becomes involuntary. The pain is eliminated by pudendal anesthesia; therefore, the patient must be urged to bear down. The patient will groan during each contraction and name the lower back as the seat of pressure, but the loud complaints and piercing cries while the pelvic floor is being forcibly stretched is eliminated.

Anatomy and Technic

Anatomy.—The pudendal nerve is the chief source of muscular and cutaneous innervation in the perineum. It is derived from the anterior rami of the second, third and fourth sacral nerves. The nerve enters the perineum through the lesser sciatic foramen in close approximation to the ischial spine. In the perineum it is deeply placed in the lateral wall of the ischiorectal fossa and is enclosed in a special sheath derived from the parietal pelvic fascia covering the medial surface of the obturator internus muscle (the fascial sheath is the cause of failure in blocking the main nerve; hence we must block its branches). As the pudendal nerve enters the ischiorectal fossa its first important branches are the inferior hemorrhoidal nerves. After this the nerve divides into two terminal branches, the perineal and dorsal nerve of the clitoris. The integument of the perineum and vagina also is supplied by the anterior labial branches of the ilio-inguinal nerve, the external spermatic branch of the genitofemoral nerve, the perineal branches of the posterior femoral cutaneous nerve, the perforating cutaneous branches of the second and third sacral nerves, the perineal branch of the fourth sacral and the anococcygeal nerves.

Technic.—The general rules for any local anesthesia must be kept in mind. They are:

1. Syringes, needles and solution should be absolutely sterile.

2. The operative field should be thoroughly prepared. The operator should prepare his hands as carefully as for any surgical procedure.

3. The needle should never be inserted to the hilt as this is the weakest point of the needle and the place a needle usually breaks.

4. With the needle in a stationary position before injecting the solution, the plunger of the syringe should be gently withdrawn to make certain the point of the needle is not within a blood vessel. If blood is aspirated, the position of the needle must be changed.

5. Infiltration may be continuous as long as the needle is being moved.

6. Quiet is essential in the operating room.

This is not a block of the pudendal nerve itself but of its branches (see reason under heading, *Anatomy*). The patient is placed in an exaggerated lithotomy position and intradermal wheals are made bilaterally, half way between the rectum and the tuberosity of the ischium. One per cent procaine hydro-

chloride with epinephrine (3 minims to the ounce) is used. The index finger is inserted into the rectum to palpate the depth and position of the ischial spine. A flexible 10 cm. needle is then passed in the same plane as the body through the cutaneous wheal and to the level of the spine (7–7.5 cm.), the solution being injected as the needle advances. By slightly withdrawing the needle and changing its direction medially an area the size of a quarter should be infiltrated adjacent to the spine. Twenty to 25 cc. of the solution should suffice on each side.

The needle is again withdrawn until it lies just under the skin, and its direction is changed vertically upward. As the needle advances subcutaneously along the vaginal orifice, 5–10 cc. are deposited in the subcutaneous tissue of the labium majus, thus blocking the nerves that innervate the external genitalis and lower vagina from the side and above. The procedure is then repeated on the opposite side. Five cc. injected between the anus and the coccyx will anesthetize the anococcygeal nerve, and complete the block.

The vaginal mucosa and the skin of the perineum as high as the clitoris become anesthetized within five minutes, and the relaxation of the levator ani and the perineal muscles is usually then complete. The duration of the anesthesia is from one to one and one-half hours.

BIBLIOGRAPHY

1. Stiassny, Sigmund: Schmerzlinderung bie normalen Geburten. Samml. klin. Vortr. Leipz., n.F. 1910, no. 590–591 (Gynak., no. 212–213), pp. 461–519.
2. Ilmer, Walter: Über Nervus pudendus–Anasthesie. Zentralbl. f. Gynak. 34: 699–702, 1910.
3. King, R. W.: Perineal anaesthesia in labor. Surg., Gynec. & Obst. 23: 615–618 (Aug.) 1916.
4. Braun, Heinrich: Local anesthesia. Philadelphia: Lea & Febiger, 1924.
5. Greenhill, J. P.: Local infiltration anesthesia in obstetrics, South. M. J. 26: 37–44 (Jan.) 1933; Infiltration versus spinal anesthesia in obstetrics and gynecology, J. A. M. A. 102: 28–32 (Jan. 6) 1934.
6. Walker, A. T.: Regional anesthesia in the conduct of labor. Am. J. Obst. & Gynec. 32: 60–67 (July) 1936.
7. Gellhorn, G.: Local anaesthesia in gynecology and obstetrics. Surg., Gynec. & Obst. 45: 105–109 (July) 1927.
8. Torland, Torleif: Perineal anesthesia in obstetrics. Northwest Med. 29: 312–313 (July) 1930.
9. Oku, M.: Pudendal anaesthesia in the domain of obstetrics. Jap. J. Obst. & Gynec. 12: 361–363 (Dec.) 1929.
10. O'Connor, C. T.: Local anesthesia in obstetrics. New England J. Med. 210: 788–792 (April 12) 1934.
11. Urnes, M. P., and Timerman, H. J.: Breech delivery: A comparative study of local and general anesthesia. J. A. M. A. 109: 1616–1618 (Nov. 13) 1937.
12. Bartlett, M. K., and Simmons, F. A.: Mortality factors in gynecology. Surg., Gynec. & Obst. 55: 777–784 (Dec.) 1932.
13. DeLee, J. B.: Year Book of Obstetrics and Gynecology. Chicago: Year Book Publishers, 1931.

EXAMINATIONS AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The American Board of Obstetrics and Gynecology announces that at the recent examinations held by the Board at St. Louis, Missouri, on May 13, 14, 15 and 16, 259 candidates were examined. Two hundred and twenty-eight candidates were successful in the examinations and were certified by the Board, twenty-nine candidates failed, and two examinations were not completed by the candidates.

At the annual meeting of the Board, held in St. Louis on May 12, 1939, it was found necessary, on account of increased administration expenses, to increase the application and examination fees. Effective immediately, these are to be as follows: Application fee $15, payable upon submission of application for review by Board. Examination fee $85, payable upon notification to candidate of acceptance of the application and assignment for examination. Neither fee is returnable. This increase does not apply to candidates whose applications were filed prior to May 12, 1939.

The next written examination and review of case histories (Part I) for Group B candidates will be held in various cities of the United States and Canada on Saturday, December 2, 1939, at 2:00 p. m. *The Board wishes to announce that it will hold only one Group B, Part I, examination in this and subsequent years.* Candidates who successfully complete the Part I examinations proceed automatically to the Part II examinations held later in the year.

Applications for admission to Group B, Part I, examinations must be on file in the Secretary's office not later than October 4, 1939.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting in Atlantic City, N. J., on June 7, 8, and 9, 1940, immediately prior to the annual meeting of the American Medical Association to be held in New York City from June 10 to 14, inclusive.

Applications for admission to Group A, Part II examinations must be on file in the Secretary's office not later than March 15, 1940.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pennsylvania.

Comments on Treatment

EDITORS
A. J. Quick, M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

The following articles of general therapeutic interest were presented at the St. Louis meetings of the American Medical Association.

Peptic Ulcer. Metz, Lackey, Wigby, Small and Patterson, of Dallas, Texas, noted mild symptoms of diabetes insipidus in several patients with duodenal ulcer. Working on the hypothesis that the two conditions were interrelated, they treated these and other cases of peptic ulcer by the oral or intranasal administration of posterior pituitary powder. The better results were obtained by the latter route of administration. Parenteral injections of posterior pituitary solutions produced too many undesirable side-effects. Seventy patients were treated with the powder for from three months to three years. Satisfactory results were obtained in the majority without the use of other therapeutic agents or a strict dietary regimen.

Mutch, in 1936, suggested the use of hydrated magnesium silicate as an antacid for the treatment of peptic ulcer and reported gratifying results in a small series of cases. Kraemer, of Newark, New Jersey, extends this series and reports its use in 100 cases of roentgenologically proved duodenal or gastric ulcer. These patients were treated for from six to eighteen months. As much as 200 grains (13 grams) a day have been administered without appreciable untoward effect on the bowels, appetite, or CO_2-combining power of blood. Ambulant or hospital diets were followed, with substitution of the magnesium trisilicate for the alkalies previously employed. With few exceptions, relief was prompt, with freedom from recurrence.

Chronic Bromide Poisoning. Gundry of Baltimore states that physicians' prescriptions are responsible for a large percentage of the cases of bromism, although the part played by self-administration of proprietary remedies is very considerable. At this time, when the Federal Government is attempting to prevent interstate commerce in proprietaries such as bromoseltzer, and bills are before the Wisconsin legislature which would prevent the "over the counter" sale of bromides without prescription, the physician may well take an accounting of his own practices. The clinical symptoms of bromism are often superimposed on those of chronic alcoholism, various psychoses, neuroses, brain tumors and other conditions for which bromides are prescribed. Physicians who prescribe bromides in large doses should regard with suspicion signs of lethargy, mental dullness or disorientation, slurring of speech, a slow pulse or staggering gait. This is one of the drugs which the physician should control with the "non repetatur" addendum to his prescription.

Oxygen Therapy. The clinical use of oxygen has been restricted generally to the exhibition of concentrations below 60 per cent. It is generally considered to be unsafe to administer the undiluted gas in view of the occurrence of pneumonia in animals exposed thus for long periods. Evans of Buffalo contends, after several years' experience with the use of the so-called dangerous percentages, that the administration of concentrations above 80 per cent is not only safe but desirable in individuals with marked anoxemia. He believes that the tolerance increases with the increased need. Boothby, Mayo and Lovelace, of the Mayo Clinic, also recommend the administration of the undiluted gas in the treatment of surgical and traumatic shock, intestinal distention, as an adjunct to postoperative treatment following major surgical procedures, and for the relief of headache which follows encephalographic procedures. While it is true that most patients will respond satisfactorily to the lower oxygen percentages, it is reassuring to know that the undiluted gas is less toxic than previously believed. M. H. S.

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« « « EDITORIALS » » »

Rehabilitation in Tuberculosis

AS A PART of the changing picture of the treatment of tuberculosis comes the realization that to find the early case, isolate the active case, and institute proper collapse therapy is not sufficient. The problem of making the patient with the disease in an arrested stage a self-supporting individual has been accentuated by the marked changes in the economic and social status of the present patient population of our tuberculosis institutions. Of necessity a rehabilitation program has become a part of proper sanatorium care, almost as important a part as the medical care. For it is a sad waste of time, effort, and money, to discharge a patient as an "arrested case," when the only future that can be envisaged is a workless dependency on the family, or the public, which in turn means the almost-certain-to-occur relapse. These patients are for the most part young people, who normally would have spent the last decade in educational or vocational pursuits. Their disease and a changing world have made this impossible, and they find themselves in a poor position to compete for a livelihood in the ranks of the untrained workers. Even though more than willing to take a try at it, manual labor or housework are not to be recommended as a proper source of livelihood for the man or woman who only recently has had a thoracoplasty. Yet without special training there is not much else to be anticipated. The end result of this is the fact that 20 per cent of our sanatorium admissions are re-admissions, many of which are wholly unnecessary.

Fortunately, Wisconsin authorities charged with the care of the tuberculous patient are not unmindful of their responsibility. In the Lake Tomahawk State Camp provision for the vocational training of men who have completed the sanatorium phase of their treatment has been available for many years. And at the State Sanatorium there has been inaugurated a similar type of vocational rehabilitation work for women. Here, also, it is possible to combine the latter part of the sanatorium treatment with vocational training, for both men and women. Generous assistance from the State Board of Vocational and Adult Education makes these two rehabilitation programs possible, and with this assistance, these programs can be

varied and increased to meet almost any demand.

The end result of such a program is the making of the tuberculosis patient, through effective treatment, into a trained worker capable of once more becoming a useful member of society,—a reasonably normal-living, self-supporting and self-respecting citizen. H. M. C.

A Needed Reminder?

ONE of the large insurance companies which has extensive relations with physicians in Wisconsin in connection with medical benefits under the Workmen's Compensation Act, recently addressed a significant letter to a large group of physicians in the State who have a consultive practice. The subject of the letter was the apparent frequency of questionable criticism of the acts of the original attending physician.

The company pointed out something that we are all too prone to forget. We who see the patient long after the original treatment has been given, too often fail to ask ourselves, "How did the patient present himself, and under what conditions and with what facilities available, at the time of the original injury?"

We are reminded of the case of the patient whose hand was so nearly severed that three of the four physicians in the group that saw him when he was brought in assumed amputation would be necessary. The fourth physician tried to save the hand. He did. The hand was a useful member to a surprisingly high degree considering the nature of the injury. Can you imagine the surprise of the physician some months later to be sued for malpractice on the ground that he had not done his work skillfully?

We do not warn against *justified* criticism, but was not the company correct when it said that unjustified criticism undermines the confidence of the patient and the efficiency of medical treatment in general; that it makes it difficult to secure the continuous cooperation so essential in securing for the patient the best possible treatment in accordance with the ideals of medicine?

An Important Obligation

AS THIS JOURNAL reaches our readers the 1939 session of our Wisconsin legislature presumably will approach its final days. The bulletins issued to our members from time to time during the past six months have acquainted all physicians with those changes that have been proposed which vitally would affect the public health movement of the State. We would be presumptuous were we to attempt to predict the final outcome of important proposals pending at the time this editorial is written. But if, after adjournment, there has been no legislation enacted which would place impediments in the way of the great effort further to advance the high record of this State in public health achievements it will not have been because of a few men but because of the interest of all physicians.

Fourteen years ago this month, Dr. O. B. Bock of Sheboygan, then chairman of the Committee on Public Policy, stated in the annual report following the legislative session of that year:[1]

"The organized profession of the state is not responsible for either the enactment or enforcement of public health measures. We express the opinion, however, that it is the duty of the organized profession of the state to point out to public and state officials and laymen at large the necessity for public health laws and their enforcement with the advantages to the general public welfare that accrue. The responsibility is wholly and entirely theirs. They must make the choice, but there can be no choice if the non-medical public is not informed as to the position of scientific medicine and what its work offers to the public well being. Such information should be made available to them."

Let not this effort cease with adjournment of legislative bodies. The effort outlined by Dr. Bock must be continuous and in that effort every physician has not only the opportunity but the obligation to play a part.

[1] Wisconsin M. J. 24: 374 (Dec.) 1925.

. . . . THE PRESIDENT'S PAGE . . . .

A New View

BECAUSE our State Medical Society has of necessity, through its bulletins and publications, emphasized new fields of work in which the Society has undertaken to pioneer, for the joint benefit of the public and the profession, few members may realize the great and continuous service the Society is called on to render at the specific request of public agencies. Because I feel the Society has been outstanding in discharging its obligations in these fields, and because so little has been said on the subject, I devote my brief message this month to this important phase.

Ten days before this was written, the Works Progress Administration called your State Society office to ask if its administrator might be given a list of members of the Society, indexed by cities and communities throughout the State, who were willing and capable to care for traumatic injuries incurred by W. P. A. employees in the course of their employment. Within a matter of days from the time this JOURNAL is received, the Works Progress Administrator for Wisconsin will have his list.

Before this JOURNAL reaches the members, every member of the Society throughout the State will have been circularized in connection with the revision of the open panel list for the State Compensation Act, as requested by the insurance carriers of the State, to ascertain whether they desire to be listed on either or both of these panels.

Ten days ago the State Pension Director called the secretary of your Society and asked whether he would address the directors and agents of the seventy-one county pension departments of this State at their annual meeting in Superior, and give to these administrators an understanding of the medical problems that arise in their daily effort, and how it might be possible, in concrete terms, with such an appreciation of the problems of medicine, further to correlate and coordinate the work of the physician and the local pension department.

Within the month, the State Department of Public Instruction called upon the Society to be of assistance to that department in a survey which it was undertaking of hearing defects among school children. Special meetings of our standing committee were held with departmental heads, to the end that this survey might not be like so many of its predecessors,—a statistical compilation without concrete results in the alleviation of disease.

The Bureau of Maternal and Child Health of our State Board of Health indicated to our Society, within the past few weeks, their willingness to devote funds to graduate education for physicians in the northern part of the State, when the Society again would be of assistance in planning the course and circularizing the physicians, advising them of their opportunities. This course will be available to physicians over wide areas of the northern part of the State this summer.

Finally, within the past few days, representatives of the Farm Security Administration have been in the office of our State Society, working out with the Society the most promising means further to protect and promote the health of 8,000 loan clients and their families in this State.

These are but five examples of a constant stream of service requests made upon our Society, in the filling of which the Society has rendered an outstanding service in furthering the joint and invisible interests of the public health and of physician members of the Society. These requests would not have been made were it not for the reputation that our State Society has attained as an organization ready to fill such requests, and to fill them with promptness and efficiency. Truly it can be said that our Society is one that represents the translation into action of the ideals of medicine.

A E Rector

THE WOMAN'S AUXILIARY

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Report of the National Auxiliary Convention

By MRS. EBEN J. CAREY
Milwaukee

THE seventeenth annual convention of the Woman's Auxiliary to the American Medical Association was held in the Regency Room of the Hotel Chase in St. Louis, May 16 and 17, 1939. The Woman's Auxiliary was organized in St. Louis in 1922, and the original general chairman of entertainment, Mrs. Willard Bartlett, Sr., presided at the present meeting. The first president, Mrs. Samuel Clark Red of Houston, Texas, was also present.

Thirty-nine of the forty-eight states have organized auxiliaries, and a good share of them had delegates at the convention. State reports showed that the majority of the states have a definite project to work on along with their social activities. Some of their projects are: student loan fund for nurses, student loan fund for doctors, milk fund for underfed children, fund to help needy doctors' widows and children, immunization in districts where it is not available otherwise, rural library distribution, placing of "Hygeia" in schools and public places, and making of layettes for needy mothers.

Many auxiliaries are so scattered in a state's area that it is not possible for them to meet often as a state unit, but they are doing splendid work in their own communities. Many reports stressed the idea that a doctor's wife should become a well-informed person upon all subjects pertaining to the welfare of the medical profession, and then be active in the various organizations in her community. One state auxiliary has taken the following for its motto:

"It's a good thing to know and a better thing to do,
To join the construction gang, and not the wrecker's crew."

—MRS. W. R. HORNADAY.

The total registration at the annual session numbered 1,526. It is interesting to note that there was one registration from each of the following countries: Alaska, Canada, Mexico, British Columbia and South Africa. The membership award cup was given to the state of New York for the addition of 448 new members, a gain of 63.3 per cent over their membership last year.

The beloved first president, Mrs. Red of Texas, was in attendance and responded with the following well chosen words: "We are most delighted to be back in St. Louis. The Auxiliary was brought into the world here just seventeen years ago, a mere infant in swaddling clothes. From that stage she has grown into young womanhood of seventeen. She is trembling on the brink of being a debutante, and as soon as a few states like Maryland, Connecticut and Ohio can be added, she is going to be a full-fledged mature woman, and the Auxiliary will take its place in the Nation as one of the greatest bodies of women in this whole United States. It is a great pleasure for me to be here to-

day and to know that Mrs. Bartlett is again assuming her place as general chairman of entertainment. She appreciated it so when the organization was born here so many years ago and was so helpful to me in starting this organization. I hope we aren't going to have to wait seventeen years before coming back again. Please invite us before that."

On Tuesday the luncheon at the beautiful club house of the St. Louis Women's Club was to honor the seventeenth birthday of our organization. A birthday cake with seventeen candles was lighted and brought in, after which a very enjoyable and original program was presented. Following this all the members were taken in buses on a personally conducted tour over the most interesting parts of St. Louis. On the day before, we were also taken by bus to visit four of the loveliest private gardens for which St. Louis is so famous. At each of these gardens, tea and other refreshments were served. Fortunately for each of these trips the weather was glorious; no wind, not a cloud in the sky, and yet cool enough to be comfortable. The women had evidently ordered the weather in advance.

On Tuesday afternoon we were guests of the Women's Club, St. Louis University School of Medicine, at an exquisitely appointed tea. All visiting women were guests of the Woman's Auxiliary to the St. Louis Medical Society on Wednesday evening at a buffet supper served in the St. Louis Medical Society building. After the supper we enjoyed a motion picture, "The Quest of Alaska Seal Skin," and a fashion show. The final social events were a steamboat trip down the Mississippi River, and the annual "Bring Your Husband" dinner, and then we were ready to fold up our tents and bid farewell to our charming hostesses.

The Woman's Auxiliary to the Nebraska State Medical Society presented Mrs. Charles C. Tomlinson, national president, with a lovely silver bowl in appreciation of her work. Beautiful corsages and gorgeous floral bouquets were everywhere in abundance.

Officers elected for the coming year are as follows:

President—Mrs. Rollo K. Packard, Chicago, Illinois.

President Elect—Mrs. V. E. Holcombe, Charleston, West Virginia.

First Vice President—Mrs. David O. Thomas, New Kensington, Pennsylvania.

Second Vice President—Mrs. Otto C. Hagmeier, Seaside, Oregon.

Third Vice President—Mrs. M. B. Van Cleave, Terre Haute, Indiana.

Fourth Vice President—Mrs. W. K. West, Oklahoma City, Oklahoma.

Recording Secretary—Mrs. John Bauer, Long Island City, New York.

Treasurer—Mrs. E. E. Fisher, Portland, Oregon.

Directors

One year: Mrs. Charles C. Tomlinson, Omaha, Nebraska.

Mrs. J. C. Geiger, San Francisco, California.

Mrs. R. E. Mosiman, Seattle, Washington.

Mrs. E. W. Veal, Jacksonville, Florida.

Two years: Mrs. Frank N. Haggard, San Antonio, Texas.

Mrs. James D. Lester, Nashville, Tennessee.

Mrs. Claude L. Shields, Salt Lake City, Utah.

Chairmen of Standing Committees

Archives—Mrs. Herbert B. Henkel, Springfield, Illinois.

Exhibits—Mrs. Ily R. Beir, Atlantic City, New Jersey.

Finance—Mrs. James Blake, Hopkins, Minnesota.

Historian—Mrs. John J. Ryan, St. Paul, Minnesota.

Hygeia—Mrs. Eben J. Carey, Milwaukee, Wisconsin.

Legislation—Mrs. Arthur A. Herald, Shreveport, Louisiana.

Organization—Mrs. David W. Thomas, Lock Haven, Pennsylvania.

Parliamentarian—Mrs. James F. Percy, Los Angeles, California.

Press and Publicity—Mrs. James P. Simonds, Chicago, Illinois.

Printing and Supplies—Mrs. Frank E. Coffey, Hays, Kansas.

Program—Mrs. Walter F. Donaldson, Pittsburgh, Pennsylvania.

Public Relations—Mrs. R. E. Mosiman, Seattle, Washington.

Revisions—Mrs. Arthur B. McGlothlan, St. Joseph, Missouri.

Organization

By MRS. E. S. SCHMIDT
Green Bay

THE organization of a woman's auxiliary to a county medical society furnishes an opportunity to every doctor's wife to become well-informed about the problems which today confront the medical profession.

To form an auxiliary, the state chairman must obtain from the officers of the county medical society permission to organize. This question must be favorably voted upon at a regular meeting of the county medical society. When consent has been obtained, a local committee is appointed to call the doctors' wives to a meeting and an auxiliary is organized.

The president of the auxiliary will immediately request the county medical society to appoint, from its membership, an advisory committee to work with and advise the women in all projects undertaken by the new auxiliary.

There are at present twenty-seven auxiliaries in Wisconsin with a membership of 1,292 women. Since several auxiliaries are comprised of two or three counties, there are organizations in thirty-seven of the counties of Wisconsin.

Auxiliaries were organized this year in Trempealeau–Jackson–Buffalo, Wood, and Walworth Counties.

In accordance with the newly revised constitution, the State has been divided into four geographical divisions. A committee member, appointed by the chairman, will organize auxiliaries in each division. Under this plan we anticipate a substantial increase in the number of new auxiliaries during the coming year.

Fond du Lac

Mrs. Adolph M. Hutter of Fond du Lac was chosen president-elect of the Woman's Auxiliary to the Fond du Lac County Medical Society when an election of officers was held on May 26 at the home of Mrs. Henry E. Twohig of Fond du Lac.

Mrs. Twohig, who was chosen president-elect a year ago, will serve as president during the ensuing year. Other officers elected are Mrs. J. C. Yockey, secretary, and Mrs. L. J. Keenan, treasurer. Mrs. Twohig and Mrs. S. E. Gavin will act as delegates to the annual meeting in the fall, and Mrs. Hutter and Mrs. H. K. Guth, the latter of Waupun, were named alternate delegates.

As part of its philanthropic work, the Auxiliary voted to send five girls from different parts of the county to Camp Shaginappi this year.

After the business session, tea was served, Mrs. O. M. Layton and Mrs. W. C. Wojta pouring. Mrs. Layton, retiring president of the Auxiliary, was presented with a corsage.

This was the last meeting of the Auxiliary for the summer.

Kenosha

Peonies and poppies in bloom about the Kenosha Country Club formed a background for the annual June luncheon of the Woman's Auxiliary to the Kenosha County Medical Society. A variety of seasonal flowers decorated the U-shaped tables in the ballroom, where covers were laid for forty.

This time there were no yearly reports or any business meeting. The guests of honor were Mrs. Robert E. Fitzgerald, Milwaukee, president of the Woman's Auxiliary to the State Medical Society, and

Mrs. Frank Pope, Racine, president-elect of the State Auxiliary. Each spoke informally on the work of the organization and the program planned for the coming year.

Mrs. George Schulte, president of the local auxiliary, presided. Auction and contract bridge were played later in the afternoon. Mrs. C. M. Creswell, the social chairman, was in charge of the event, assisted by Mesdames Pifer, E. F. Andre, Leonard Rauen, and I. E. Bowing.

Outagamie

The Woman's Auxiliary to the Outagamie County Medical Society entertained Mrs. Robert E. Fitzgerald, Milwaukee, president of the Woman's Auxiliary to the State Medical Society, and Mrs. Eben J. Carey, Milwaukee, national Hygeia chairman, at a one o'clock luncheon and bridge party on May 25 at the home of Mrs. J. L. Benton of Appleton.

Plans were completed for the Auxiliary's guest day meeting and tea on June 5 at the Masonic Temple. The speaker was Mr. J. G. Crownhart, secretary of the State Medical Society of Wisconsin, who discussed his studies of medical problems in various European countries which he visited during a trip abroad in 1938.

Rock

A dinner meeting of the Woman's Auxiliary to the Rock County Medical Society was held at 6:30 Tuesday, May 23 at the home of Dr. and Mrs. T. W. Nuzum of Janesville. The program included the showing of colored motion pictures of Mexico by Mrs. Vincent W. Koch and several piano solos by Miss Florence Nuzum.

Sheboygan

The Woman's Auxiliary to the Sheboygan County Medical Society concluded its season's activities with a dessert-bridge on Wednesday, June 7, at the home of Mrs. C. J. Weber, Sheboygan. Mrs. L. M. Simonsen and Mrs. Otto Toenhart, both of Sheboygan, were assisting hostesses. Mrs. Paul Mason of Sheboygan, and Mrs. H. J. Hansen of Sheboygan Falls, won high honors.

Society Proceedings

Ashland—Bayfield—Iron

The Ashland–Bayfield–Iron County Medical Society met in Ashland on June 10. Dr. Walter P. Blount, Milwaukee, was the guest speaker, the subject of his address being "Prevention of Deformity in Children." Twenty-two members attended the meeting. Dr. Ruth Church, recently of Madison, was elected to membership in the society.

The society on June 10 assisted the Crippled Children Division of the Department of Public Instruction, Madison, in conducting a clinic for crippled children in Ashland. On June 14 the society sponsored a one-day conference on tuberculosis control, at which Dr. R. H. Stiehm, Madison, was the main speaker. Doctors, nurses, sanatorium administrators, county judges, county board members and tuberculosis workers from thirteen counties attended the conference.

Brown—Kewaunee—Door

The physicians and dentists of Brown, Kewaunee, and Door counties held their annual picnic on June 8 at Alaska Lake. Golf, baseball, horseshoe pitching and fishing occupied the doctors during the afternoon. In the evening they gathered at Hruska's resort for a chicken dinner, program and business meeting.

Clark

The Clark County Medical Society at its meeting on April 28, passed the following resolution which was introduced by Dr. R. R. Rath, Granton:

"Resolved that a resolution be introduced to the House of Delegates of the State Medical Society that any qualified, duly licensed, practicing physician-member of the state and county societies be allowed to practice in any tax-exempt hospital in Wisconsin."

The society has elected Dr. M. C. Rosekrans, Neillsville, delegate from Clark county to the House of Delegates of the State Medical Society. Dr. H. H. Christofferson, Colby, was elected alternate delegate.

At a meeting of the society on June 30, Dr. A. C. Edwards, Baraboo, spoke on "Planning for a Permanent County Tuberculin and Immunization Program."

Columbia—Marquette—Adams

The Columbia–Marquette–Adams County Medical Society met on June 20 at the Columbia Country Club. Dr. C. R. Marquardt, Milwaukee, addressed the group on "Diseases of the Genitourinary Tract." Dr. W. T. Clark, Janesville, was a guest at the meeting. Twenty members attended.

Dane

Madison physicians and dentists conducted "summer roundups" in sixteen Madison schools from May 22 to June 9. The object of the roundups, sponsored nationally by the National Congress of Parents and Teachers, is "to send to kindergarten a class of children as free as possible from remediable physical defects." Dr. H. Kent Tenney, representing the Dane County Medical Society, directed the program. He was assisted by Drs. Homer Carter and H. C. Johnson, several nurses and representatives of the parent-teacher council. Instructions were given to parents regarding medical care of their children and several hundred examinations were made of the children by both physicians and dentists.

Dodge

The Dodge County Medical Society met on May 25 at the Lutheran Deaconess Hospital in Beaver Dam. Dr. E. H. Mensing, Milwaukee, addressed the group on "Peritonitis and Its Treatment." At its meeting on June 29, the society was addressed by Dr. P. E. Gonce, Madison, on "Pyuria in Infants." The June meeting was held at St. Joseph's Hospital, Beaver Dam, where the physicians were dinner guests of the Sisters on the nursing and administrative staff of the hospital.

Douglas

The Douglas County Medical Society held its May meeting at the Androy Hotel, Superior. Mr. J. G. Crownhart, secretary of the State Medical Society, was the guest speaker. The topic of his discussion was "Medical Health Plans." At its meeting in Superior on June 7, the society heard Mr. J. C. Gamroth, Madison, who is WPA compensation director for Wisconsin, discuss compensation problems. Twenty-two members attended the June meeting; thirty-seven attended the May meeting.

Fond du Lac

The Fond du Lac County Medical Society sponsored a tuberculin skin-testing program in Fond du Lac recently, 16.8 per cent of those tested showing positive reactions. As a result of the tests, two high school students were sent to Sunny View sanatorium at Winnebago for observation and treatment during the summer months. The tuberculosis prevention program will be continued in the fall.

Green Lake—Waushara

The Green Lake–Waushara County Medical Society met on June 14 at the Berlin Memorial Hospital, Berlin, as guests of the hospital board. A large cake was presented to Dr. R. C. Darby of Redgranite in honor of his birthday, which occurred on June 14; Dr. and Mrs. A. A. Beck of Wautoma were asked to rise so that the group could congratulate them on their wedding anniversary, which fell on the meeting date; and Dr. Burt E. Scott, who retired from active practice July 1, was given a radio as a token of esteem from members of the society.

A scientific program followed the dinner, Dr. J. W. Harris, Madison, being the guest speaker. He discussed "Problems in Obstetrics."

Langlade

Physicians of Langlade county, cooperating with the Antigo Anti-Tuburculosis Association and the Antigo Parent-Teacher Association, recently sponsored a campaign for tuberculin skin-tests among high school students. About 980 students were tested and about seventy of the group showed positive reactions to the tests. The postive reactors are now receiving follow-up examinations by their family physicians. The parent-teacher association and the physicians of Antigo also held cancer prevention programs in six wards of the city during May.

Dr. J. W. Lambert, Antigo, councilor for the Thirteenth District of the State Medical Society of Wisconsin, recently gave a talk before the W.C.T.U. of Antigo on "The Evils of Alcohol." Dr. R. J. Portman, secretary of the Langlade County Medical Society, reports a large crowd heard Dr. Lambert's talk.

Marathon

The Marathon County Medical Society met in the Hotel Wausau, Wausau, on May 23. Following a 6:30 p.m. dinner, Dr. E. L. Sevringhaus, Madison, lectured on "Some Recent Advances in Endocrinology."

Milwaukee

The twelfth annual golf tournament of the Medical Society of Milwaukee County was held on June 22 at the North Shore Country Club, Milwaukee. On June 8, about 100 members of the society went to North Chicago as the guests of the Abbott Laboratories, to make a tour of the laboratories and hear a scientific program presented by laboratory physicians.

Oconto

The Oconto County Medical Society and the Oconto chapter of the American Red Cross conducted a free smallpox vaccination and diphtheria immunization program for infants and preschool children in the county during May. About eighty-five children were treated.

Outagamie

Members of the Outagamie County Dental Society were guests of the Outagamie County Medical Society at a dinner during May. After the dinner a motion picture dealing with the diagnosis and treatment of syphilis was shown.

Polk

Polk county officials and the Polk County Medical Society sponsored an immunization program dur-

ing May. A Polk county newspaper, the Frederic Leader, states: "Approximately 47 per cent of the school children had been previously protected from the two diseases (smallpox and diphtheria). With the 1939 totals, this percentage is raised to 65½ per cent for smallpox and 65 per cent for diphtheria."

At a meeting on May 18 at Balsam Lake, members of the Polk County Medical Society were the guests at dinner of Dr. W. A. Meilicke. A scientific program was held following the dinner, two physicians from the University of Minnesota, Minneapolis, discussing "Conduct of Labor" and "Acute Abdominal Conditions."

Pierce—St. Croix

The Pierce–St. Croix County Medical Society met in Hudson on May 18 with the pharmacists of Pierce and St. Croix counties. Dr. C. H. Rogers, dean of the College of Pharmacy, University of Minnesota, Minneapolis, spoke on "Interprofessional Relationships."

Following the meeting, the druggists met and organized the St. Croix–Pierce Counties Pharmacy Group, electing the following officers:

President—R. L. Hurd, Hammond
Vice-president—Ole Aamodt, Baldwin
Secretary–treasurer — A. O. Johnson, New Richmond

Eleven of the eighteen pharmacists in the two counties attended the meeting.

Rock

The Rock County Medical Society at its meeting on May 23 at Pinehurst Tuberculosis Sanatorium heard Dr. Owen Wangensteen, professor of surgery, University of Minnesota, Minneapolis, speak on "Surgical Treatment of Tuberculosis." Staff members of the sanatorium presented case reports as follows:

Four Cases of Childhood Tuberculosis—Dr. E. C. Hartman
Three Pneumothorax Cases—Dr. M. M. Baumgartner
Four Pneumolysis Cases—Dr. T. O. Nuzum
Three Thoracoplasty Cases—Dr. T. J. Snodgrass

Fifty-seven members and sixteen guests attended the meeting. Among the guests were Dr. T. L. Harrington of River Pines Sanatorium, Stevens Point; Dr. H. M. Coon, Statesan; and Dr. K. P. Hoel, Oak Sanatorium, Pewaukee.

The Rock county society held its last meeting of the season on June 27. Over fifty members attended. Guests speakers were Drs. Virgil S. Counseller and M. B. Dockerty of the Mayo Clinic, Rochester, Minnesota. They discussed "Unusual Ovarian Tumors."

Sheboygan

The Sheboygan County Medical Society met at Rocky Knoll Sanatorium on May 18. Sixty-five members were present. Following dinner, Dr. A. E. Rector, president of the State Medical Society spoke on "Modern Problems of Medicine."

On June 12, Dr. P. B. Mason, president of the society, and several society members appeared before Sheboygan aldermen to request free choice of physician for relief clients to replace the city physician system now in effect there.

Trempealeau—Jackson—Buffalo

The Trempealeau–Jackson–Buffalo County Medical Society met on May 11 in Independence. Features of this meeting were a talk by Mr. George B. Larson, assistant secretary of the State Medical Society, on "Voluntary Sickness Insurance Plans," and a report on the Secretaries' Conference in Madison by Dr. R. R. Richards, Blair.

On June 15 the society met in Black River Falls. Dr. H. E. Marsh of the Jackson Clinic, Madison, was the guest speaker. His topic was "Cardiac Irregularities—Their Diagnosis and Treatment." Dr. Kenneth Manz of Black River Falls was elected to membership in the society at its June meeting. Approximately fifteen members attended both meetings.

Walworth

The Walworth County Medical Society and the Walworth county board staged a campaign for the prevention of whooping cough during May. Parents with children from six months to three years of age were invited to bring the children to one of eleven cities in the county to receive whooping cough vaccine (given in three doses a week apart), and information was given to parents concerning the high mortality from this disease.

Washington—Ozaukee

Smith's Fish House, Port Washington, was the scene of the Washington–Ozaukee County Medical Society meeting on May 25. Dr. Ralph Sproule, Milwaukee, was the speaker of the evening. Moving pictures of South America were shown. Sixteen members attended the meeting.

Wood

The Wood County Medical Society met in Wisconsin Rapids on June 16. The following scientific program was presented:

Dislocation of Cervical Vertebrae—Drs. Rogers Garrison, Wisconsin Rapids, and Robert Mason, Marshfield
Buerger's Disease—Dr. K. H. Doege, Marshfield
Diabetic Gangrene—Dr. R. S. Baldwin, Marshfield
Equine Encephalomyelitis — Dr. L. M. Morse, Neillsville

Editor's Note.—Reports of the councilor district medical society meetings will appear in the August issue of the JOURNAL.

News Items and Personals

Dr. R. L. Klaeser, Oshkosh, was elected president of the Fox River Valley Dental Society at its 36th annual meeting in Neenah, June 5. Over 100 attended the banquet held by the group at which Mr. J. G. Crownhart, secretary of the State Medical Society of Wisconsin, spoke on problems in sickness insurance.

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Dr. E. H. Pawsat, Fond du Lac, was reappointed health officer and commissioner of Fond du Lac on May 23.

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Dr. L. J. Friend was named president of the Beloit Municipal Hospital staff, June 7. Other Beloit physicians elected to serve as officers were: Dr. Jessie P. Allen, vice president; Dr. Richard A. Thayer, secretary and treasurer; Drs. Thomas Flarity, H. A. Raube and H. E. Burger, members of the executive committee.

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"Climatic and Weather Influences in Health and Disease," was the subject of a lecture delivered on June 1, at the Service Memorial Institutes, Madison, by Dr. C. A. Mills, professor of experimental medicine, University of Cincinnati. The lecture was held under the auspices of the University of Wisconsin Medical School.

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Dr. and Mrs. Alf H. Gundersen, La Crosse, sailed on June 3 from New York City for Norway, where Dr. Gundersen will present a paper on surgery of the prostate gland before the Scandinavian Surgical Congress.

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Dr. Chester Kurtz, Madison, addressed the 104th annual meeting of the American Association for the Advancement of Science, June 20, on the treatment of high blood pressure.

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Physicians from eleven Wisconsin and Michigan cities attended a three-day conference of the Wisconsin Y.M.C.A. at Camp Manitowish, Boulder Junction, June 20–22, inclusive. Wisconsin representatives included: Drs. M. J. Peterman, Milwaukee; J. K. Trumbo, Wausau; L. H. Copps, Marshfield; Ralph Sproule, Milwaukee; Erwin Schmidt, Madison; R. H. Fredericks, West Allis; Roe Baker, Tomahawk; Paul Lieberthal, Ironwood; D. M. Gallagher, Appleton; and Thomas G. Torpy, Minocqua.

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The Jackson Clinic–Methodist Hospital Alumni Association held its annual reunion and scientific meeting at the Methodist Hospital, Madison, June 2–3.

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Dr. Frank F. Bowman was elected health officer of Madison for a two-year term on June 1.

At a meeting of the staff of the Evangelical Deaconess Hospital, Monroe, on June 2, the following Monroe physicians were elected officers:

President—L. A. Moore
Vice president—D. D. Ruehlman
Secretary–treasurer—W. B. Gnagi, Jr.

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The physicians of West Bend and surrounding territory met at St. Joseph's Community Hospital recently for the purpose of organizing a staff. The following West Bend physicians were elected as permanent officers and appointed to draw up a constitution and by-laws:

President—A. H. Heidner
Vice-President—H. Meyer Lynch
Secretary—S. J. Driessel

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Dr. A. J. Wagner, Brillion, has been taking postgraduate work in diseases of the eye, ear, nose and throat in Chicago and in Martinsville, Indiana.

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The Marquette University School of Medicine, on June 9, conferred on Dr. Irvin Abell, retiring president of the American Medical Association, the degree of Doctor of Laws. In presenting the degree Father McGrath, regent of the Marquette University Graduate School, said:

> Irvin Abell, a graduate of St. Mary's College, a Doctor of Medicine of Louisville Medical College, a postgraduate student in the University of Berlin, recipient of the Laetare Medal in 1938, professor of surgery at Louisville University since 1904, fellow of the American College of Surgeons and the American Surgical Association, who, by his long and distinguished service to the field of medicine and particularly by the capable and efficient administration of his office as president of the American Medical Association in 1938–1939, when that organization was confronted with most difficult problems concerned with basic social principles of the practice of medicine, is entitled to the Degree of Doctor of Laws, honoris causa.

Prior to receiving the degree, Dr. Abell was the guest of honor at a testimonial dinner given by the University's Medical School and the Epsilon Chi chapter of Phi Chi, medical fraternity, held at the Schroeder Hotel, Milwaukee.

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Dr. Burt E. Scott, Berlin, retired from active practice on July 1. To eulogies in Milwaukee and Berlin papers concerning his work in the thirty-eight years he served Berlin as physician, surgeon and health commissioner, Dr. Scott replied: "A doctor is a poor stick if he doesn't accomplish something when he has the opportunity."

The 24th annual convention of the Catholic Hospital Association of the United States and Canada was held in Milwaukee, June 12–16. Approximately 1,500 members, representing some 900 hospitals attended the general sessions and the fifteen sectional meetings which dealt with problems concerning medical service, organization and training of hospital personnel, legislation affecting hospitals, and group insurance plans.

Several Milwaukee physicians spoke on medical topics in the course of the convention. They included Drs. Lemuel D. Smith, Hugh A. Cunningham, Marcos Fernan-Nunez, Eben J. Carey, and John L. Garvey. Dr. G. L. Bellis, Elcho, former head of Muirdale Sanatorium, Milwaukee, spoke on the treatment of tuberculosis in general hospitals. Dr. Rock Sleyster, Wauwatosa, president of the American Medical Association, and Dr. A. E. Rector, president of the State Medical Society of Wisconsin, also appeared on the program.

Among recommendations made for the improvement of medical service, were three concerning cancer control. It was proposed (1) To set up tumor clinics for the early recognition and treatment of cancer; (2) To establish hotel-like annexes for the care of ambulant patients to reduce the costs of treatment; (3) To create cancer clinics, wherever possible, with the aid of federal funds.

Rev. Alphonse M. Schwitalla, S. J., St. Louis, was again elected president of the association. Referring to the Wagner Health Bill, discussed on page 574 of this issue of The Journal, Father Schwitalla said: "We have no quarrel with the raising of health standards or the doing of necessary work. We have no objection to the expenditure of federal money where it is needed. What we do object to is that the bill is so drawn that all the private work of the past, and all the possibilities that this work holds for the future, are ignored." Other speakers on the program called for cooperation between private and government health agencies and said the movement toward a political, tax-supported system of charity must stop "if the American way is to be saved."

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Dr. W. H. Finney, Clintonville, recently attended the 40th annual reunion of the class of 1899, Northwestern University Medical School, Chicago. Thirteen of the thirty-two surviving members of the class attended the reunion.

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Mr. A. M. Simons of the Bureau of Medical Economics, American Medical Association, and Mr. J. G. Crownhart, secretary of the State Society, Madison, were speakers at a picnic staged by the physicians, dentists and lawyers of Jefferson county on June 22.

Dr. Philip H. Halperin, Madison, and Dr. Casimir F. Park, Milwaukee, were awarded Master of Science degrees by the University of Pennsylvania at commencement exercises at the University, June 14.

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Dr. Henry J. Gramling, Milwaukee, secretary of the Wisconsin State Board of Medical Examiners, in a speech before the Wisconsin Practitioners of Massage and Hydrotherapy, Inc., Milwaukee, June 18, urged members of the organization to prohibit unethical quacks from posing as scientifically trained masseurs. Dr. E. V. Brumbaugh, deputy Milwaukee health commissioner, also addressed the group.

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The medical and lay personnel of tuberculosis sanatoriums from thirteen northern Wisconsin counties held a one-day conference in Ashland on June 14.

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Dr. H. R. Fehland, Wausau physician and surgeon, discussed "Life Insurance from the Layman's Point of View," at a meeting of the Wisconsin State Association of Life Underwriters held in Wausau, June 14. Almost 350 members of the association attended the meeting.

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Dr. A. L. Farnsworth, Baraboo surgeon, was feted by relatives and friends on May 28, in honor of his seventy-third birthday anniversary.

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The New York Polyclinic Medical School and Hospital is inaugurating a combined full time course in urology, covering an academic year (8 months), on October 1, 1939. It will comprise instruction in pharmacology; physiology; embryology; bio-chemistry; bacteriology and pathology; practical work in surgical anatomy and urological operative procedures on the cadaver; regional and general anesthesia (cadaver); office gynecology; proctological diagnosis; the use of the ophthalmoscope; physical diagnosis; roentgenological interpretation; electrocardiographic interpretation; dermatology and syphilology; neurology; physical therapy; continuous instruction in cysto-endoscopic diagnosis and operative instrumental manipulation; operative surgical clinics; demonstrations in the operative instrumental management of bladder tumors and other vesical lesions as well as endoscopic prostatic resection.

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The city of Evansville, named for Dr. J. M. Evans, Sr., who began his medical practice there in 1845, held a four-day centennial celebration July 2, 3, 4 and 5. Dr. J. M. Evans, Jr., who died in January, 1918, followed his father in practice in Evansville; his son, Dr. Richard Evans, is now an internist in Los Angeles, California. Included in the parade held during the celebration were the seven original parade wagons of the Ringling Brothers' circus, now owned by Dr. W. A. Munn of Janesville.

The Section on Radiology of the State Medical Society, at its meeting in Madison during May, elected the following officers:

Chairman—Dr. James A. Evans, La Crosse
Vice-chairman—Dr. G. S. Reynolds, Eau Claire
Secretary-treasurer — Dr. Russell F. Wilson, Beloit

The section selected La Crosse as its meeting place in 1940.

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Dr. Otto V. Pawlisch, Reedsburg, was appointed coroner of Sauk county by Governor Heil on June 21. He succeeds Dr. R. L. Fenton, Baraboo, who resigned from the office when he moved to Centerville, Iowa, where he will practice medicine.

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Dr. C. L. Ingwell, Deerfield, has opened an office in Cottage Grove where he will see patients on Tuesday, Thursday and Friday of each week.

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Dr. R. K. Pomeroy, formerly of Dayton, Washington, and the Mayo Clinic, Rochester, Minnesota, is now associated in practice with Dr. A. H. Barr of Port Washington.

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Dr. John S. Taugher has moved to Waukesha to take over the practice of the late Dr. H. F. Kenny. Dr. Taugher, since his graduation from Marquette University School of Medicine in 1933, has practiced in Milwaukee.

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Dr. E. O. Niver has opened an office for the practice of medicine in Eau Claire. Dr. Niver, a graduate of Western Reserve University School of Medicine, Cleveland, Ohio, class of 1931, has been connected with the Wisconsin State Board of Control and served as resident physician for several years in psychopathic hospitals in Cleveland, Ohio, and Galveston, Texas.

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The Central Wisconsin Association of Ophthalmology and Otolaryngology met on June 4 in Oshkosh. Dr. R. O. Ebert, president of the association, presided at the meeting which was attended by about thirty-five physicians.

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At a recent meeting of the Madison General Hospital staff, the following Madison physicians were elected to serve as officers for the coming year: C. O. Vingom, president; E. S. Sullivan, vice-president; C. G. Reznichek, secretary; Eugene M. Juster, treasurer; W. J. Ganser, C. S. Harper and H. L. Greene, members of the executive committee.

ADVISE YOUR PATIENTS . . .

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday
WEAU, Eau Claire—1:45 p.m., Monday, Wednesday and Friday
WHBY, Green Bay—7:30 p.m., Monday; 7:15 p.m., Wednesday; 7:15 p.m., Friday
WLBL, Stevens Point—11:15 a.m., Wednesday
WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday
WIBU, Poynette—8:00 p.m., Tuesday and Thursday

University of Wisconsin Medical School to Conduct Institute. — The University of Wisconsin Medical School is to conduct an Institute for the Consideration of the Blood and Blood-Forming Organs, September 4–6, 1939. The program is to include papers and round-table discussions by European and American workers in the field of hematology. In addition to the discussions, the following formal papers are to be presented:

Dr. L. J. Witts, Oxford, England, Anemias Due to Iron Deficiency.
Dr. Cecil J. Watson, Minneapolis, The Porphyrins and Diseases of the Blood.
Dr. Cornelius P. Rhoads, New York, Aplastic Anemia.
Dr. E. Meulengracht, Copenhagen, Denmark, Some Etiological Factors in Pernicious Anemia and Related Macrocytic Anemias.
Dr. Harry Eagle, Baltimore, The Coagulation of Blood.
Dr. George R. Minot, Boston, Anemias of Nutritional Deficiency.
Dr. Russell L. Haden, Cleveland, The Nature of the Hemolytic Anemias.
Dr. Jacob Furth, New York, Experimental Leukemia.
Dr. Claude E. Forkner, New York, Monocytic Leukemia and Aleukocythemic Leukemia.
Dr. Edward B. Krumbhaar, Philadelphia, Hodgkin's Disease.
Dr. Louis K. Diamond, Boston, The Erythroblastic Anemias.
Dr. Edwin E. Osgood, Portland, Marrow Cultures.
Dr. Charles A. Doan, Columbus, The Reticulo-Endothelial System.
Prof. Hal Downey, Minneapolis, Infectious Mononucleosis.
Dr. Paul Reznikoff, New York, Polycythemia.

Physicians and others who are interested are cordially invited. A detailed program may be obtained by addressing Dr. Ovid O. Meyer, chairman of Program Committee, University of Wisconsin Medical School, Madison.

The Wisconsin Heart Club met in Marshfield, May 27, for its semi-annual conference. Physicians from Madison, Milwaukee, La Crosse and Marshfield attended the conference.

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Dr. George Reay, La Crosse, was elected president of the Wisconsin State Board of Medical Examiners at its meeting June 27–30 in Milwaukee. Dr. Reay succeeds Dr. C. H. Cremer, Cashton, to the office. Dr. H. J. Gramling, Milwaukee, was reelected secretary of the board.

The board, at this meeting, conducted 146 examinations of applicants to practice medicine in Wisconsin. It also took under advisement a request from the Wisconsin Practitioners of Massage and Hydrotherapy to approve plans for a school of physiotherapy to be established in Milwaukee.

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Mrs. Roa Kraft Meuer of the Photoart House, Milwaukee, conducted an eight-day still and movie camera tour of New York City and the Fair during June. The Photoart House obtained a permit for members of the tour to photograph subjects in the various foreign buildings and Mrs. Meuer advised them regarding the use of their cameras and equipment in obtaining good pictures. The Photoart House is planning a similar tour in August. Those interested may obtain information concerning it by writing The Photoart House, 844 North Plankinton Avenue, Milwaukee, Wisconsin.

BIRTHS

A son, David Chase, to Dr. and Mrs. Raymond C. Warner, Milwaukee, on May 26.

A son to Dr. and Mrs. C. G. Reznichek, Madison, on June 6.

A son to Dr. and Mrs. R. H. Stiehm, Madison, on May 27.

A son to Dr. and Mrs. William Clark, Oshkosh, on June 19.

A son to Dr. and Mrs. Clayton Ingwell, Deerfield, on June 23.

A son to Dr. and Mrs. Leo M. Peters, Milwaukee, on June 22.

A daughter to Dr. and Mrs. C. J. Radl, Wisconsin Dells, on May 9.

MARRIAGES

Dr. C. M. Strand, Westby, and Miss Eunice Lien, Rio, on June 17.

Dr. Ervin Hansher, Milwaukee, and Miss Harriet E. Kesselman, Milwaukee, on June 25.

Dr. Herman C. Schmallenberg, New London, and Miss Dorothy Ehlke, Appleton, on June 25.

DEATHS

Dr. Tonnes O. Ries, Luck, died on May 28 from injuries received in an automobile accident. He was sixty years of age.

Dr. Ries was born in Norway. He was graduated from the Milwaukee Medical College in 1911 and, after completing his internship in the Deaconess Hospital, Minneapolis, he began the practice of his profession in Luck. He had completed twenty-eight years of practice in that village at the time of his death.

Dr. Ries was a member of the Polk County Medical Society, having been elected to membership in 1927. The society attended his funeral in a group, the following members being active pallbearers: Drs. W. C. Andrews, Frederic; L. V. Bergstrom, Milltown; K. K. Ford, Amery; K. F. Johnson, Frederic; D. A. Maas, Webster; and L. O. Simenstad, Osceola. Dr. Sidney S. Scherling, Taylors Falls, Minnesota, was also an active pallbearer.

Dr. Ries was a member of the State Medical Society of Wisconsin and a Fellow of the American Medical Association. He is survived by his widow, two daughters and a son.

Dr. J. W. McGrath, formerly of Milwaukee, died in a Milwaukee hospital on May 13. For the past five years Dr. McGrath had made his home near Monches.

Dr. McGrath was born in 1874 in the vicinity of Monches. He was graduated from the Milwaukee Medical College in 1910 and practiced his profession for many years in Milwaukee. He is survived by his widow, five sons and a daughter.

Dr. Henry G. B. Nixon, Hartland, died suddenly of a heart attack on May 19 after spending the day attending patients.

Dr. Nixon was born in 1865 in Ontario, Canada, where he received his elementary education. At the age of sixteen years he began the study of medicine at the Detroit College of Medicine and Surgery. He was graduated from that college in 1887. In the same year he opened an office for the practice of medicine in Hartland and there he resided for the remainder of his life, serving as physician, health officer, member of the board of education and leader in many civic activities.

He was a member of the Waukesha County Medical Society, having joined the society in 1914. He was a member of the State Medical Society of Wisconsin and a Fellow of the American Medical Association. He is survived by his widow.

Dr. Aart Van Westrienen, Kenosha, died on May 30 in a Kenosha hospital following a short illness. He was seventy years of age and had practiced his profession in Kenosha for forty years.

Dr. Van Westrienen was born in Grand Haven, Michigan. He was graduated from the University of Michigan Medical School in 1899 and in the same year he began practice in Kenosha.

He was a member of the Kenosha County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, one son and two daughters.

Dr. C. E. Ryan, Appleton, died on June 4 of a heart attack suffered while he was assisting with an obstetrical case.

Dr. Ryan was born in 1870 and was graduated from Louisville Medical College in 1902. Following his graduation he moved to Appleton and remained in active practice there up to the day of his death, a period of thirty-seven years.

Dr. Ryan was a member of the Outagamie County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association. He is survived by his widow.

Dr. Frederick T. Gorton, Portage, died on June 16, after an illness of about four years. He was eighty years of age.

Dr. Gorton was graduated from Hahnemann Medical College and Hospital, Chicago, in 1883. He had practiced medicine for fifty-six years in Portage when he retired some four years ago.

The doctor was a member of Columbia–Marquette–Adams County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association.

Dr. Bern S. Schoenkerman, Milwaukee, died on May 18 from injuries received in an automobile accident on May 8. He was graduated from the St. Louis College of Physicians and Surgeons in 1923 and thereafter practiced medicine in Milwaukee for seventeen years. Previous to studying medicine, Dr. Schoenkerman was employed as a pharmacist.

Dr. Johanna M. Droppers, pioneer woman physician of Milwaukee, died June 12 at her home after an illness of two weeks. She was seventy-five years of age.

Dr. Droppers was graduated from Northwestern University Woman's Medical School, Chicago, in 1893. With the exception of eight years which she spent in Los Angeles, Dr. Droppers practiced in Milwaukee. She is survived by several nieces and nephews.

SOCIETY RECORDS

New Members

H. A. Frank, Neillsville.
M. F. Drozewski, 2950 S. 13th St., Milwaukee.
J. M. Robbins, 1445 S. 32nd St., Milwaukee.
K. F. Manz, Black River Falls.
B. R. Walske, Independence.

Reinstated Members

A. H. Brusky, Green Bay.

Changes in Address

J. A. Roth, La Crosse, to 511 E. First North St., Carlinville, Illinois.

R. L. Fenton, Baraboo, to Centerville, Iowa.

C. B. Pope, North Freedom, to 136½ Third St., Baraboo.

CORRESPONDENCE

CONCERNING CONTROL OF MEDICINE

The University of Wisconsin
State of Wisconsin General Hospital

Madison, June 6, 1939.

Mr. J. George Crownhart, Secretary
State Medical Society of Wisconsin
Madison, Wisconsin
Dear Mr. Crownhart:

I am attaching a copy of the column which I have appearing in the Daily Cardinal, the student newspaper here on the campus at the University of Wisconsin. Realizing that the American Medical Association and the state and county societies are constantly receiving considerable criticism in spite of their excellent efforts, I felt that it might be well to attempt to counteract some of this feeling by approaching the student body with such information.

I thought you might be interested in it.

Yours very sincerely
LLEWELLYN R. COLE, M.D.,
Director.

The column referred to in Dr. Cole's letter, which appeared in the Daily Cardinal for June 3, 1939, is reprinted below:

HEALTH HINTS

By LLEWELLYN R. COLE, M.D.,
Director, Department of Student Health

Concerning Control of Medicine

During the past few years there has been increasing attention given this matter of medical practice and medical economics. Criticisms of the medical profession have been appearing as never before, and cooperative plans of practice and hospital care have appeared. The medical profession as a group and an organization has felt that a great deal of this criticism and many of the suggested plans for practice have been ill considered, and in not a few instances the criticism has been grossly unjust and unfair.

The great bulk of physicians have studied medicine with no idea of making fortunes and are ever willing to respond to calls of all descriptions, at any hour of the day or night, Sundays or holidays, with no other thought in mind except to give aid to the suffering. There is no thought of, "Now, when will I get my money?" or, "He can't pay, so I won't go" and so I might go on. Doctors are famous for having their bills paid last. Medical men have donated time and care that would have cost the public untold millions of dollars, with no fanfare or blare of trumpets, and often with hardly a passing word of thanks even from those to whom the services have been rendered.

Medicine has been gradually organized and the national organization is the American Medical Association, which includes the majority of physicians in the United States. Each state has an organization and the counties within the borders of the state have their smaller county groups. The county groups have medical meetings on an average of once per month and present, for the benefit of their membership, scientific programs of current interest and of considerable educational value. Doctors, who work long hours (and usually harder than the majority of other members of the community) are quite faithful in attendance at these meetings and are earnestly searching for new ideas for the relief of pain and suffering, for current information concerning the prevention and cure of diseases such as cancer, pneumonia, heart disease and many, many others.

In these county organizations there is usually a small group of individuals that does most of the work, spending a great portion of their individual energy and time to make a success of the enterprise. In our own Dane County Society such well known physicians as Dr. Arthur G. Sullivan (president of the society), Dr. J. Newton Sisk, Dr. C. O. Vingom, and Dr. J. S. Supernaw are giving or have given generously of their time and energy. Such men as these, as well as a number of others, carry the bulk of the work and consequently bear the brunt of the criticism which comes from the public, not fully cognizant of the profession's problems.

The American Medical Association has been of inestimable service to the public in weeding out medical schools of inferior rank. It has, by sheer force, raised the standards of medical education and the physician graduated from medical school today is far better prepared to care for human health than he was 25 years ago. The American Medical Association has stopped the "diploma mill" racket. It has seen to it that hospital standards have been brought up from their former Middle Ages standards to their present day efficiency and cleanliness. The medical profession has led public thought and opinion, against great odds in many instances, to make these changes and improvements, but still the public is becoming increasingly critical of the profession.

Socialized or public medicine has attracted the public eye during the past few years and there has been an ever-increasing demand for "something for nothing." Fly-by-the-night schemes, which promise much for little, spring up every few days and the public is dazzled by the anticipated benefits and promises without looking into the matter with a critical eye.

Rather than damning the county, state and national medical organizations and indulging in personalities, the public should thank these societies for "putting the brakes on". The county and state society officers come in for frequent criticism because of the manner in which the medical profession is run, but I know of no one better qualified to run the medical profession than the medical profession! Be thankful for such well informed physicians as Dr. Sullivan, Dr. Sisk, Dr. Supernaw, who symbolize the many others throughout the state and nation, and who devote much of their time to careful and thorough analysis of medical schemes and suggestions, with the single purpose of improving medical practice and increasing its availability to those "who live on the other side of the tracks."

A CONFIRMATION

District Sanitary Unit
State Board of Health

Neillsville, Wisconsin, June 17, 1939.

Mr. J. G. Crownhart
Managing Editor
Wisconsin Medical Journal
Madison, Wisconsin
Dear Mr. Crownhart:

In the June, 1939, issue of the Wisconsin Medical Journal there appeared our paper, entitled "Equine Encephalomyelitis in Man; a Report of Three Questionable Cases." I (L.M.M.) wish to state that even if no neutralization tests were obtained, we still were of the opinion that, clinically, we were dealing with equine encephalitis. This conclusion was reached following a conference with Drs. A. J. Chesley and R. N. Barr, the Health Commissioner and Assistant Health Commissioner, respectively, of the State of Minnesota, who visited the district health office shortly after the data on the three cases reported were compiled. The Minnesota Department of Health, since the summer of 1934, definitely has known equine encephalitis to occur in man. It was very prevalent during the summer of 1937. It was at the suggestion of Dr. Chesley that the serum from the recovered case was submitted to the Rockefeller Institute and the U.S. Public Health Service. A preliminary report from the Rockefeller Institute showed "no neutralization for either the eastern or western strain of equine virus."

On June 5, 1939, a subsequent report from Dr. Charles Armstrong, of the U.S. Public Health Service, states, "The serum submitted by you on December 20, 1938, has been tested for antibodies capable of neutralizing the virus of equine encephalomyelitis, western type, and gave what we consider to be positive results."

Apparently this establishes the western strain of equine virus and, with the laboratory facilities that will soon be available for virus studies with Dr. Stovall, we no doubt will obtain additional valuable information.

Very truly yours,

B. F. Johnson, M.D.,
Mondovi, Wisconsin,

L. M. Morse, M.D.,
District Health Officer.

MEMBERS—1939 HOUSE OF DELEGATES

Society	*Delegate*	*Alternate*
Ashland–Bayfield–Iron	F. D. Weeks, Ashland	J. W. Prentice, Ashland
Barron–Washburn–Sawyer–Burnett	A. S. White, Rice Lake	A. T. Hume, Chetek
Brown–Kewaunee–Door	P. R. Minahan, Green Bay	W. W. Kelly, Green Bay
	O. A. Stiennon, Green Bay	W. E. Leaper, Green Bay
Calumet	J. W. Goggins, Chilton	N. J. Knauf, Chilton
Chippewa	C. N. B. Hatleberg, Chippewa Falls	A. W. Overgard, Stanley
Clark	M. C. Rosekrans, Neillsville	H. H. Christofferson, Colby
Columbia–Marquette–Adams	H. E. Gillette, Pardeeville	H. M. Caldwell, Columbus
Crawford	C. A. Armstrong, Prairie du Chien	E. T. Ackerman, Gays Mills
Dane	L. W. Peterson, Sun Prairie	Louis Fauerbach, Madison
	J. N. Sisk, Madison	M. J. J. Coluccy, Madison
	W. D. Stovall, Madison	A. T. Smedal, Stoughton
	A. R. Tormey, Madison	S. A. McCormick, Madison
Dodge	A. G. Hough, Beaver Dam	W. E. Bargholtz, Reeseville
Douglas	T. J. O'Leary, Superior	C. W. Giesen, Superior
Eau Claire–Dunn–Pepin	E. L. Mason, Eau Claire	P. A. Quilling, Menomonie
Fond du Lac	D. J. Twohig, Fond du Lac	J. C. Devine, Fond du Lac
Forest	E. G. Ovitz, Laona	G. W. Ison, Crandon
Grant	C. H. Andrew, Platteville	H. E. Fillbach, Hazel Green
Green	H. O. Schneider, Monroe	L. E. Creasy, Monroe
Green Lake–Waushara	A. J. Wiesender, Berlin	G. E. Baldwin, Green Lake
Iowa	W. P. Hamilton, Dodgeville	H. D. Ludden, Mineral Point
Jefferson	W. S. Waite, Watertown	G. E. Eck, Lake Mills
Juneau	A. R. Kaufman, Mauston	
Kenosha	G. C. Schulte, Kenosha	W. C. Stewart, Kenosha
La Crosse	J. A. Roth, La Crosse	Alf Gundersen, La Crosse
Lafayette	(has not reported)	
Langlade	L. A. Steffen, Antigo	Wm. P. Curran, Antigo
Lincoln	F. C. Lane, Merrill	R. G. Baker, Tomahawk
Manitowoc	E. C. Cary, Reedsville	T. H. Rees, Manitowoc
Marathon	S. M. B. Smith, Wausau	E. E. Flemming, Wausau
Marinette–Florence	J. W. Boren, Marinette	A. T. Nadeau, Marinette
Milwaukee	Norbert Enzer, Milwaukee	S. A. Baranowski, Milwaukee
	L. W. Hipke, Milwaukee	Eben J. Carey, Milwaukee
	R. P. Sproule, Milwaukee	Irwin Schulz, Milwaukee
	C. M. Echols, Milwaukee	Benjamin Lieberman, Milwaukee
	Charles Fidler, Milwaukee	L. M. Wieder, Milwaukee
	Wm. A. Ryan, Milwaukee	J. L. Garvey, Milwaukee
	F. W. Mackoy, Milwaukee	R. E. Galasinski, Milwaukee
	A. R. Langjahr, Milwaukee	Bernard Krueger, Cudahy
	H. O. McMahon, Milwaukee	D. F. Pierce, Hales Corners
	H. J. Gramling, Milwaukee	C. M. Schoen, Milwaukee
	J. W. Smith, Milwaukee	W. J. Scollard, Milwaukee
	W. F. Grotjan, Milwaukee	S. E. Biller, Milwaukee
Monroe	A. R. Bell, Tomah	G. C. Devine, Ontario
Oconto	(has not reported)	
Oneida–Vilas	W. S. Bump, Rhinelander	I. E. Schiek, Rhinelander
Outagamie	C. D. Neidhold, Appleton	G. W. Carlson, Appleton
Pierce–St. Croix	A. E. McMahon, Glenwood City	C. A. Dawson, River Falls
Polk	L. O. Simenstad, Osceola	W. B. Cornwall, Amery
Portage	E. E. Kidder, Stevens Point	A. G. Dunn, Stevens Point
Price–Taylor	J. D. Leahy, Park Falls	H. B. Norviel, Phillips
Racine	R. M. Kurten, Racine	T. C. Hemmingsen, Racine
Richland	George Parke, Viola	Gideon Benson, Richland Center
Rock	W. J. Allen, Beloit	H. A. Raube, Beloit
	W. A. Munn, Janesville	W. T. Clark, Janesville
Rusk	L. M. Lundmark, Ladysmith	M. L. Whalen, Bruce
Sauk	A. C. Edwards, Baraboo	M. F. Huth, Baraboo
Shawano	A. A. Cantwell, Shawano	F. L. Litzen, Gresham
Sheboygan	C. J. Weber, Sheboygan	(none elected)
Trempealeau–Jackson–Buffalo	R. L. MacCornack, Whitehall	F. T. Weber, Arcadia
Vernon	W. M. Trowbridge, Viroqua	W. H. Remer, Chaseburg
Walworth	E. D. Sorenson, Elkhorn	T. L. Jacobson, Delavan
Washington–Ozaukee	O. J. Hurth, Cedarburg	J. G. Hoffmann, Hartford
Waukesha	H. A. Peters, Oconomowoc	J. C. Hassall, Oconomowoc
Waupaca	A. M. Christofferson, Waupaca	J. H. Murphy, Clintonville
Winnebago	A. G. Koehler, Oshkosh	J. P. Canavan, Neenah
Wood	Karl Doege, Marshfield	F. X. Pomainville, Wis. Rapids

Ninety-Eighth Anniversary Meeting to Be Held in Milwaukee September 13, 14 and 15

THE ninety-eighth anniversary meeting of the State Medical Society of Wisconsin will be held in Milwaukee, September 13, 14 and 15. The program this year will emphasize the problems of "the man in the field."

In choosing men to discuss these problems, Dr. Eben J. Carey, Milwaukee, member of the Council on Scientific Work in charge of the program, looked to those well-seasoned and internationally known among Wisconsin practitioners and research workers and to those qualified ably to discuss the Wisconsin physician's problems in terms of Wisconsin practice. A glance through the program, which will appear in full in the next issue of The Journal, will reveal not only Dr. Carey's judicious blending of Wisconsin medical talent, but the brilliance and strength of that talent.

Over twenty physicians from Illinois, Iowa, Minnesota and Missouri will assist Wisconsin physicians with the program. They include:

Dr. Harry S. Gradle, professor of ophthalmology (extra mural) Northwestern University Medical School, Chicago.

Dr. Eugene Cary, senior obstetrician, St. Luke's Hospital, Chicago.

Dr. E. W. Ryerson, formerly professor of orthopedic surgery, Northwestern University Medical School, Chicago.

Dr. A. R. Elliott, clinical professor of medicine, Rush Medical College, University of Chicago, Chicago.

Dr. Harry Culver, associate professor of genitourinary surgery, Northwestern University Medical School, Chicago.

Dr. C. F. Read, superintendent of Elgin State Hospital, Elgin, Illinois.

Dr. A. W. Erskine, president, Iowa State Medical Society, Cedar Rapids, Iowa.

Dr. E. L. Tuohy, past-president, Minnesota Society of Internal Medicine, Duluth, Minnesota.

Dr. A. E. Brown, assistant professor of medicine, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota.

Dr. Harry E. Mock, associate professor of surgery, Northwestern University Medical School, Chicago.

Dr. Henry P. Wagener, associate professor of ophthalmology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota.

Dr. August A. Werner, assistant professor of internal medicine, St. Louis University School of Medicine, St. Louis.

Dr. Gilbert J. Thomas, associate clinical professor of urology, University of Minnesota Medical School, Minneapolis, Minn.

Dr. Arthur H. Curtis, professor of obstetrics and gynecology, Northwestern University Medical School; president, Institute of Chicago, Chicago.

Dr. Thomas J. Dry, Mayo Clinic, Rochester, Minn.

Dr. Willard D. White, president, Minneapolis Surgical Society, Minneapolis.

Dr. Archibald H. Beard, assistant professor of medicine, University of Minnesota Medical School, Minneapolis.

Dr. Samuel Pearlman, associate clinical professor of otology, rhinology and laryngology, Loyola University School of Medicine, Chicago.

Dr. Arthur W. Proetz, professor of clinical otology and laryngology, Washington University School of Medicine, St. Louis.

House of Delegates

The House of Delegates will meet early Tuesday evening, September 12, for a long session. Subsequent sessions will be held on Wednesday evening, September 13, and on Thursday morning, September 14. Officers for 1939–1940 will be elected at the Thursday morning session.

Councilors will be nominated from the floor at the session on Tuesday evening, September 12, to fill the vacancies caused by the expiration of the terms of the following councilors:

H. P. Bowen	First District
F. W. Pope	Second District
F. G. Johnson	Eleventh District
Jos. Lettenberger	Twelfth District
R. P. Sproule	Twelfth District

The nominations for councilors made on Tuesday evening will lie on the table until the election of officers on Thursday morning, at which time the House also will select a new president-elect, a speaker to succeed Dr. J. N. Sisk, Madison, a vice-speaker to succeed Dr. R. M. Kurten, Racine, a state dele-

gate to the American Medical Association to succeed Dr. J. F. Smith, Wausau, and alternate delegates to succeed Drs. C. W. Giesen, Superior, and H. H. Christofferson, Colby (resigned). Nominees for delegate and alternate delegate to the American Medical Association must have been Fellows of the Association for the two years preceding the date of election. "Hold-over" delegates to the American Medical Association are Dr. S. E. Gavin, Fond du Lac; Dr. J. C. Sargent, Milwaukee; and, as alternate, Dr. S. J. Seeger, Milwaukee.

At its session on Thursday morning the House will receive several minor amendments to the By-Laws of the State Medical Society, including those suggested by the Council and one offered by the delegate from the Marathon County Medical Society as a result of action of that society, October 24, 1938, by resolution. The Marathon county society amendment proposes amendments to the By-Laws to provide that all nominations of officers be made from the floor and the committee on nominations abolished. The Marathon county society resolution follows:

WHEREAS, The officers of the State Medical Society are now nominated by a so-called nominating committee which is composed of one delegate from each councilor district and said delegate is appointed by the various delegates representing the counties from that district.

AND WHEREAS, This method of appointing the nominating committee fails to give the delegates a proper opportunity to think over and express their choice—and does not give the various individual members of the County Societies an opportunity to make known their choice of candidates for the offices to be filled.

AND WHEREAS, The action of the nominating committee has, several times in the past, been questioned as to the manner in which the nominations were made.

AND WHEREAS, It is firmly believed by a large number of the members of the State Medical Society that the present system is unfair, undemocratic and out of date.

AND WHEREAS, The method of nominating from the floor is used by the American Medical Association and by several state medical societies with satisfaction

Now, therefore, be it resolved, That Section 1, Chapter IV, of the By-Laws of the State Medical Society of Wisconsin be stricken out and substitute therefore the following: Nominations for all officers shall be made from the floor of the House of Delegates. No two candidates for president-elect shall be from the same district, and each candidate for councilor must be a resident of the district for which he is nominated.

Strike out Section 2, Chapter IV, and substitute therefore the following: The election of officers shall be the first order of business of the House of Delegates at the third meeting of the House.

Section 3, Chapter IV, strike out the word "received" in the first sentence and insert therefore "made" so that the sentence will read "All elections of officers, where more than one nomination is made, shall be by ballot and a majority of the votes cast shall be necessary to elect except for delegates and alternates to the American Medical Association," the rest of Section 3 remaining unchanged.

Strike out Section 4, Chapter IV, and substitute nothing therefore.

Renumber Section 5 to be Section 4.

Section Meetings, Round Tables

The Section on Otolaryngology will meet on Wednesday afternoon, September 13. All other sectional meetings will open on Thursday morning, September 14.

Round table luncheons will be held on Thursday and Friday noons. A bulletin regarding the topics to be discussed at these luncheons will be mailed to every member of the Society and a reservation form included in the bulletin.

Scientific and Technical Exhibits

Dr. J. A. Evans, La Crosse, is the member of the Council on Scientific Work in charge of scientific exhibits for 1939. He has arranged for an excellent group of scientific displays. They will be housed in Juneau Hall of the Milwaukee Auditorium.

Wisconsin physicians will recognize many old friends among the technical exhibitors this year. Those who have reserved space include:

A. S. Aloe Company
Bard–Parker Company, Inc.
Barr & Ferguson X-ray Company
Borden Company
S. H. Camp & Company
Carnation Milk Company
R. B. Davis Sales Company
(Distributor of Cocomalt)
DeVilbiss Company
Duke Laboratories, Inc.
Eli Lilly Company
General Electric X-ray Corporation
Gerber Products Company
Horlick's Malted Milk Corporation
Hurley X-ray Company
E. H. Karrer Company

Kremers–Urban Company
Lederle Laboratories
J. B. Lippincott Company
Luzier's, Inc.
M & R Dietetic Laboratories, Inc.
Mead Johnson and Company
Medical Protective Company
Mellin's Food Company
C. V. Mosby Company
V. Mueller & Company
Arthur H. Neumann, Inc.
Petrolagar Laboratories, Inc.
Philip Morris & Company, Ltd.
Photoart House
Physicians and Hospitals Supply Company
Roemer Drug Company
W. B. Saunders Company
Smith, Kline & French Laboratories
E. R. Squibb & Sons
U. S. Hospital Supply Company
U. S. Standard Products Company
Westinghouse X-ray Company, Inc.

State Medical Society of Wisconsin Voices Opposition to Wagner Bill as Enabling Law for Compulsory Sickness Insurance

AT THE specific direction of the Council of the State Medical Society of Wisconsin, Mr. J. G. Crownhart, Madison, secretary of the Society, appeared before the subcommittee of the Senate Committee on Education and Labor in Washington on June 1 to register the opposition of the Society to the so-called Wagner Health Bill and, in particular, to that section of the bill creating enabling legislation for state systems of compulsory sickness insurance. Mr. Crownhart's statement before the subcommittee on Title XIII of the bill is given in the following excerpt from the hearing:

Senator Murray. The next witness is Dr. J. G. Crownhart, secretary, State Medical Society of Wisconsin.

Mr. Crownhart. If I may correct the chairman, I am not a physician. I am the lay secretary of the State Medical Society of Wisconsin and I am here at its request.

Inasmuch as Wisconsin, according to the National Resources Board, enjoys the distinction of being one of the three leading states in the United States in health accomplishments and achievements, the medical profession of Wisconsin, which has been the initiating force for much of the health legislation of the State, feels a particular interest in all efforts that will truly and permanently advance the public health. Favoring, as we do, measures to advance the public health, we are impelled because of that interest, to oppose the bill now before you.

In the limited time at my disposal, I address myself in particular to Title XIII, "Grants to States for Medical Care," beginning on page thirty-four, and ending on page forty.

Anxious to study and to develop in Wisconsin any procedure to further the use of health services and sickness care facilities among the citizenry, the State Medical Society of Wisconsin, as part of an extensive three-fold field study, authorized me to study firsthand the European systems for the distribution of sickness care, and in particular the only system that has been widely and continuously advocated by the groups proposing this measure,—compulsory sickness insurance.

As background for that study completed just last summer, I have had the privilege for sixteen years of being the lay secretary of the State Medical Society of Wisconsin, and during seven years of that period, secretary of the Wisconsin Hospital Association. Recently I had the privilege for more than a year of acting as chairman of the Health Section of the Governor's Committee on Public Welfare in Wisconsin. Throughout, my particular interest has been in the field of the distribution of health services and sickness care, and my studies abroad were materially aided by extensive credentials that gave me entré to authentic and widely varied sources of information.

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1. There have been many detailed studies of *laws* relating to compulsory sickness insurance. Accepting these as accurate, my studies were made to ascertain the major point of real importance,—how and with what degree of success the health services and sickness care under compulsory systems actually reached the insured population on the receiving end, for unlike other social insurances, compulsory sickness insurance pays in terms of services and not in terms of money.

2. The whole purpose of the studies was to determine then whether that framework of compulsory legislation, either as it stood or with modifications, could be brought back and applied in our own State of Wisconsin as a means of further advancing the health of our people.

The laws on this subject in France, England, Norway, Sweden, Denmark, Germany and other countries vary widely, and yet out of each of the studies, and all of them, the observer is increasingly and

constantly impressed that there are certain factors and elements that come to the fore in every country that has such a law. It is self-evident from intensive firsthand observation that these elements are inherent to the system.

Because they are inherent to the system, they would operate in this country under any state law either to secure the presumed advantage of compliance with the proposed federal law or to prevent loss of the state's share of federal subsidy offer.

The Wagner Bill is so designed as virtually to insure the inauguration of state compulsory sickness insurance plans subject to the control and direction of the federal government. Consequently, these inherent elements that permeate the European systems to the destruction of scientific advances and to the prevention of the delivery of proper medical care, would be brought into play as domestic plans became effective.

In the brief time at my disposal, it is my purpose to outline to you some of the more important of these inherent elements which everywhere operate to defeat the announced purpose of compulsory sickness insurance.

1. The tax contribution of the employee is fixed in the initial legislation, and remains fixed in that amount throughout years to follow. It having been announced to the public that the benefits of complete and thorough medical care will be furnished for that contribution, and the tax applying in volume to the small pay check, it may be economically impossible and always politically inexpedient to increase that contribution. But on the other hand the total amount received and available for care of the sick may vary with economic conditions of the country and changing costs of administration, with no corresponding changes in the total amount of benefits promised. The funds may be vitally affected by waves of health fads that periodically sweep every country, or by epidemics of unanticipated character. As the people affected become health-conscious and then "policy-conscious," so do their demands, warranted or unwarranted, increase. *The end result is a system wherein the administrator loses his social service concept and of necessity becomes the trustee and conservator of funds instead of the guardian of health.* He furnishes the insured population with the bare essentials, and often less than that, instead of all that is needed, keeping a skeptical eye and the purse-strings tight on the advances of science and improvements in the rendition of medical care.

2. Unlike sickness care rendered under workmen's compensation acts, there is no penalty upon the administration for the furnishing of a service deficient in quality or amount, or both, and on the other hand there is the budget necessity for balanced books. This driving force results in cheapening the health services.

3. The administration is not only interested in securing its medical service at a fixed cost per patient per year in order to have certainty of balanced books, but obviously it must be interested from a financial viewpoint in what the physician does and prescribes, because that costs the insurance administration money. The result is that in each system there is to be found the book of rules and regulations, ad infinitum, within the limits of which the physician must stay at the risk of a money penalty,—and, may I add,—within which the physician, dependent upon the system for a substantial amount of his income, learns to stay if he is to remain in the system.

4. The systems do not administer themselves any more than insurance companies administer themselves, and from an admitted 12 per cent administrative cost, to what appears to be a more nearly actual 18 to 20 per cent administrative cost, is found everywhere. The administrative force must include the system physician to check on the treatment in unusual illness; the prescription checker to determine whether the physician has stayed within the prescription rule book, and the pharmacist abided by the fixed price; the sick visitor who endeavors to detect the malingerer; the accountant who checks the payroll deductions; and office staffs that result in a total administrative force in the estimation of the International Labour Office of from one person for every fifty, to one person for every 100 that are insured. This vast administrative army of laymen, which in my own State of Wisconsin would number 3,000 or more, becomes as large and larger than the number of physicians giving actual sickness care. The administrative army diverts part of the funds and controls all of them, which in turn results in a state and federal control of medical service itself. This is inherent in a law such as is here contemplated.

5. Finally, I direct your attention to the fact that under this type of legislation, and under bills proposed in my own State, written by the Social Security Board staff, the administrator is politically appointed, selects the physicians, and he may discharge them at will so long as he complies only with the procedure. He is responsible to no court for the reasons. In Germany this system has resulted in the observer being unable to find medical scientists of yesteryear of international importance. And there is no safeguard against such misuse of this type of control that inherently exists in such legislation.

I say to you that these concepts of sickness care are foreign to every concept of our physicians in Wisconsin and that type of care that has resulted in our own State having a record of health achievements excelled by no country that has adopted such legislation. The inherent elements in any system of compulsory sickness insurance are such as change both the concept of the people and the role of the physician from the present day American concept of health attained by prevention and individual care to a limited treatment of disease with the physician in the salvage role.

In conclusion, may I remind you that the authentic report of Political and Economic Planning, after two years of study of the British health services points out: "The nation needs sickness services, but a nation which regards them as a substitute for health services is going to find the confusion expensive in money and suffering. * * * It is no less necessary for those concerned with national health to examine the diseases of insurance schemes than it is to study heart disease and cancer."

If it is possible, I should like the record to show that a copy of my studies abroad will be left for the information of each member of the committee.

I say to you in all sincerity and with all the earnestness at my command, that the health achievements of Wisconsin and of this Nation have not been made, as some would have you believe, in *spite* of our failure to adopt European systems of compulsory sickness insurance, but because of our foresight in *avoiding* the very concepts of control that are inherent to such governmentally systematized services. The social purchase price for the adoption of such legislation is the surrender for all time of our concept of education for health and in times of illness, our concept of the sick man, woman or child as an individual with highly individualistic reactions requiring, deserving and securing a personalized service.

Senator Ellender. There is just one question I would like to ask you. Will you point out anything in the bill leading you to believe that this will lead to compulsory health insurance?

Mr. Crownhart. In the section that I have reference to, Senator, it provides for State-wide plans, and then a State-wide program eventually, with economy of service and I know of no other plan that has been suggested than compulsory sickness insurance.

Senator Ellender. But the bill itself does not provide for it?

Mr. Crownhart. It is the enabling law for it, sir. Secondly, may I point out that in all previous publications of the committee's study (studies of the Interdepartmental Committee to Coordinate Health and Welfare Activities, as reported at the National Health Conference, Washington, D. C., July 18–20, 1938), and the original proposals that resulted in this bill, there has been a continuous advocacy of sickness insurance, and finally that inasmuch as this act is to be administered under the Social Security Board, and a member of the staff of the Social Security Board has drafted a bill for compulsory sickness insurance that was presented to the legislature of Wisconsin two years ago and is being represented in that State this year, I think it is perfectly fair to assume that this bill is an enabling law for compulsory sickness insurance.

Senator Ellender. Would you suggest any language by which we could negative that to make it certain that it won't lead to that?

Mr. Crownhart. No, sir; not under the approach that is set up in the bill.

Senator Murray. In the concluding part of your statement which you have submitted to us here, you stated that you would like to have the record show that copies of your studies abroad are left for the information of the committee?

Mr. Crownhart. Yes, sir; I have those studies here and will leave them for the committee.

Senator Murray. We will be very glad to have them.

We will adjourn now until 1:30.

Experiences of a Pioneer Physician in Northern Wisconsin*

By F. G. JOHNSON, M. D.
Iron River

EIGHTEEN ninety-five to 1930 were the golden years for Wisconsin medicine. Wonderful advancement in medical science was achieved during that period, and the financial results were also satisfactory. Medical education and the requirements of state boards during the nineties were wholly in keeping with good judgment.

In the late seventies Professor Edward A. Birge planned for the University of Wisconsin a premedical course that was ideal. It embraced all needed scientific subjects and trained the students especially well in physiology, histology, embryology, biology, and psychology. Professor Birge early in the history of the course doubtless taught the major part of the subjects. It was my good fortune to enter the University of Wisconsin in September, 1891. Professor Birge at that time still taught physiology and a more wonderful teacher I have never known. The other subjects were well taught by younger men.

The greatest thrill in my life came upon entering the University of Wisconsin. To change from the prosaic life of a farm hand to the cultured surroundings of our University, with its intense college spirit, was an experience never to be forgotten. Following

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my graduation from the Oregon high school, I studied in the office of Dr. F. R. Salisbury during the winter of 1890 and 1891. It seemed to me then that I was following a rather obsolete custom but in retrospect I can see many advantages in the preceptorial system, and now that Wisconsin has adopted it I find in conversation with the students that they are well pleased with it. In that experience students more quickly learn the humanitarian aspects of the practice of medicine. They learn about many of the daily problems they will meet later in their careers and see before them a panorama of their future life.

At the university, aside from the return on the most important activity—learning facts and preparing for life work—the most valuable return was the association with fellow students. In the class of 1895 were men who have been instrumental in making Wisconsin medicine what it is: Reginald Jackson of Madison, Wilson Cunningham of Platteville, Victor Marshall of Appleton. In classes only a year or two ahead of us was Guy Hunner of Johns Hopkins, Spencer Beebe of Sparta, P. A. Fox of Beloit, and scores of other hard working men who have won honor in their community and profession.

It so happened that after graduating from Rush, I located in Lake Nebagamon in Douglas County. This location was then in about the center of the lumber region of the State, and the community was unique in that it had both a fairly well started farming interest and a splendid lumbering industry, the Weyerhauser and Rutledge sawmill. A cross section of the community would have shown the wealthy lumbermen, their well paid headmen of the industry, the wage earner, the farmer, and the lumberjacks. The owners and headmen were more than efficient, kindhearted, and plebeian—they never emphasized social distinctions. The general manager was especially kind and would often defray unusual expenses that might come to some of the poorer employees. The mechanics and mill hands were most industrious people. In the entire community there was not a lazy man. There was work for everyone and such splendid opportunities for boys to work during vacation that but very few ever completed a high school course.

The farmers were sturdy Scandinavians: some had been tradesmen in the old country but had homesteaded here and after proving up on their claims sold the timber but retained the land and developed farms. As farmers they were not especially efficient for they had not been trained in farming as had the farmers in the southern part of the State, but they were thrifty, honest, and high-minded people. They had the pioneer spirit, were resourceful and capable. Their adventures while homesteading were legion.

Part of the village of Lake Nebagamon had been homesteaded by a blind man named Olaf Nordman. He and a bachelor son lived in the original homestead; the son cut stove wood and the old gentleman sold it. The story of his losing his sight illustrates the mettle of the men at that time. He and a companion were doing prospect work on the Mesaba Range a hundred miles or so north of Duluth, and while drilling some difficulty was encountered. They were working directly over an unexploded charge, Mr. Nordman using the sledge and his companion kneeling on the ground holding the drill. The charge exploded and blinded Mr. Nordman and tore the knees of his companion so terribly that he could not walk. A more difficult situation would be hard to imagine. The nearest human habitation was an Indian settlement thirty miles away. Mr. Norman took his companion upon his shoulders and carried him the thirty miles to the Indian settlement. By using the blind man's legs and the lame man's eyes they saved their lives. They were cared for at the village while an Indian went for a physician. They were in desperate condition, their wounds full of maggots and infection.

Northern Wisconsin in 1900 suffered a severe epidemic of typhoid. Dr. P. B. Stewart of Lake Nebagamon took it, and I was asked to care for his practice during his illness. I was therefore thrown into a very extensive practice immediately after graduation in a village of 1,300, in which there was a sawmill crew of between 300–400 men doing hazardous work and suffering

many injuries and a woods crew of 600 men surrounded by a country which, while not thickly settled, yet took some attention. It proved a big job for a recent graduate who had had no hospital training.

Typhoid fever was the big problem at that time. The treatment was a very limited liquid diet, cold baths, and the use of intestinal antiseptics such as salol. The Woodbridge treatment was undergoing the acid test of practical application and in the end proved of no particular value. It might be of some interest to relate that Dr. Woodbridge of Iowa formulated a plan of giving certain intestinal antiseptics, for instance, salol, the first week, creosote carbonate the second, and some other antiseptics the following weeks. He made great claims for the plan and offered statistics that showed amazing results. The disease was so terrible that the whole country was willing to adopt any treatment that would offer hope.

This plan naturally had both its strong adherents and those who questioned its value. Then a most sensible test of the treatment was made. Dr. Woodbridge was invited to go to New York City. He was given a ward in a hospital with the privilege of carrying out his form of treatment where it could be checked with ordinary treatment. His results were not different from those of his colleagues, and the Woodbridge treatment was discarded. It has been offered as an explanation that the patients he had in Iowa doubtless were suffering from a less virulent strain of infection, but the plan of determining the value of it was unique.

That epidemic of typhoid fever was the pestilence that followed the war with Spain. Every war is followed by a pestilence. The loss of life throughout the nation was immense. The economic loss was terrific, for the disease would pass from one to another in the family and before the last one had recovered the home had been a hospital a number of months and the sequelae of the disease had not yet passed.

We knew at that time we were on the eve of some important advancement either in treatment or prophylaxis for we had the Widal reaction. The thought at the time was that a curative measure would be found along the line of diphtheria antitoxin, but the vaccine, even though not curative, was more than a welcome measure. At the time of the introduction of typhoid vaccine, typhoid was not common but it proved a great blessing when we did find a case to be able to vaccinate the other members of the family, and in no case did a second member of the family contract the disease.

Two mental barriers of the lay mind had to be overcome. First, the idea was quite prevalent that typhoid fever could be broken up. It was much better to know that there was no abortive treatment and settle down to a long hard combat than to be looking for some spectacular cure. The second was the prejudice against the cold bath that the treatment required. To overcome these prejudices was not difficult and good cooperation was obtained. The mortality of the epidemic was about the average of the disease. One cannot recall that epidemic without a feeling of thankfulness that we shall never see another, and that typhoid fever is now considered a civic disgrace.

Another heritage of the Spanish American War was an epidemic of mild smallpox. Attention first was called to it in Illinois where the diagnosis caused considerable difficulty, and specialists from Chicago were called to settle the diagnostic problem. Eventually it reached northern Wisconsin, the first case developing in January, 1901. Conditions were favorable for a wide spread of the disease. Smallpox would develop in a lumber camp and one or more men would leave the camp after exposure or break quarantine and go to some other camp. In ten days they would be sick with it and before the eruption would appear the whole camp would be infected. That made a disagreeable situation; to keep the camp in operation and also under quarantine was a task. A pesthouse had to be built if there were no available buildings for housing patients, and some member of the camp detailed as a nurse. By the time the epidemic had reached our colder climate it had become more virulent, and we encountered some very severe cases. At one of the camps of the Weyerhauser and Rutledge Lumber

Company a dissatisfaction over some minor matters connected with their care and supplies arose, and one patient broke camp and took to the woods. It created quite a furor, for he lived in a nearby village and the people knew he would eventually go home and expose many people there. He slept out the first night. How he stood it I cannot understand, for it was below zero weather and his only protection was the side of a large log. He did go home but was promptly returned to camp. That was the worst disturbance in our territory during this epidemic. On the whole the men were very cooperative, brave in their sickness, and patient with their inconveniences.

During the winter the village was very quiet; the greater part of the men, both single and married, went to the lumber camps in the fall and worked until the camps broke, about the middle of April. Breaking camp and coming to town was a great event, and the saloons were filled with men in all stages of intoxication. It was a normal reaction to a long uneventful episode and an orgy that has been described many times.

Soon after the camps broke the sawmill started operation and from the start of the mill in the spring until the closing in early winter the northern sawmill towns were in an enviable position. There was work at good wages for everyone. Hotels, boarding houses, saloons, and merchants all prospered. The more thrifty had gardens and supplemented their earnings in many ways. They all had money and for the most part were happy and contented with their lot,—a wonderful contrast to present conditions.

Lake Nebagamon and its environs are beautiful. The lake has twenty-eight miles of shore line with light, clean, soil. Its advantages for a location for a tuberculosis sanatorium interested Dr. W. B. Hopkins. For a number of years he had owned a large tract of lake shore property that had been platted and known as Evergreen Park. He finally decided to build a sanatorium and in July, 1901, came to Lake Nebagamon and constructed the first building for the first tuberculosis sanatorium in the State of Wisconsin. This was real pioneer work, and we were all interested in it. I went to Cumberland and took Dr. Hopkins' practice during the time he was at Lake Nebagamon that summer.

January 1, 1902, I married Nellie Walters of Oregon. For a young woman to come from southern Wisconsin where everything was settled and well developed socially and culturally to a new town and to establish a new home under such changed conditions was not easy, but she met the situation in a most marvelous way and during this third of a century I have known of no happier home than ours has been.

At Hawthorne nine miles west of Lake Nebagamon the Musser–Sauntry Lumber Company had established camps of about 600 men and by New Years smallpox had developed in nearly all the camps. The work at Lake Nebagamon could be done by one physician during the winter, so Dr. Stewart attended to the practice there and Mrs. Johnson and I went to Hawthorne.

We went to the local hotel intending to stay there but there was so much drunkenness among the hotel guests that I immediately looked for other quarters. I found a furnished cottage that we could rent, and we immediately moved into it. We agreed to board Mr. Wilson, the owner, for the rent of the place. Mrs. Johnson had never had the responsibility of planning meals, and now she had to start a new home with a boarder. She has often remarked since that it seemed like a big problem for the only things she could think of that she knew how to make were banana pudding and lemon pie. Immediately after supper we took possession of the cottage. She made out a list of the groceries we would need and I went to the store for them, but typical of conditions I asked for coffee and found we could get it in the whole form only. I asked the storekeeper if he could not grind it but he had no grinder, and there was none in the house. We made out very well, however, by putting the roasted beans in a pail and pulverizing them with a potato masher.

Smallpox that winter was quite severe and there were many cases. The company built a pesthouse and patients from the different camps were moved into it. The epidemic lasted all winter, for the lumberjacks

were constantly on the move, work could be obtained anywhere, and they seemed unusually restless. Hawthorne was very rough that winter, for in addition to the 600 lumberjacks a bunch of tough men came who stayed in the village to take the boys' money away from them as they came in. They were called gamblers then; now we would call them "gangsters" and "gunmen."

The lumberjacks were fine men and as a general proposition it can be said that any man who works for a living no matter how rough he may appear, is at heart a reliable, dependable man. The townspeople kept quite close tab on the gangsters, and the winter passed with but few disagreeable situations or clashes between them and the authorities. It was my duty to treat the men in the pesthouse and visit the different camps frequently to watch for new cases. We spent the winter most pleasantly. The citizens of the village were fine people; we established friendships with them that lasted for years.

By the middle of March the camps broke up and we returned to Lake Nebagamon. Dr. Stewart had had a quiet winter. Smallpox had not broken out in the Nebagamon camps. At this time preparation for starting the sawmill for the summer run was on and that always meant joy for the people, steady jobs and good wages until fall.

These years witnessed the beginning of industrial insurance from which developed our present industrial insurance and workmen's compensation. In 1900 Dr. P. B. Stewart made a verbal bargain with the lumber company to take care of all the minor injuries from the camps and sawmill for $150 and to receive regular fees for major injuries. He thought he was doing well and on the strength of it built a modest home, buying the material from the company, and married in the fall.

The first of January he received a statement from the company for the material used in building his home and naturally sent in his counter account for his services which was quite an amount, for there had been a number of severe cases. The company credited him with $150 and told him they knew nothing about major or minor injuries and to pay up or they would take the house. I mention this to show the comparison between the present system and the lack of business methods physicians are apt to show. It is a fact that the company was never conscious of the meaning of "major" and "minor" injuries, no definition was agreed upon, and no written contract drawn.

The next plan tried by most of the companies was for the company to pay for the first treatment and the injured laborer the balance of the bill. Of course this gave the physician something for the first fees, especially for fracture cases, but it placed on him a responsibility for all complications. In long drawn out cases the companies washed their hands of all responsibility after paying for the first treatment, and the doctors and hospitals, when hospitalization was necessary, had to see the injured man through. It is needless to say that in severe cases the bills were seldom paid, for the majority of the men did not receive wages adequate to meet catastrophic situations.

Coincident with this plan there appeared the advantages and almost the necessity for workmen to carry accident insurance, and there came into being a great number of health and accident insurance companies. Some of them were reliable and some were not. The officials of the lumber companies urged their men to carry this form of insurance. They argued that they had to carry fire insurance to protect themselves and that since the workmen's health and ability to work was their only capital, it was equally logical that they should insure their earning power. Many took out policies and there was an improvement over former conditions; but the arrangement was loose-jointed, policies would lapse, and many companies went bankrupt. In fact, Fond du Lac was spoken of as a burying ground for insurance companies.

At this time there was in vogue in many hospitals a ticket system. For $6 a year a ticket could be bought which provided for hospital care and the attendance of a physician; agents went from camp to camp selling these tickets. Every wise lumberjack carried one. It was a splendid thing. Many

of them had no homes. They had made no provision for a rainy day, and their care in hotels and boarding houses was not satisfactory. But with all the advantages of the ticket and even with money plentiful, the majority of the men would not have bought tickets had they not been solicited. One must conclude that any system of health insurance will always depend on the selling plan adopted, and that it is not the panacea for a solution of the costs of medical care. Abuses were noted. One of our citizens, with a good position and good wages, had had a few attacks of appendicitis that were not severe. He bought a hospital ticket and when the next attack occurred, presented himself to the hospital, had his operation and hospital care for $6 and never bought another ticket.

Lake Nebagamon at this time was in a very isolated situation. There were but few roads and they were not laid out on section lines except for short distances. In winter time new trails and tote roads were cut out to the new camps, so our summer and winter roads were altogether different. There were no telephones except a line owned by the Nebagamon Lumber Company. That connected the main office with the sawmill and different camps. There was a small sawmill and settlement, Le Clair, located about five miles east of Lake Nebagamon and at times we had considerable work there. Dr. Stewart and I bought two telephone instruments, placing one in our office and the other in the boarding house at Le Clair. We strung wire from our office to the wire fence along the railroad, made the same sort of a connection at Le Clair and at almost no expense had telephone connections. The telephone is a wonderful aid in a physician's work, and we in the north were handicapped. Eventually in 1903 the Wisconsin Telephone Company, an independent company at that time, came through from Ashland and established a local exchange to which the business men were asked to subscribe. Good cooperation was shown, and we now had both a local exchange and long distance connections. The work was just completed when the Bell system, with downright cussedness, ran a line through and they also established a local exchange. That made it necessary for all business and professional men to subscribe to two telephones. The rivalry was intense. The lumber company fostered the Bell system, and the citizens the local concern. This condition prevailed for three years, when a heavy sticky snow came and weighted the wires so heavily that it broke the poles of the Bell system for about two blocks and made a tangled mess that would have cost more to repair than the plant was worth. Much to our pleasure they decided to discontinue their local exchange. Soon after this a merger of all the lines in the State was accomplished and a large economic loss was ended.

During the winter of 1902 and 1903 smallpox again became rampant in the Musser–Sauntry camps in the southern part of the county west of Gordon. Mr. George Bubar, the town chairman of Gordon, asked me to go there and take charge of the situation. Mrs. Johnson and I went to Gordon early in January and stayed until the middle of March. The lines of camps extended from Gordon to the Minnesota state line about thirty-five miles west. The travel required to visit the different camps and return to Gordon was 105 miles, and I made the trip twice a week. Pesthouses were established at all camps, food was furnished from the camp kitchens, and a campaign of vaccination was inaugurated. We soon had the epidemic under control. Here again I had the cooperation of everyone, and even with the long cold drives it was the pleasantest winter I ever had. We were welcome at every camp and there were many problems to solve. Logging was an important activity representing a big investment and a big volume of business. Supplies for the camps had to be hauled from Gordon and ways devised so there would be no chance of spreading the disease by those going back and forth from the camps.

There were fine men in those camps. I recall one four-horse teamster who hauled logs for the Musser–Sauntry Company winters and during the remainder of the year worked on their farm. In the preceding six years he had never entrusted so much as the feeding of those four horses or caring for them in any way for a single day to

anyone else; and a number of years before he had handled four horses for a six-year term the same way. That meant for him no vacations or holidays for six years at a time, a condition he complied with entirely at his own volition.

Many of the men had returned to work every winter for the same companies for periods of twenty-five and thirty years. They would come to camp early in the fall, work all winter, and during the spring and summer drive the logs down the St. Croix River and into the Mississippi to Stillwater, Minnesota.

From Gordon to the Minnesota state line was entirely a lumber district. There were no settlers and the country teemed with wild life; there were many lakes and streams. It was a veritable hunter's and trapper's paradise. Now State Highway 35 runs through that section, and settlers and stands and filling stations are naturally found along the highway. It is still an interesting locality, but the alluring wilderness that we knew thirty years ago has disappeared.

At that time it was interesting to listen to the old timers read the signs in the woods. Following deer tracks would be found the wolf track, and often we would find that the wolf had destroyed the deer. Partridge tracks would be followed by weasel tracks. Many of the old time timber wolves were there. One morning, at a spring near the Tamarack Farm, Mr. Roach, the company's manager, got six by means of poison.

There were stories of a mountain lion having been seen on a number of occasions, and it was always referred to as the "Indian Devil." I noticed that it was the only thing that seemed to cause my liveryman, Alec McAloon, any concern or uneasiness while we were driving through the woods at night. I had an idea it was only a myth, but later learned from George Bubar, chairman of town of Gordon, that he actually saw it and might have killed it except that his rifle missed fire, the click startled it and it made its getaway before he could get a shot. He said it was quite large and doubtless a type of the large cats found in the western States. Whenever we would hear a howl of unusual nature, McAloon would always wonder if it was the Indian Devil. The woods were by no means quiet at night. The wolves howling and the hoot of the owls, which resembles a wolf's howl, somewhat livened things up on our long night drives.

Mrs. Johnson and I returned to Lake Nebagamon about the middle of March, 1903. The sawmills started operations early that year and everything was fine. Farmers were beginning to settle on the cut-over lands and it was a splendid opportunity for poor people to develop a farm. They could buy the land cheap, build a home, then work in the camps or mills until they had sufficient funds to proceed with their farm development. There are now hundreds of well developed farms in these northern counties built up in that way—a great contrast to present conditions. Hundreds of farm places whose owners were only fairly started when the change came had to abandon their homes; the mortgagees carried the taxes for a while and then let them go back to the county for taxes. These places were relinquished the first two years of the depression. Then city folks began moving onto them, for they could raise part of their food supply and obtain plenty of fuel and had no rent to pay. As soon as conditions in the city improve they will again migrate to the cities.

During the summer of 1903, Dr. Stewart decided to leave Lake Nebagamon. He desired a location in a larger place and settled at Rhinelander. From this time I was alone in the practice and for the next five years had about as full a program as was possible for anyone to fill. For us these were happy years; we bought our first home and found our pleasures there and with our friends and work. The following winter our first baby came and that always crystallizes one's plans and ambitions.

In 1903 Dr. Hopkins decided to complete his sanatorium. I submitted the following article, a few years ago, to the Wisconsin Anti-Tuberculosis Association as a contribution to its files on the history of Wisconsin's fight against the great white plague.

In the late nineties Dr. Hopkins of Cumberland became interested in the modern treatment of tuberculosis. Born, raised, and educated in the state of Maine, he had witnessed the ravages of tuberculosis in his own relatives and neighbors.

In 1899 he purchased 120 acres of land with a shore line of nearly a mile on beautiful Lake Nebagamon, Douglas County, Wisconsin, for a site for his sanatorium for the treatment of tuberculosis.

In the summer of 1901 he erected the first building which was a small log cabin for his own living quarters, office, and administration building.

In 1903 he visited several sanatoria in the eastern states with the following questions in mind: cost of patients' maintenance per day; percentage of cures; first examination of patients by especially appointed physicians. At that time the local physicians who sent patients to the sanatorium were not allowed to pass judgment as to whether they were too far advanced to warrant treatment at a sanatorium or not. (This arrangement prevailed in our Statesan for a number of years.) He aimed to receive "incipient cases" only, but needless to say "far advanced cases" came and were treated. He also studied questions of diet, amusements, etc. A complete account of this trip appeared in the St. Paul Medical Journal of January, 1903.

During the summer of 1903 he came to Lake Nebagamon and erected three more buildings. These were frame buildings, one story high, about twenty feet square, the north wall solid, and the other sides screened. Canvas curtains were arranged to divide them into four rooms and to drop on the outside walls. Of these three cottages, one was for men, one for women, and the third, a larger building, was for a kitchen, dining room, and servants' quarters.

A nurse, Miss Nelson of River Falls, and a cook were employed. Dr. Hopkins' first patient was a young married woman referred to him by Dr. Green of St. Paul. Later that season five or six more patients came. The summer of 1903 was a rather cool one in the lake region and late in August the sanatorium was closed for the season and Dr. Hopkins returned to Cumberland.

In 1904 Dr. Hopkins decided that he could not afford to devote his entire time to the sanatorium and then the writer took charge of the patients, Dr. Hopkins visiting the sanatorium about once a week.

This season a nurse, Miss Anna Clough, and a cook were employed. Soon after the sanatorium was opened it was filled with patients, and a tent was erected for a young lady from Milwaukee.

During the summer the Douglas County Medical Society arranged one of their meetings at the sanatorium and several papers were read pertaining to the treatment of tuberculosis. During the program a deer came into the grounds and an attempt to photograph it was made by Miss Clough.

Dr. John Baird secured a good sized piece of birch bark and obtained the signature of all attending the meeting for a souvenir. He still has it among his souvenirs. Following is the list:

Evergreen Park Sanatorium

June 14, 1905

Dr. Hopkins, Cumberland
Dr. Specht, Superior
Dr. Cox, Spooner
Dr. Keenan
Dr. Johnson, Lake Nebagamon
Dr. Conkey, Superior
Dr. G. H. Conklin, Superior
Dr. P. G. McGill, Superior
Dr. H. J. O'Brien, Superior
Dr. Geo. Sanders, Superior
Dr. John Baird, Superior
Miss Wingala, stenographer

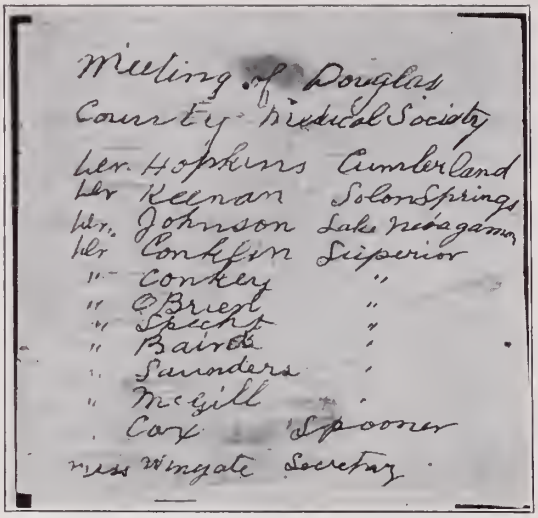
At the close of this season Dr. Hopkins took stock of his adventure and found that he had lost $500 each season, not counting his own services and mine which were gratis. While he in no way regretted the loss, he decided to close the sanatorium permanently.

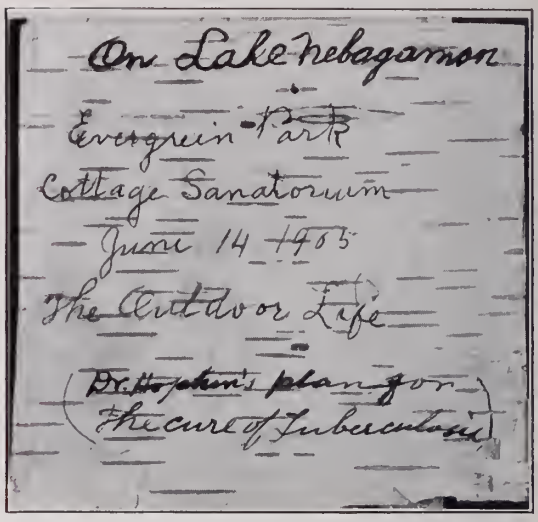
The buildings stayed intact until about 1909 when they were destroyed by forest fires.

I followed the history of all patients treated there but one. With that one exception all died within five or six years. In the summer of 1908 the cook who was employed the first summer died of pulmonary tuberculosis, and I well remembered her while there as a beautiful, healthy woman. As if to emphasize the relentlessness of the "Great White Plague," Dr. Hopkins died of pleurisy, perhaps of tubercular origin, in 1912.

This was pioneer work and Dr. Hopkins, without anticipating any financial return, put his heart into the work. The methods of treatment he employed were those now employed, except forced feeding which was in vogue at that time.

Those years from 1904 to 1908 were full of action. There was construction and destruction going on at the same time. The forest crop was being harvested at a terrific rate. The mill at Lake Nebagamon cut 90,000,000 feet of lumber in one eleven months' run. Soon after a section was logged, fires would sweep over the area and at times far beyond the recently cut-over lands, destroying other standing timber and often farm buildings. The entire neighborhood would have to get out and fight these fires and the damage done by them was enormous. It is different now. Forest fires were almost needless even at that time. Had a rational plan of burning as the timber was cut been insisted upon by the state authorities, Wisconsin could by this time have had another beautiful forest. Enough birch, balsam, and other small trees were always left to make the foundation for another growth of timber. Now things are


Meeting of Douglas
County Medical Society
Dr. Hopkins Cumberland
Dr Keenan Solon Springs
Dr. Johnson Lake Nebagamon
Dr Conkfin Superior
" Conkey "
" O'Brien "
" Spicht "
" Baird "
" Saunders "
" McGill "
" Cox Spooner
Miss Wingate Secretary


On Lake Nebagamon
Evergreen Park
Cottage Sanatorium
June 14 1905
The Outdoor Life
Dr. Hopkin's plan for
the cure of Tuberculosis

Signatures of attendants at meeting of Douglas County Medical Society, 1905, obtained on birch bark by John Baird, M.D., Superior, as a souvenir.

different. Towers have been erected, a telephone system installed, and as soon as smoke is noticed, fire wardens investigate and stay on the job until the fire is put out. During the dry season starting fires without a permit is punished by fine or imprisonment. This often works an injustice. Had our state authorities been one hundredth part as diligent in dealing with the lumber barons as they now are with the ordinary citizen, the State would be much better off.

During these years, in addition to the farm development, summer resort business was taking form. We have such an enormous amount of lake shore property that even a considerable number of summer cottages do not make a showing. With the advent of the automobile and good roads the volume of business has increased more than anyone could have anticipated. Country practice during those years was strenuous. Many of the roads were simple trails that were constantly being changed as new settlers came in or different lots of timber were removed. The winter trails were different from the summer trails, for during the winter the trails led to logging camps and could be made across lakes and swamps. One had to keep well informed about the changing roads in order to locate one's patients. Oftentimes the calls would come to go, for instance, to section 4 north of Maple, and strange as it may seem nearly everyone knew the country by the section and township description. We never hear that any more.

The relation of patient and physician was most cordial, and the physician was consulted on all manner of questions. If we called to see a patient in one of the more remote neighborhoods, other calls would keep coming in to visit persons suffering from ailments not serious enough to require a special visit. But since the doctor was in the neighborhood he would be asked in. Many times a trip, for this reason, would take the greater part of a day or night, for even on a night call these extra visits had to be made. To keep on making them during cold winter nights was strenuous but satisfying. We were well treated; hot coffee and lunches were always provided, and in each of the outlying neighborhoods we had some place where we could put up our horses and stay until morning. Those places were veritable homes to us, and the people of the entire territory were kindly, cordial, and dependable. Necessity made it a custom to help each other in sickness, and oftentimes it would seem that the entire neighborhood was there to help. Many were really competent and good assistants to the physician.

Under conditions at that time to send for consultation for anything of an emergency nature was impossible. All difficult obstetri-

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cal cases such as versions, forceps delivery, and eclampsia were treated in the homes and with the assistance of the neighbors. Even fractures of the hip, and in fact almost anything but major surgical operations, were treated in the homes. There were cases of wonderful generosity between neighbors witnessed at those times. I recall one confinement case of a young woman which was followed by a severe sciatica for a number of weeks. The patient's mother was rather incompetent and two neighbor women, both of whom had large families of their own, came to aid her and for weeks gave this young woman the best of care. It was done without hope of compensation or appreciation by anyone other than the patient. The doctor often thought that perhaps too much of his work went uncompensated, and surely a lot of it did, but when he saw others willing to do for the sick the way some of these people did, he was more satisfied to do his part too.

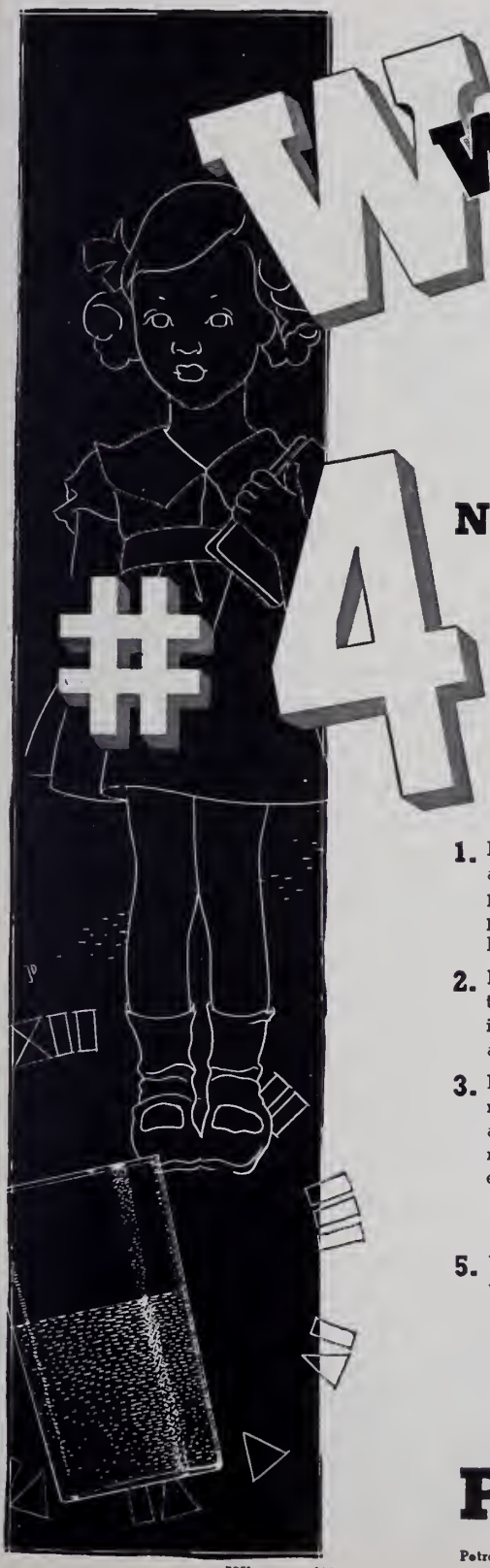
The life of these people was prosaic, for they read no daily papers and made few trips to the cities; but the hunting and fishing was excellent and there is no finer sport than that. Some of them were wonderful conversationalists, and often a story teller of rare merit was heard. Even now some of those old settlers are more than a pleasure to listen to.

One old timber man in the Gordon camps who could neither read nor write was much given to composing poetry. One evening in camp I heard him recite a long poem of his own composition. He always spoke of them as songs and so did the other jacks. His poems were never preserved in any way, as he could not write, and no one else ever took the trouble to write them down for him. He was an old Maine stater and related that it took him three years to get money enough for car fare from Maine to this section. He would make a good stake during the winter, come to town in the spring with the idea of buying a ticket and going to Wisconsin but before he bought his ticket he would begin celebrating, spend his stake on a good drunk and have to go back to the woods for another year. The third year he managed to get his ticket. After coming to Wisconsin he did not change his ways.

The first decade of the twentieth century witnessed the changes that brought into being our present Workmen's Compensation Law. Wisconsin was a pioneer in this sort of legislation. Industries were multiplying in the State, men were moving from place to place more than in former years, and the traditions of long employment with one firm were being dissolved. Mass production was the objective and speed in all work was most emphasized. Occasionally an injured workman would bring suit against his employer. This led to a fruitful source of income for attorneys and many were so anxious for these cases that they became known as ambulance chasers. I recall an accident in Nebagamon where a workman lost a leg. In a very few days a St. Paul attorney called on him, was retained as attorney, brought suit against the company, and won it.

It was an odious condition. The workmen were entitled to compensation. The mill owners felt kindly toward their men and wanted to see them compensated, but this cumbersome plan left most of the money in the hands of the lawyers. When all cases in the State were computed, it was plain that industry could never make such presents to the lawyers and bear up under it. In fact it was later estimated that one law firm in one of our Wisconsin cities received more in fees than the cost of maintaining our present industrial board. The industrialists had their support in the person of a federal judge in Eau Claire. His decisions were reputed to be all in favor of the corporations. Under such conditions a change had to be worked out.

To meet the situation in Lake Nebagamon I built a small hospital in 1908. It was only a two-room building and was located in my door-yard, just a few feet from my residence. I hired a trained nurse and provisioned the patients from my kitchen. The company instituted an insurance plan whereby they charged all employees 1 per cent of their wages and placed it in a fund. I received one half of it for care and hospitalization of the injured; from the other half of the fund the men received one-half of their wages. The plan worked out very well. It added enormously to the work of Mrs. Johnson and myself and many problems had to be met. One



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was to keep the nurse employed during the periods when we had no patients, as frequently happened for quite a while at a time. It is difficult for one to be contented when idle.

The men were, as a class, hard drinkers and occasionally I had to come to the mat with them on their conduct, but as a whole they were fine and our relations with them were pleasant. The law for a few years required reporting of all accidents. The first year under this plan I reported 286 accidents. The present Workmen's Compensation Law seems to be along the same plan except that industries are required to protect themselves and men by insurance. This brings a third party into the field, and if it were possible to determine, I fear it would be found that it has added an enormous amount to the carrying charge required to compensate injured workmen. Some time it may be possible to work out a plan whereby labor will be cared for at a cost price that will not carry with it the necessary expense of a third party. In fact, in some plants it is now being done. One plant in Beloit is reported to be able to save $60,000 a year by working out their own plan.

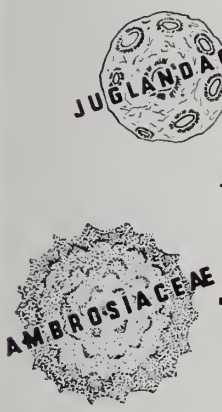
The present trend is for the State to set up some rather strict requirements in the way of insurance. The insurance companies must in turn raise their premiums to a high enough figure to show a profit in their business. At the same time they become rather dictatorial in their fee schedule and even assume the role of dictating treatment. Conditions have not yet become odious, but as time goes on the insurance companies will become more dictatorial, the physicians will be more under their dictation with a consequent lesser efficiency, insurance premiums will be higher, and the load that industry will have to carry will be so great that it will seek other fields. Is not now the time that physicians, hospitals and industrialists should work out a plan to carry insurance in the most efficient manner? The present system is an improvement over conditions existing at the beginning of this century. Plans can be devised that will improve present conditions —plans that eliminate malingering, do away with a third party between physician and patient, and arrest the present tendency toward corporate practice of medicine.

During the first decade of this century the State Board of Health was beginning to function. Dr. C. A. Harper, our State Health Officer, who has seniority over all health officers in the United States, had a broad vision and we older men realize the value it has been to Wisconsin citizenry. Previously it was necessary for us to do all of our own sputum examinations. That work alone, while we were conducting the Evergreen Park Sanatorium, required a lot of time and labor. But the great advantage of the present system, whereby that work is being done in the state cooperative laboratories, is that many patients suspected of having the disease receive a sputum examination who would not have it if it had to be done by a busy practitioner. Therefore more cases are discovered early.

The diagnosis of diphtheria by slides and cultures had not come into vogue then, and there arose many disagreeable situations between physicians. In making a diagnosis in doubtful cases, the final result generally rested with the physician who had the greatest faculty of carrying conviction. Doubtless a certain number of patients who did not have diphtheria had to go through the disagreeable experience of quarantine for it is impossible always to make a positive diagnosis without the aid of the microscope. In some cases it was also impossible to make a positive diagnosis of typhoid fever. Wisconsin owes Dr. W. D. Stovall much for having aided in developing the many fields of usefulness of the State Board of Health. The same valuable work will doubtless extend to the cancer problem and other scourges, such as the social diseases.

In the final installment of Dr. Johnson's article, which will appear in the August issue of The Journal, mention is made not only of multitudinous interesting happenings and personal experiences in the early part of the twentieth century, but of the beginnings of the State Board of Health and the use of x-rays in Wisconsin. According to Dr. Johnson a Wisconsin physician made the first demonstration of the x-ray machine to Rush Medical College students in 1899. "Nearly all of us older men damaged our hands by the rays," he says, "as we used always to place our hands in front of the tube to test it, little realizing the danger of repeated exposure."

Hay Fever



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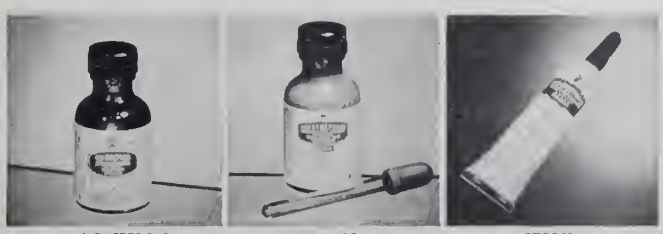

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The Journal Bookshelf

BOOKS RECEIVED FOR REVIEW

A Textbook of Surgery by American Authors. Edited by Frederick Christopher, B.S., M.D., F.A.C.S., associate professor of surgery at Northwestern University Medical School; chief surgeon, Evanston (Illinois) Hospital. Ed. 2, revised. Sixteen hundred and ninety-five pages with 1,381 illustrations. Price, cloth, $10. Philadelphia: W. B. Saunders Company, 1939.

Menstrual Disorders. By C. Frederic Fluhmann, B.A., M.D., C.M., associate professor of obstetrics and gynecology, Stanford University School of Medicine, San Francisco, California; assistant visiting obstetrician and gynecologist to Lane and Stanford University Hospitals; fellow of the American Gynecological Society. Three hundred and twenty-nine pages with 119 illustrations. Price, cloth, $5. Philadelphia: W. B. Saunders Company, 1939.

Laboratory Manual of the Massachusetts General Hospital. By Francis T. Hunter, M.D. Ed. 3, thoroughly revised. One hundred and nineteen pages. Philadelphia: Lea & Febiger, 1939.

Pye's Surgical Handicraft: A Manual of Surgical Manipulations, Minor Surgery, and Other Matters Connected with the Work of House Surgeons and of Surgical Dressers. Edited by Hamilton Bailey, F.R.C.S. Eng., surgeon at Royal Northern Hospital, London; surgeon and urologist, Essex County Council; surgeon, Italian Hospital; consulting surgeon, Clacton Hospital and County Hospital, Chatham; external examiner in surgery, University of Bristol. Ed. 11. Five hundred and twelve pages with 362 illustrations. Price, cloth, $6. Baltimore: The Williams & Wilkins Company, 1939.

Health Officers' Manual. By J. C. Geiger, M.D., Dr. P.H., Sc.D., LL.D., director, department of public health, City and County of San Francisco, California. One hundred and forty-eight pages, illustrated. Price, cloth, $1.50. Philadelphia: W. B. Saunders Company, 1939.

Medical State Board Examinations. By Harold Rypins, A.B., M.D., F.A.C.P., secretary, New York State Board of Medical Examiners; member of the National Board of Medical Examiners, etc. Ed. 4, revised. Four hundred and forty-eight pages. Price, cloth, $4.50. Philadelphia: J. B. Lippincott Company, 1939.

Treatment by Diet. By Clifford J. Barborka, B.S., M.S., M.D., D.Sc., F.A.C.P., department of medicine, Northwestern University Medical School, Chicago; formerly consulting physician, The Mayo Clinic, Rochester, Minnesota. Ed. 4, revised. Six hundred and forty-two pages, illustrated. Price, cloth, $5. Philadelphia: J. B. Lippincott Company, 1939.

Diseases of the Nose and Throat. By Charles J. Imperatori, M.D., F.A.C.S., professor of otolaryngology, New York Polyclinic Medical School and Hospital; formerly, professor of clinical otolaryngology, New York Postgraduate Medical School, Columbia University, New York; consulting laryngologist to Nyack General Hospital and Harlem Hospital, New York, etc. In collaboration with Herman J. Burman, M.D., F.A.C.S., adjunct professor of otolaryngology, New York Polyclinic Medical School and Hospital; formerly assistant professor of clinical otolaryngology, New York Postgraduate Medical School, Columbia University, New York; director of the department of otolaryngology, Harlem Hospital, New York, etc. Ed. 2, revised. Seven hundred and twenty-six pages, with 480 illustrations. Price, cloth, $7. Philadelphia: J. B. Lippincott Company, 1939.

Medical Jurisprudence and Toxicology. By William D. McNally, A.B., M.D., assistant professor of medicine and lecturer in toxicology, Rush Medical College, University of Chicago; attending toxicologist, Presbyterian Hospital; attending staff, St. Joseph's Hospital, Chicago. Three hundred and eighty-six pages with twenty-three illustrations. Price, cloth, $3.75. Philadelphia: W. B. Saunders Company, 1939.

A Textbook of Clinical Neurology. By Israel S. Wechsler, M.D., professor of clinical neurology, Columbia University, New York; neurologist, Mt. Sinai Hospital; attending neurologist, Neurological Institute; formerly attending neurologist, Montefiore Hospital, New York. Ed. 4, revised. Eight hundred and forty-four pages with 162 illustrations. Price, cloth, $7. Philadelphia: W. B. Saunders Company, 1939.

Cancer Handbook of the Tumor Clinic, Stanford University School of Medicine. Edited by Eric Liljencrantz, M.D., chief of tumor clinic, Stanford University School of Medicine, consultant in neoplastic disease, United States Naval Hospital, Mare Island, and United States Marine Hospital, San Francisco. One hundred and fourteen pages, illustrated. Price, cloth, $3. Stanford University, California: Stanford University Press, 1939.

Life and Letters of Dr. William Beaumont. By Jesse S. Myer, A.B., M.D., late associate in medicine in Washington University, St. Louis, Mo., with an introduction by Sir William Osler, BT.., M.D., F.R.S., late regius professor of medicine in Oxford University, England. New print of the book published in 1912. Three hundred and twenty-seven pages illustrated. Price, cloth, $5. St. Louis: The C. V. Mosby Company, 1939.

Endocrinology in Modern Practice. By William Wolf, M.D., M.S., Ph. D., endocrinologist to the

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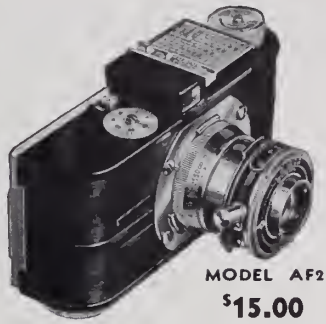

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French Hospital; attending endocrinologist, Misericordia Hospital, New York City; consulting endocrinologist, New York University Dental School. Ed. 2, completely revised. Ten hundred and seventy-seven pages with 176 illustrations. Price, cloth, $10. Philadelphia: W. B. Saunders Company, 1939.

Practice of Allergy. By Warren T. Vaughan, M.D., Richmond, Va. Ten hundred and eighty-two pages; 338 illustrations. Price, cloth, $11.50. St. Louis: The C. V. Mosby Company, 1939.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Clinical Gastroenterology. By Horace W. Soper, M.D., F.A.C.P. Three hundred and fourteen pages, with 212 illustrations. Price, cloth, $6. St. Louis: The C. V. Mosby Company, 1939.

Produced primarily for the gastroenterologist, this volume is a masterpiece in the pictorial presentation of diseases of the gastrointestinal tract. A great majority of the illustrations are from x-ray films. It is doubtful if the original films depict more clearly the pathologic conditions demonstrated on the plates.

The text is short and somewhat sketchy, necessarily so, however, because of the space devoted to the illustrations and their descriptions. K.L.P.

The Vaginal Diaphragm: Its Fitting and Use in Contraceptive Technique. By Le Mon Clark, M.S., M.D., Chicago. One hundred and seven pages, fifty-three illustrations. Price, cloth, $2. St. Louis: The C. V. Mosby Company, 1939.

This book should be a most helpful contribution to those interested in the vaginal diaphragm and contraception. The subject matter has been very well covered. R.E.C.

Civilization Against Cancer. By Clarence Cook Little, Sc. D. One hundred and forty-nine pages. Price, cloth, $1.50. New York: Farrar and Rinehart, Inc., 1939.

During the past twenty years, and for the past five to ten years in particular, cancer has been the subject of much literature spasmodically directed to the public through current magazines and otherwise. However, with the organization of the Women's Field Army of America, the sole purpose of which is to disseminate authoritative information about this disease, there has been a constant flow of information from the press dealing with various phases of the question. There has not been put together before in one volume all of the facts upon which is based the slogan: "Early Cancer is Curable." In this book Dr. Little has expressed in terms understandable by the public the present day concept of cancer and methods that are useful in the attack upon it. In the chapter designated: "What is Cancer?" he points out the difference between the normal growth of tissue and the abnormal and explains the meaning of disorganized cellular reproduction and growth. He also discusses in another chapter the answer to the question: "Is Cancer Inherited?" He points out that the question cannot be answered yes or no but involves an understanding of what is meant by inherited characteristics. In this discussion he points out the differences between direct transmission from mother to child and heredity and uses syphilis to illustrate this difference. At this point he takes up the question of cancer being infectious or contagious and says that it is neither infectious nor contagious.

The book is well written and contains a full explanation of all the facts which lead to the conclusion that the death rate from cancer can be immediately reduced if the public can be made to understand that an early diagnosis is the only way to certainly effect a cure, and if the medical profession will be careful to exclude the possibility of cancer in those lesions which on simple inspection appear quite benign. Every physician should read this book for the general information which it contains and for the purpose of improving his methods of presenting to the public the biological problems involved in the campaign for the control and prevention of cancer. W. D. S.

The Physiology of Exercise: A Textbook for Students of Physical Education. By James Huff McCurdy, A.M., M.D., M.P.E., director of physical education course in Springfield College (corporate title, International Young Men's Christian Association College), Springfield, Mass., 1895–1935; editor of The American Physical Education Review, 1906–1930; special editor of Webster's New International Dictionary (Unabridged Edition for 1934) for sports, athletics and physical education; etc. In collaboration with Leonard A. Larson, B.A., B.P.E., M.Ed., Ph.D., professor of health and physical education in Springfield College, Springfield, Mass. Ed. 3, thor-

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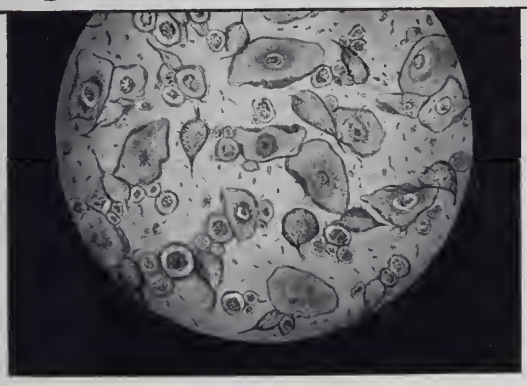

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oughly revised and enlarged. Three hundred and forty-nine pages, illustrated. Price, cloth, $3.75. Philadelphia: Lea & Febiger, 1939.

The effort represented by this book to emphasize the physiological solution of many of the problems of exercise is commendable. A large proportion of the book deals with exercise as it is encountered in practical situations, a fact which should hold the interest of those in charge of sport and gymnastic programs. The statistical study of cardiovascular tests of fitness is particularly interesting as would be expected since McCurdy and Larson have themselves specialized in this field. Age norms based upon their examination of some 2,000 males include an age group from fifty to eighty years.

The bibliography is an extensive one, brought well up to date. It is unfortunate however that the brevity of the text has apparently necessitated a somewhat didactic report of many investigative conclusions without an evaluation of the methods employed. Upon many points one feels a certainty that is unwarranted. R.E.B.

The Genuine Works of Hippocrates (translated from the Greek). By Francis Adams, LL.D., Surgeon. With an introduction by Emerson Crosby Kelly, M.D. Three hundred and eighty-four pages, illustrated. Price, cloth, $3. Baltimore: The Williams and Wilkins Company, 1939.

Williams and Wilkins are deserving of thanks for making the well known Adams Translation of Hippocrates again easily available for those interested in medicine and its history. The old edition has almost disappeared from the catalogues of secondhand book-shops.

The reviewer cannot sit in judgment upon the Adams translation but can only quote the most recent student of the surviving manuscripts of the Hippocratic Corpus, W.H.S. Jones, who speaks of it as "literal and generally good but occasionally misleading."

One might quote Jones again, in criticizing Dr. Kelly for printing as fact in his foreword, "The old view now discarded by the most competent authorities, that the Asclepiadae were the priests of the temples of Asclepius, combining the functions of priest and physician." C.H.B.

Trauma and Internal Disease: A Basis for Medical and Legal Evaluation of the Etiology, Pathology, Clinical Processes Following Injury. By Frank W. Spicer, A.B., M.D., F.A.C.P. Five hundred and ninety-three pages with forty-three illustrations. Price, cloth, $7. Philadelphia: J. B. Lippincott Company, 1939.

This book is to be recommended to the profession generally. It will be of especial interest and of inestimable value to the physician who has occasion to appear in court, before industrial commissions, or to render opinions to insurance companies in connection with the evaluation of the etiology, pathology and clinical processes following injury. Especially is the attention of the physician drawn to visceral disease in its relationship to trauma. Be-

cause texts generally make scant mention of the role played by trauma as one of the etiologic factors of disease, and since trauma is a constantly increasing cause of disability, this book is very timely.

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Careful scrutiny of those conditions with which the reviewer has medicolegal experience convinces him of the great value of this volume. To his knowledge this is the only English publication which brings together related information otherwise obtainable only from a widely disseminated world literature. K.L.P.

Sex and Internal Secretions: A Survey of Recent Research. Edited by Edgar Allen, Yale University. Ed. 2. Thirteen hundred and forty-six pages, illustrated. Price, cloth, $12. Baltimore: The Williams & Wilkins Company, 1939.

This volume is unique in that it presents summaries of a tremendous amount of work written by a series of authors whose intimate contact with the work makes them authoritative. It is a definite expansion and also careful revision of the first edition of the same work which appeared in 1932. The material is of importance to every careful student of reproductive physiology and pathology, but it is not the kind of volume which the usual clinician will use. The survey deals predominantly with the methods of the control of the sex characters, giving chief attention to vertebrates and especially to men. Of course, the bibliography is comprehensive.

These comments are offered, not as criticism, but to enable the clinician to distinguish the volumes which he will use. E.L.S.

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CHRONIC SUPPURATIVE SINUSITIS-COMEE

(Continued from page 551)

nosis, therapy and surgery of paranasal infections. There is no question concerning the existence in many cases of a definite co-relation between chronic paranasal infections and pathologic conditions of the lungs. But why such diversified opinions among all branches of medicine and the laity concerning proper sinus surgery? And why the prevalent opinion that a sinus affliction is a permanent curse?

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I am not condemning sinus surgery or any of our best present therapy, but I am wondering if we rhinologists should not form a more uniform judgment, diagnosis and opinion regarding sinus disease. Frank discussions in medical meetings should help.

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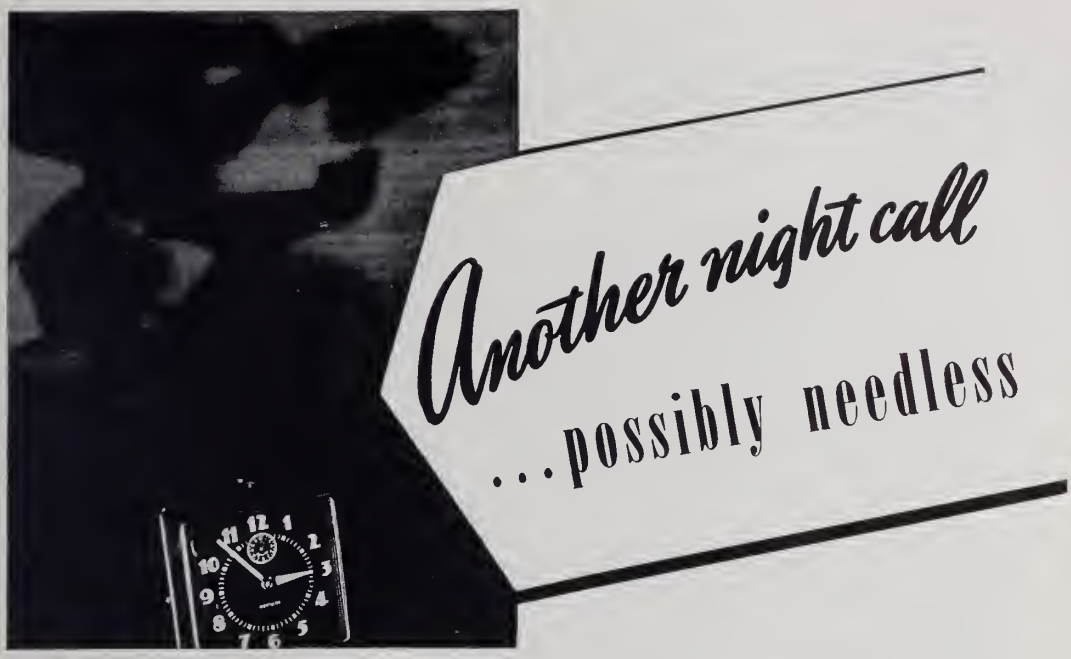

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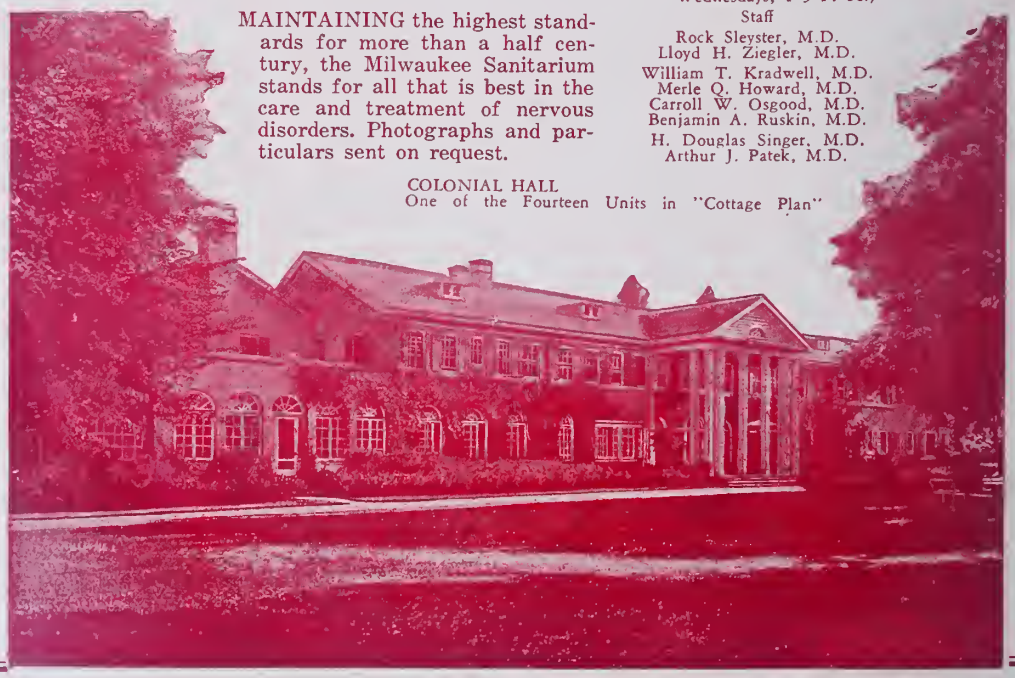

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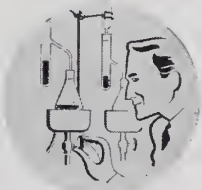

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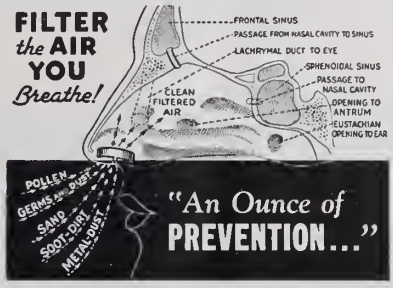

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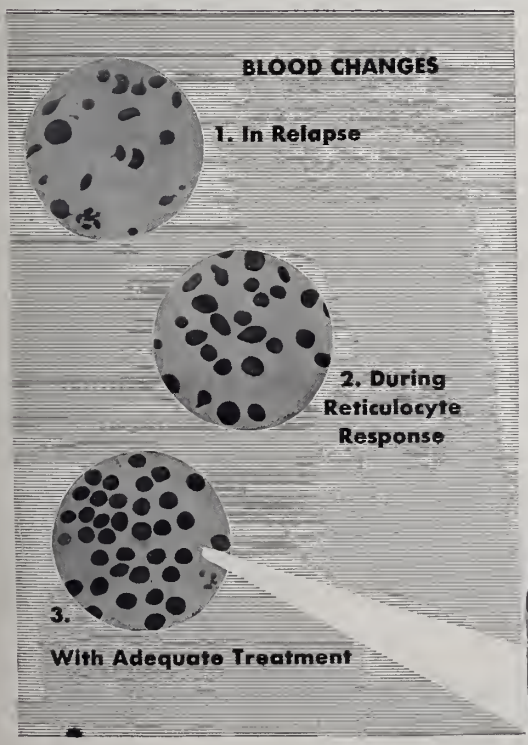

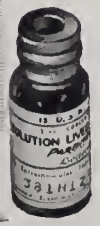

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● Early in this decade the first International Standards of Reference and Units for vitamins defined in terms of definite quantities of the standard materials were tentatively adopted by the Permanent Commission on Biological Standardization of the League of Nations. At subsequent meetings this Commission has replaced certain of the original standard materials by the pure vitamins or preparations considered to be better adapted as standards of reference. However, the new units defined in terms of the new standards represent approximately the same biological activities as the original International Units.

Believing that the present units and the standards of reference upon which they are based will be of interest, they have been tabulated and defined:

Vitamin A

The standard of reference (1) is a solution of purified beta-carotene in an inert oil, of such concentration that one gram of solution contains 300 micrograms (0.300 mg.) of beta-carotene. The International Unit of vitamin A is the vitamin A activity of 2 mg. of the standard solution, or 0.6 micrograms of beta-carotene.

Vitamin B_1

The reference standard (2) is the International Standard preparation of thiamin chloride. The International Unit for vitamin B_1 is the antineuritic activity of three micrograms (3γ) of the International Standard.

Vitamin C

The reference standard (1) for vitamin C is a specified sample of crystalline levo-ascorbic acid. The International Unit for vitamin C is the vitamin C activity of 0.05 mg. of this standard.

Vitamin D

The reference standard (1) for vitamin D is a solution of irradiated ergosterol, prepared under specified conditions at the National Institute for Medical Research (London). The International Unit for vitamin D is the vitamin D activity of 1.0 mg. of this standard solution.

The International System of expressing vitamin values will undoubtedly soon become official for all authoritative agencies which concern themselves with the establishment of vitamin standards and units. Reference standards for riboflavin and nicotinic acid—both of which are of significance in human nutrition—have not been defined. However, the use of units such as micrograms or milligrams of the crystalline compounds to express riboflavin and nicotinic acid values is becoming increasingly prevalent.

The use of vitamin units of definite value permits correlation of various phases of vitamin research, particularly those phases relating to the vitamin contents of common foods and to the quantitative human requirement for these essential food factors. Although vitamin supplementation of the diet may be desirable under certain circumstances, it is apparent (3) that a well planned mixed diet is most suitable for supplying optimal quantities of the vitamins along with the other essential nutrients. The established vitamin values of canned foods (4) serve as an indication of their usefulness in formulating such diets.

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(1) 1935. Nutrition Abstracts and Reviews, 4, 705.
(2) 1938. League of Nations Bulletin of the Health Organization, 7, 882.
(3) 1938. J. Am. Diet. Assn., 14, 1.
1938. J. Am. Diet. Assn., 14, 8.
(4) 1935. J. Home Econ., 27, 658.
1935. J. Nutrition, 9, 667.
1938. J. Am. Med. Assn., 110, 650.
1938. Nutrition Abstracts and Reviews, 8, 281.

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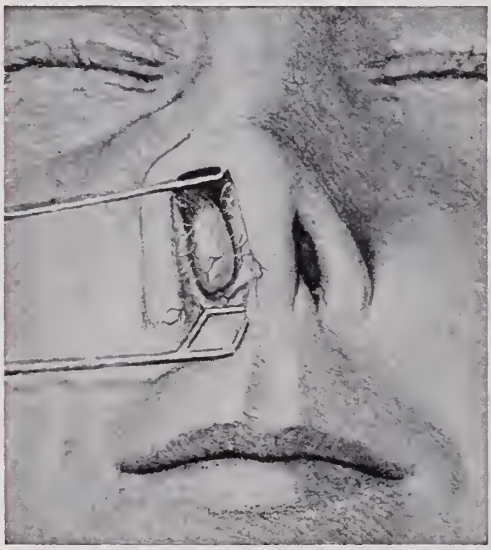
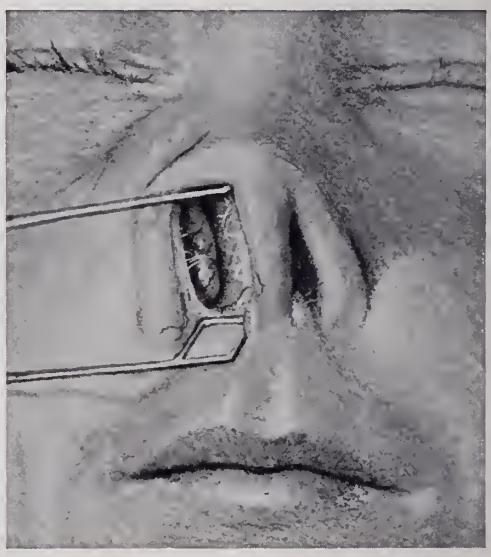


Fig. 1 — 1:45 P. M. Before treatment. Note extreme venous stasis and edema.



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THE WISCONSIN MEDICAL JOURNAL

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The Use and Importance of Electrocardiography in the Prognosis and Treatment of Diseases of the Heart by the General Practitioner*

By WRIGHT ADAMS, M. D.
Chicago, Ill.

THE electrocardiogram is based on physical principles unfamiliar to the medically trained mind. The fullest value can be had from the method only when the record is interpreted by someone who has studied these principles and who is in intimate contact with the rapid advances being made in the field. The electrocardiographer, however, must work in close cooperation with the internist or general practitioner. The electrocardiographer should know the clinical problem involved, and the practitioner should know what types of questions the cardiogram can be expected to answer.

It is valuable in three general phases of diagnosis: first, the identification of arrhythmias; second, the determination of disproportionate enlargement of one ventricle; and third, the detection of abnormalities of the myocardium. This can be demonstrated best by several examples.

Identification of Arrhythmias

Figure I shows one of the standard leads from each of four patients. The first strip is normal. The P wave results from auricular activity. The pointed initial ventricular complex, which coincides with the onset of ventricular contraction, comprises the R and S waves. In some normal leads a downward Q wave precedes the R. The T wave coincides with relaxation of the ventricle.

The other three strips show arrhythmias which appeared on physical examination to be auricular fibrillation. Number 2 shows auricular fibrillation. Note the absence of a regularly occurring P wave, the fibrillatory contractions of the auricles giving rise to the continuous F waves. The ventricular complexes are normal but they occur irregularly. Number 3 shows auricular fibrillation with two unusually formed ventricular complexes marked V, which are ventricular premature contractions, more commonly, but less properly, called ventricular extrasystoles. They result from stimuli to contraction from a ventricular focus and indicate myocardial irritability. Number 4 shows a basic normal rhythm with one auricular and numerous ventricular premature contractions (the former labeled A) which are so frequent that the rhythm cannot be identified except by electrocardiogram.

Premature contractions with or simulating auricular fibrillation require special consideration in treatment. While heart failure and tachycardia with auricular fibrillation

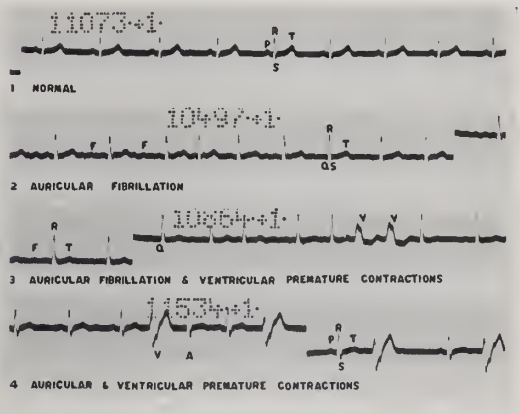

Fig. I.

* From the Department of Medicine, University of Chicago. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

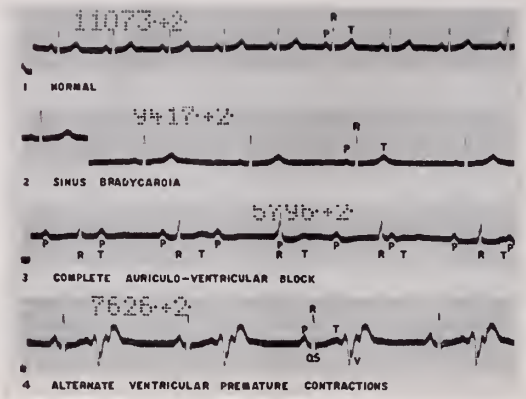

Fig. II.

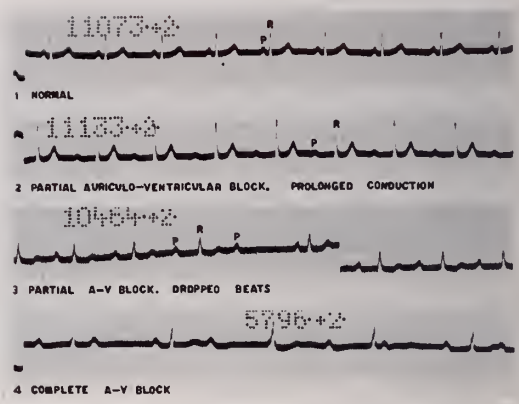

Fig. III.

are treated with full doses of digitalis, caution must be used in the presence of premature contractions since the increased myocardial irritability which occurs as a very early result of digitalis intoxication may actually accelerate the heart by increasing the number of premature contractions.

Figure II shows one normal lead and one from each of three patients with arrhythmias that appeared as slow heart rates on physical examination and were differentiated by the electrocardiogram. The second strip shows a sinus bradycardia, the complexes being normal but the rate slow. This condition usually does not impair function, the heart accelerating when increased work is required as in exercise. Number 3 illustrates complete auriculo-ventricular heart block, both the auricular and ventricular complexes occurring regularly, but independently of each other, due to interruption of conduction in the auriculo-ventricular node or bundle of His by inflammatory or degenerative disease or rarely digitalis intoxication. The treatment is that of the underlying condition and the prognosis is influenced unfavorably by the block because the ventricular rate responds little or not at all to increased demand for work and the slow rate may be a factor in precipitating heart failure. Number 4 shows ventricular premature contractions alternating with normal beats. This type of rhythm would ordinarily appear as a pulsus bigeminus, but because the premature contractions occurred so soon after the normal beats no effective contraction resulted and only the normal beats were found on physical examination. Quinidine restored the normal rhythm and the patient's cardiac reserve increased.

This figure illustrates, then, three instances of bradycardia not distinguishable on physical examination, strips number 2 and 4 with a good prognosis, number 3 influencing the prognosis unfavorably. Number 4 responded to medication which is not indicated in the other two.

In figure III the first strip is the normal and the fourth strip the complete auriculo-ventricular block from figure II. Numbers 2 and 3 show two degrees of partial block with an increased interval between the P and QRS waves due to delay in conduction of the contraction impulse from auricle to ventricle. Number 3 differs from number 2 in that the ventricular complex which should follow the second labeled P wave is missing, that impulse having been completely blocked. The three degrees of block are similar, indicating involvement of the auriculo-ventricular node or bundle of His, differing only in severity. Without the cardiogram the patient represented by number 2 would appear to have a normal rhythm, number 3 dropped beats and number 4 a bradycardia. The defect in 2, recognizable only by the electrocardiogram, is often important. It may be the earliest evidence of cardiac involvement in rheumatic fever, or the first indication of digitalis intoxication.

Figure IV shows the differentiation between auricular and ventricular paroxysmal

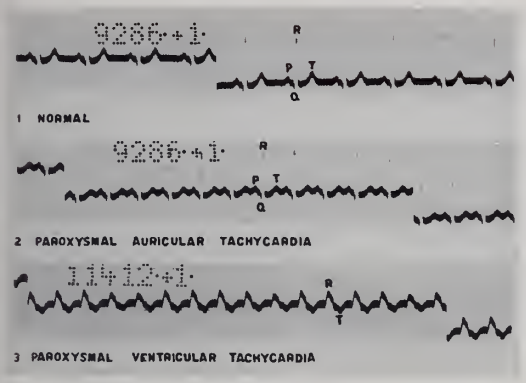

Fig. IV.

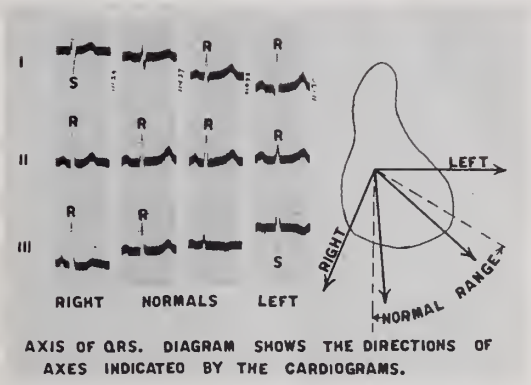

Fig. V.

tachycardia. The normal and the auricular tachycardia are from the same patient, the only differences being in rate, amplitude and P waves. The complexes of the third strip, ventricular tachycardia, are distinctly abnormal, there being no P wave and the bizarre ventricular waves resembling those of a ventricular premature contraction.

This differentiation is important, for while the therapy used in interrupting or preventing the two types of paroxysm is similar, it is relatively safe to use digitalis if heart failure accompanies the auricular type, but distinctly dangerous if the tachycardia is of ventricular origin because of the danger of ventricular fibrillation.

These four figures serve as examples of the value of the electrocardiogram in the identification of arrhythmias. It should be emphasized that in each instance a definite contribution has been made but in none has the complete prognosis or treatment been indicated.

Determination of Disproportionate Enlargement of One Ventricle

The second type of information that the cardiogram can give concerns preponderant enlargement of one ventricle or the other. The QRS axis is moved to the right by disproportionate enlargement of the right ventricle and to the left by disproportionate enlargement of the left ventricle. Anatomical rotation of the heart also modifies the axis.

Figure V shows three standard limb leads from each of four different patients. The principle deflection of QRS is lettered where it is of any considerable amplitude. The lead numbers are indicated at the left. In the normal leads the principal deflection of QRS is never downward, while the direction is downward in lead one when the electrical axis deviates to the right and downward in lead three when the axis deviates to the left.

The axis is of value in judging the severity of the strain placed on one ventricle or the other by valve lesions, hypertension, etc. An unexpected axis direction may result in review and correction of a diagnosis that would have been wrong without the cardiogram. In evaluating the significance of axis deviation, the shape of the chest and noncardiac abnormalities that move the heart must be considered.

Detection of Abnormalities of the Myocardium

The third field of usefulness of the electrocardiogram is the determination of the state of the myocardium. It distinguishes between normal and abnormal with considerable accuracy, but has only limited usefulness in judging the extent or cause of abnormality.

In figure VI one of the precordial leads is included as well as the three standard limb leads. One normal lead and three tracings that justify the diagnosis of an abnormal myocardium are shown. The second one shows abnormality of the T wave and the S-T interval, but the QRS complex is normal. From this we conclude that the myocardium

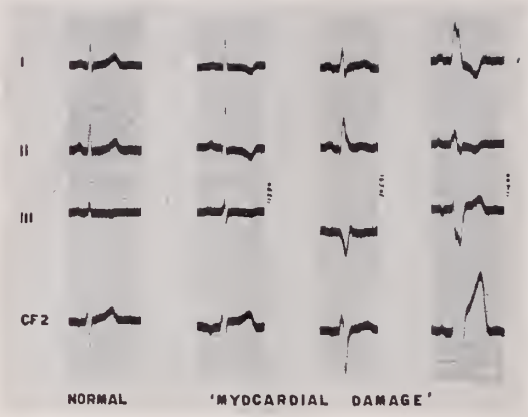

Fig. VI.

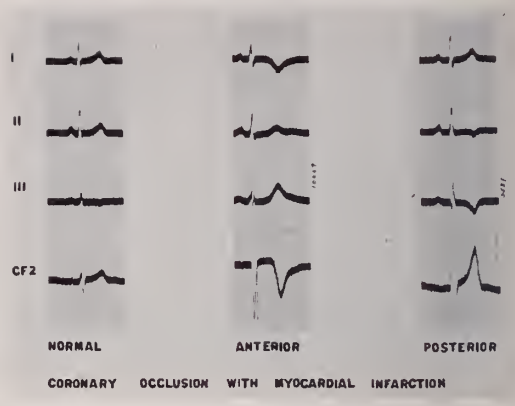

Fig. VII.

is abnormal, but that the Purkinje fibers are not affected, since damage to the intraventricular conduction system gives rise to the type of QRS complexes seen in the last two tracings, where the QRS complexes are broad, notched and slurred. When this deformity is present very little information can be drawn from the size and direction of the T waves because they are modified by the abnormal conduction. This is illustrated by the tracing on the right, which is one of the few patterns that have been definitely identified. It results from complete interruption of the main left branch of the Purkinje system soon after it leaves the bundle of His. A small lesion interrupting the conduction system at this point gives rise to these spectacular abnormalities, while diffuse involvement of most of the myocardium might cause the changes seen in the second tracing without QRS abnormality so long as the conduction system was not seriously affected.

It is evident then that these tracings do not complete the diagnosis or prognosis and therefore do not indicate the treatment, but myocardial abnormality may be the first evidence of cardiac involvement, in rheumatic fever, for example, and then of course both prognosis and treatment are modified. In valvular lesions the condition of the myocardium is usually more important in judging the outlook than is the severity of the valve deformity. In cases of angina pectoris the outlook as to congestive heart failure is influenced markedly by the condition of the myocardium.

The value of the cardiogram in the diagnosis of coronary occlusion is well known. Figure VII shows a normal curve and two patterns which have been identified with infarction of the anterior and posterior walls of the heart. It makes no great difference to the patient whether his thrombosis is anterior or posterior, but these patterns are important because when one of them occurs a positive diagnosis can be made on the basis of one tracing.

When coronary occlusion occurs in a previously damaged heart or when the coronary circulation is anomalous the typical patterns are not seen. In these cases one tracing usually shows damage, but the rapid change must be demonstrated by two or more tracings to make the diagnosis.

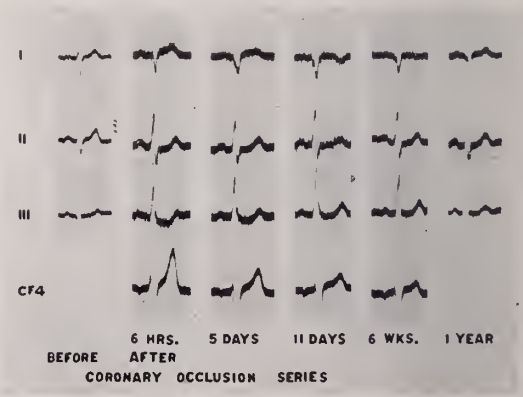

Fig. VIII.

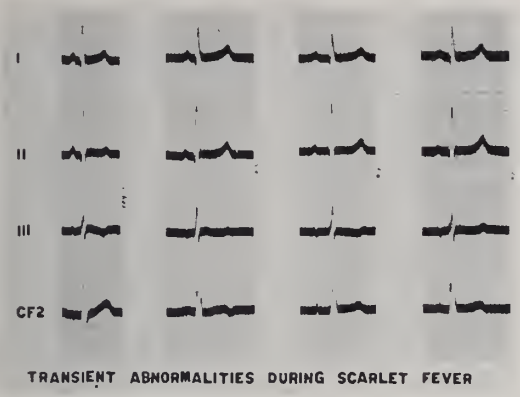

Fig. IX.

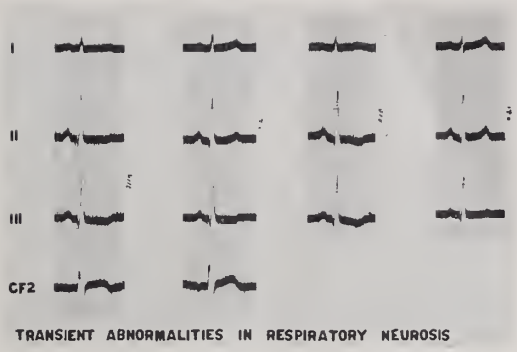

Fig. X.

Figure VIII shows a series of six tracings from one patient, the first before and the others after an occlusion. The most definite changes are seen in the S-T intervals and T waves. No single tracing makes the diagnosis, but any pair except the first and last would do so. The resemblance between the last tracing and the first, showing good electrocardiographic recovery, tends to improve the prognosis in regard to heart failure.

The fact that the electrocardiogram is very sensitive in detecting myocardial damage due to inflammatory or degenerative changes, has led some to draw gloomy conclusions and make a bad prognosis whenever the tracing gives evidence of myocardial damage. Figure IX shows a series of cardiograms from a child, taken over a period of a month during the course of scarlet fever. The first one is definitely abnormal and minor T wave changes continue to the third tracing. In the third the interval between P and QRS is greater than in any other. Later tracings have been normal, identical with the last one shown.

These changes led to careful observation of the cardiac status over an extended period, but no other evidence of heart disease has been found. The conclusion to be drawn is that scarlet fever can give rise to temporary abnormalities of the heart with recovery, and not that the heart was seriously or permanently damaged or that the method is worthless.

Figure X illustrates an unusual situation in which the tracing was abnormal when the blood carbon dioxide level was abnormal. The patient had a respiratory neurosis with hyperventilation. The first tracing is the most obviously abnormal and the second the most nearly normal of six daily records. The third, the most abnormal of the group, was taken during active hyperventilation when the blood carbon dioxide was very low and the fourth, which is perfectly normal, was taken when the blood carbon dioxide level had been adjusted to average normal levels by breathing air containing carbon dioxide. Treatment of the neurosis resulted in a continuously normal cardiogram.

Conclusion

In conclusion it should be emphasized that the electrocardiogram furnishes information regarding the arrhythmias, preponderant enlargement of one ventricle, and the functional integrity of the myocardium. It does not lift the burden of cardiac diagnosis from the doctor. When used it must be for the purpose of furnishing specific information which is frequently of great value and often cannot be obtained in any other way, but it should not dominate the clinical situation. While it gives evidence of myocardial abnormality with considerable accuracy, every instance of myocardial abnormality does not carry a bad prognosis. The danger of causing unnecessary invalidism will be minimized by considering the patient as a whole.

Finally one should be content to understand the possibilities of the method without attempting the detail of interpretation of the tracings unless he is willing to give a considerable amount of time to special study.

Low Grade Occult Inflammatory and Neoplastic Diseases of the Orbit*

By WILLIAM L. BENEDICT, M. D.
Rochester, Minn.

THE posterior half of the orbit, the so-called retrobulbar space, is a pyramidal structure of bone through which pass many important nerves and blood vessels by way of fissures and foramina from the cranial cavity to the eye and to the periorbital structures. Although anatomic variations occur, they are usually insignificant from the standpoint of function, except when pathologic lesions develop either within the orbit or immediately adjacent to the orbit and thus create conditions that are unusual in that region.

Variations in measurements of the orbit follow the general trend in structural development of the head—a broad orbit in a broad skull, a narrow orbit in a long narrow skull—but the general pattern of fissures and foramina through which the vascular and nervous structures pass maintains a constant relationship in so far as structural limitations will permit. The sinuses of the facial bones vary much more in contour and in relationship to the structures of the face than does the orbit in its contour and in its relationship to the cranial cavity. The surgical landmarks of the posterior orbital region, the body of the sphenoid bone and the roof of the orbit, bear a constant relationship to each other that is of great importance in the interpretation of roentgenograms of the head.

Confined within the limits of the bony orbit are the large blood vessels that supply the eye, eyelids, nose and upper part of the face; the second, third, fourth and sixth nerves; branches of the fifth, seventh and sympathetic nerves; five of the extra-ocular muscles (including the levator palpebrae); fascia and fat.

Posteriorly there is a direct connection between the orbit and the cranial cavity by the optic foramen, the superior orbital fissure and numerous smaller openings through which pass vessels and nerves, yet the anatomic separation of the cavities is maintained by fascial sheaths that effectually impede transmission of acute infection by direct extension, but they are not barriers to invasion by neoplastic or vascular disease. Cellulitis of the orbit seldom extends to involve the meninges or the brain and meningitis does not extend into the orbit to produce inflammation of the orbital tissues, although the functions of the eye, both sensory and motor, may be impaired by involvement of the nerves posterior to their orbital portions. In certain small regions only a thin membrane separates the cranial cavity from the orbital cavities, yet the resistance which this barrier affords to extension of infection is of vital importance in both orbital and intracranial surgical operations.

A number of pathologic conditions arise in the retrobulbar portion of the orbit that are reflected in clinical signs and symptoms that also are frequently associated with basal lesions of the cranial cavity. Some tumors of the orbit, such as hemangiomas, aneurysms of the larger orbital vein, tumors of the nerves or of the meninges, may cause inflammatory reaction in adjacent tissues that become visible by roentgenologic examination as enlarged or constricted foramina or as hyperostosis or as erosion of bone. On the other hand, there are lesions arising about the sella that invade the orbit, causing exophthalmos, disturbances of ocular motility and interference with vision. Such pathologic lesions, whether primary or secondary, are often of obscure origin and are referred to as "occult inflammation" or "tumor of the orbit."

* Presented before the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

Consideration of pathologic processes in the retrobulbar space involves also some thought of adjacent regions, not alone of the intracranial extension of orbital structures (optic nerve, ophthalmic artery and vein) but of separate processes in the ethmoid and sphenoid bones as well. There is little occasion to suspect invasion of the orbit from the temporal side but, from the antrum, malignant disease may perforate the floor of the orbit or may invade it through the maxillary fissure.

Occult inflammation of the retrobulbar space is often accompanied by inflammation about the body of the sphenoid bone, so that the term "retrobulbar" also must mean basocranial when the symptoms presented may be accounted for by lesions situated near the optic chiasm. The most important symptom and the most frequently found functional disturbance is loss of vision or diminished visual acuity.

We must omit from consideration visual disturbances that arise from physiologic enlargement of the pituitary gland in the latter months of pregnancy, the optic atrophy of tabes, retrobulbar neuritis of multiple sclerosis, metallic poisoning, chronic constitutional disease, and other non-localizable, pathologic processes that are considered clinical entities characteristic of diseases not especially confined to the retro-orbital region. The ocular signs and symptoms of such diseases are, as a rule, easily discernible and their occurrence together with other phenomena constitutes familiar syndromes. However, their occurrence without the corroborative findings of clinical entities lends local significance to these same ocular disturbances and the matter of distinguishing between local and constitutional disease may be of great importance, particularly when surgical intervention is contemplated.

Primary retrobulbar inflammation is rare. The presence of a slowly growing tumor is provocative of reaction in contiguous tissues and gives rise to thickening and in some cases to formation of bone. During the early growth of a tumor such thickening may cause functional disturbances of vision or of ocular motility by pressure on the adjacent nerves, a condition of retrobulbar neuritis that cannot be distinguished from neuritis of toxic origin. Symptoms, however, do not disappear on treatment if a tumor is the causative factor, whereas they should abate after a short course of appropriate treatment, if caused by toxemia. Some of the more frequently encountered conditions that arise in the retrobulbar and anterior basocranial regions will be considered briefly.

Acute Inflammation of Orbit, Arachnoiditis

Before acute inflammatory affections of the orbit are considered as primary, the probability of secondary invasion from the various sinuses that lie in close contact with the orbit must be ruled out. Acute processes that give rise to proptosis and fixation of the eyeball, chemosis and swelling of the lids, begin as inflammation in the ethmoid cells or sphenoid sinus and invade the orbit along the vessels or nerves that traverse the two regions. Thrombosis of the cavernous sinuses, periostitis of the orbital walls, tenonitis and orbital cellulitis are, more often than not, the result of involvement of the orbit by a process that is primary and is even more extensive elsewhere. One cannot ignore the fact, however, that thrombosis of vessels within the orbit gives rise to symptoms identical with those caused by extra-orbital thrombosis and these two conditions must be distinguished from each other by examination of extra-orbital regions. Acute inflammation may be an exacerbation of a chronic or occult process that has been dormant until some activating agent initiated more rapid activity. The original condition from which the inflammation arises may remain concealed, overshadowed by symptoms of a superimposed condition of an entirely different character. A corneal ulcer caused by exposure owing to exophthalmos may set up inflammatory reaction in a case of Graves' disease that would not occur in the natural course of that disease.

Arachnoiditis consists of localized inflammation in which a chiasmal syndrome may be present in the absence of tumor. Thickening of the soft membranes at the base of the brain with formation of cysts con-

taining fluid under pressure, the release of which may bring about improvement in vision, has been described by Holmes and by Cushing. The visual field may vary from time to time in such a way that retrobulbar or toxic neuritis may be suspected. Papilledema usually is present. Headache of frontal and parietal type is a frequent symptom. The etiology of this condition may be attributed to trauma, such as ancient fracture of the skull, infected contusion of the scalp and spread of infection from the middle ear or from nasopharyngeal sources. The process is known to accompany serous meningitis, inflammatory gliomatosis or edema of the brain. One patient recently operated on at The Mayo Clinic was found to have arachnoiditis with adhesions about the optic chiasm, the optic nerves and the superior orbital fissure, from a cavernous hemangioma containing clots, situated entirely within the orbit. There had been noted a slowly progressive loss of vision, mild papilledema, exophthalmos of the left eye that had not changed within three months and increasing frontal headache. Study of the roentgenograms revealed recent hyperostosis along the sphenoidal ridge and throughout the lesser wing of the sphenoid bone, a finding that suggested the presence of a meningioma.

Chronic Inflammatory Pseudotumor

Chronic inflammatory pseudotumor is a rare affection of the posterior part of the orbit which cannot be diagnosed satisfactorily without microscopic examination of the tissue involved. Benedict and Knight[1] stated:

> The condition is characterized by disturbance of motility of the eyes, proptosis usually with lateral displacement of the eye in the affected orbit, swelling of the lids and increase in the bulk of the retrobulbar tissue. As the quantity of tissue in the depth of the orbit increases, the eye becomes rather firmly imbedded, so that it cannot be pressed backward. The onset is slow, and not accompanied by the usual symptoms of inflammation.

Six cases of this rare disease seen at The Mayo Clinic were reported by Benedict and Knight in 1923 and confirmed cases have not been observed at the clinic since then. The etiology of the condition is unknown. Microscopic examination shows the orbital tissue studded with groups of lymphocytes resembling follicles, with an outer ring of plasma cells, endarteritic changes and the absence of all signs of malignant growth. In some sections plasma cells are absent and eosinophils are conspicuous. The absence of plasma cells speaks for a short duration of the process which leads to the conclusion that the pathologic picture depends in no small measure on the age of the lesion, and that these atypical lesions are only young pseudotumors.

Meningioma

Meningioma is a neoplasm of a comparatively low grade of malignancy having its origin in the arachnoid membranes and is found in a variety of forms throughout the cranial cavity. It has been described under several names and, until Cushing gave it the name "meningioma," it was most frequently referred to as "dural endothelioma." Meningiomas that directly affect the orbital structures are suprasellar tumors. They arise in the neighborhood of the cavernous sinus, diaphragma sellae, tuberculum sellae and the chiasmal sulcus. They spread by direct extension, involving the dura and the periosteum and even the bone. In many cases, the optic nerves are involved early and, owing to their compression, visual defects and blindness occur. Hyperostosis of the ridge of the sphenoid bone and of its lesser wing are diagnostic signs when found on roentgenologic examination. Invasion of the orbit through the superior orbital fissure and the optic foramen gives rise to proptosis of the eyeball and disturbance of its motility. Headache is not a frequent symptom and endocrine disturbances are practically never present. It is a disease of adults characterized by slowly progressive blindness, exophthalmos and hyperostosis without rise of intracranial pressure. Hyperostosis is a late manifestation of the condition and may not occur at all. Meningiomas that are situated remotely from the chiasm may produce blindness without proptosis or hyperostosis, but in such cases they resemble other types of brain tumor in their effect on the optic

nerves. They are not often confused with pituitary tumors although changes in the visual field may be similar. Meningiomas may arise from the sheath of the optic nerve and may lie entirely within the orbit. They are not susceptible to roentgen rays or to radium.

Vascular and Malignant Tumors

The great vessels within the orbit may give rise to exophthalmos and to visual disturbances by involvement in aneurysmal varices or cavernous angiomas which result from trauma or from a primary vascular neoplasm, some of which may represent congenital rests or extension of vascular growths that originate outside the orbit. Hemangio-endothelioma occurs frequently in the orbit and may be found anywhere within its walls. In the retrobulbar space, such a tumor usually is situated in the middle potential space, that is, between the muscle cone and the periorbita. Although this type of tumor varies somewhat in structure, usually, when found in this region, it has thin walls, contains cavernous spaces sometimes filled with thrombi and contains little fibrous tissue in contrast with hemangioma found in the anterior part of the orbit. In the latter region is found the rounded, firm, encapsulated tumor that is easily recognized by palpation. Hemangioma is not malignant but spreads by direct extension beyond the orbital walls, usually through the superior orbital fissure to the cranial cavity. It cannot be reached satisfactorily by the orbital route but can be removed under direct vision by the transcranial method of approach to the supraorbital region. The diagnosis of vascular tumor cannot always be made on the basis of symptoms. The optic nerve rarely escapes damage and vision is usually impaired to some degree. Roentgenograms rarely show any bony changes except in the presence of a pulsating, cavernous type of tumor or after the tumor has extended beyond the orbit. In this event, localized thickening of the meninges and hyperostosis may result.

The intra-orbital portion of the optic nerve may be the site of a neoplasm of a low grade of malignancy. Also, from the sheaths of the optic nerve endothelioma arises and assumes various histologic structures by which it is known. Meningioma has already been mentioned. Psammoma bodies are found in some fibro-endotheliomas. Multiple fibromatosis of von Recklinghausen affecting the optic nerve was reported by me.[2] A case of glioma of the optic nerve affecting a child, aged nine years, was also reported some years ago by me.[2] The tumor was removed with a portion of the optic nerve and with preservation of the eyeball. The cosmetic effect was good fifteen years afterward. Because of early disturbance in vision, tumors of the optic nerve are detected soon after symptoms appear but the diagnosis is not clearly established before operation in all cases.

The soft tissues of the orbit are subject to malignant disease such as sarcoma, carcinoma, lymphoma, melanoma and many other types. An outstanding sign of orbital tumor is exophthalmos which also results from edema, cellulitis, aneurysm, hyperthyroidism and other extra-orbital conditions. Exophthalmos may be present without any other significant finding and may persist with little alteration for months, during which time the diagnosis must remain in doubt.

The use of therapeutic doses of irradiation combined with compression with an elastic bandage is justifiable in such cases. The risk of causing cataract is not great if irradiation is judiciously applied, and the attempt may result in complete recession of symptoms, as I have demonstrated in three cases. Presumably the exophthalmos resulted from a radiosensitive neoplasm which regressed under treatment. The neoplasm has not recurred within three years. Exploration of the orbit is justified if the symptoms progress in spite of irradiation but the avenue of approach, whether by way of the orbital outlet or by the transcranial method, must be decided on the basis of the findings.

BIBLIOGRAPHY

1. Benedict, W. L., and Knight, Mary S.: Inflammatory pseudotumor of the orbit. Arch. Ophth. 52: 582–593 (Nov.) 1923.
2. Benedict, W. L.: Tumors and cysts arising near the apex of the orbit. Am. Jour. Ophth. 6: 183–201 (March) 1923.

The Asphyxiated Infant*

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ASPHYXIA is probably the commonest emergency in the newborn. The problems connected with its prevention and control would provide enough material for a complete seminar in obstetrics and pediatrics. Reports such as those by Bundesen et al.[1] illustrate an apparent gap between its commonly accepted physiologic basis and the unskilled, hit-or-miss maneuvers often witnessed in the treatment of the asphyxiated infant.

Three general considerations determine whether or not a baby will be born asphyxiated:

(1) *The kind of labor.* Whatever increases compression and causes sudden release of the fetal head increases cerebral injury and asphyxia.

(2) *The kind of narcotics or anesthetics used before and during delivery.* Excessive sedatives and deep anesthesia increase the likelihood of asphyxia in the newborn. Irving of Boston and his associates[2] in a study of cases in an outpatient department in which no anesthetics were used during normal delivery reported that only 1.9 per cent of the living full-term infants did not breathe immediately after birth. In a study of 100 cases in which pantopon and scopolamine were used, Irving and his coworkers found that 67 per cent required resuscitation. We also have been impressed with the fact that patients admitted to the hospital too late for preoperative medication usually give birth to babies that *do not need resuscitation.*

(3) *The kind of baby.* The immature baby has cerebral blood vessels that are easily ruptured or incompletely developed terminal alveoli of the lung (atelectasis). Whether the asphyxiated infant belongs to one category or the other, its physiologic hazards are either (a) those of an obstructive character or (b) those due to anoxemia. Certain methods of therapy, while combating one or both of these hazards, also may aggravate them. Particular care should be taken that the method of therapy chosen should not harm while aiming to help.

In Cruickshank's investigation[3] of the causes of neonatal death, asphyxia and birth injuries were found in 540 of 800 infants who died within the first four weeks of life; that is, nearly three out of four babies who died within four weeks after birth had asphyxia and birth injuries. Over 20 per cent of the 800 infants had gross intracranial hemorrhage and many others showed varying degrees of congestion and edema of the brain. Even without Cruickshank's careful pathologic study, however, we should be justified in assuming that the birth process, even in its normal manner, may lead to some cerebral congestion. Many of the practices now used in attempts at resuscitation ignore this finding and would seem to aggravate asphyxia.

Eastman[4] warns against any posture which might aggravate a beginning cerebral hemorrhage. He says, "While the customary procedure of holding the newborn baby up by its feet serves admirably to rid the throat and trachea of fluids, * * * it should be used cautiously when cerebral trauma is suspected."

Other measures with equally dangerous possibilities are violent swinging in the air, slapping, or immersion in alternate cold and hot water baths. Many babies survive despite these spectacular procedures, but many more could be made to live if less heroic methods were used.

The "how" of resuscitation may not only determine whether the infant lives but may have much to do with its subsequent vitality. The procedures used in resuscitating a newborn infant should be practical and easily available. For that reason, it is not our pur-

* From the Department of Anesthesia and the Department of Pediatrics, Columbia Hospital. Presented by Dr. Schwartz before the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

pose in this presentation to pass judgment on the respective merits of the mechanical resuscitators, which are not available in the mass of deliveries. Successful reports on their use have been made by Coryllos and others.[5]

We should like, however, to review a few useful procedures, the chief merits of which are their simplicity and their ready availability wherever a baby is born.

Technic of Resuscitation

The actual resuscitation procedure may be roughly divided into three parts; namely, (1) clearing the air passages, (2) starting artificial respiration, and (3) administering oxygen with carbon dioxide.

Clearing the air passages.—As soon as the infant's head emerges, the obstetrician should begin to clear the mouth, pharynx and nose. He should first cleanse the face with gauze, and then, with the small finger, the mouth. With the complete delivery of the child, and in instances where cerebral injury is not suspected, the infant may be held by the feet while the larynx is milked of mucus, or the infant may be laid on the right side while a soft-tip ear syringe is used to complete the cleansing of the mouth and pharynx.

While many infants begin to cry before an approach is made to the larynx and thus expectorate any obstructive contents, it is well to be prepared with a soft catheter—size 14, French—or, if the infant is small and premature, a size 10 French catheter.

The index finger of the right hand depresses the tongue and the catheter is inserted about 3–4 cm. into the larynx with the left hand. This position of the catheter can be proven readily by moving the right index finger into the esophagus.

The use of a direct vision laryngoscope as developed by Flagg[6] is a distinct advantage in the hands of the trained operator. There is urgent need for more training of the graduate physician in the use of this technic. The procedure could be taught easily on the cadaver.

Giving artificial respiration.—Mouth-to-mouth or mouth-to-nose insufflation may be used. Having cleansed the pharynx and larynx, one proceeds preferably with the left hand under the infant's head in order slightly to arch the neck and to open up the posterior oropharynx. The right hand then places six to eight thicknesses of gauze over the infant's mouth, and then rests lightly over the lower chest and epigastrium. The operator places his mouth on that of the infant at a right angle, the baby's nose is in one corner, the baby's chin in the other corner of the operator's mouth. The force of blowing breath should be enough to cause the baby's chest to rise slightly against the right hand, which responds by rhythmically compressing the chest between efforts at inflation.

In this way, the right hand can detect the presence of air in the infant's stomach and expel it by slight pressure, and, above all, the administrator immediately becomes aware of the first effort of the infant in spontaneous respiration and knows that he may stop artificial respiration.

It is this very close contact with the infant which renders this method so valuable. The amounts of oxygen and carbon dioxide were questioned at one time, but when one considers the extremely small exchange in a newborn's lungs and the necessity for an effort at spontaneous respiration, 15 to 16 per cent oxygen in the first few breaths and 18 to 20 per cent with more rapid shallow respirations seem adequate until respiration has actually started. Then, additional oxygen or carbon dioxide may be administered.

While there has been some discussion as to the theoretical danger of rupturing the alveoli and spreading infection, this apparently occurs very infrequently. If one wishes to increase the oxygen content of the expired air, the operator places a small rubber tube connected with an oxygen tank in the corner of his mouth before placing his mouth over that of the infant.

Administering oxygen with carbon dioxide.—After respiration is established, oxygen with carbon dioxide may be administered with a direct mask or in a tent designed or improvised for the purpose. As the infant begins to breathe regularly, carbon dioxide-oxygen mixtures may be replaced by oxygen alone. Recurrent periods

of apnea or cyanosis call for repeated carbon dioxide-oxygen mixtures, as advocated by Yandell Henderson[7].

General Measures

Even when the asphyxiated infant seems to be breathing normally, the nurse or attendant in charge of the infant should be given the following instructions, which apply for three or four days:

(1) Keep the baby warm and quiet, head tilted slightly downward to insure drainage (this does not apply to babies suspected of having cerebral hemorrhage).

(2) Do not bathe, weigh or handle the baby unnecessarily.

(3) Feed the baby carefully with a medicine dropper.

(4) Administer oxygen with carbon dioxide for ten minutes three times a day or oftener as needed.

If cyanotic spells continue to recur, the clinician should institute diagnostic measures to determine their origin. The cyanotic spells of the infant with congenital pneumonia, aspirated amniotic contents, cerebral edema, tetany of the newborn, intracranial hemorrhage or diaphragmatic hernia call for therapy other than the specific therapy of carbon dioxide with oxygen and good nursing care.

BIBLIOGRAPHY

1. Bundesen, H. N., Dahms, O. A., Fishbein, W. I., and Harmon, G. E.: Mortality of new-born infants in Chicago during 1935. J.A.M.A. 107: 270–276 (July 25) 1936.
2. Irving, F. C., Berman, S., and Nelson, H. B.: The barbiturates and other hypnotics in labor. Surg., Gynec. & Obst. 58: 1–11 (Jan.) 1934.
3. Cruickshank, J. N.: The causes of neo-natal death —A study based on the post-mortem examination of 800 infants who died during the first four weeks of life. Special Report Series No. 145 of Medical Research Council. London: His Majesty's Stationery Office, 1930.
4. Eastman, N. J.: Asphyxia neonatorum. International Clinics 2: 274–300 (June) 1936. Philadelphia: J. B. Lippincott Company, 1936.
5. Coryllos, P. N.: Mechanical resuscitation in advanced forms of asphyxia. Surg., Gynec. & Obst. 66: 698–722 (Apr.) 1938.
6. Flagg, P. J.: Asphyxia neonatorum—The pivot upon which turns the movement to prevent asphyxial death. Surg., Gynec. & Obst. 67: 153–162 (Aug.) 1938.
7. Henderson, Yandell: Prevention and treatment of asphyxia in the new-born. J.A.M.A. 90: 583–586 (Feb. 25) 1928.

DISCUSSION

J. W. Prentice, M.D., Ashland: As Dr. Schwartz has pointed out, asphyxia is probably the most common emergency in the newborn and one with which the general practitioner comes in contact frequently.

I should like to say a few words regarding Dr. Schwartz's statement as to the infrequency of asphyxia in infants born before the mother has had any analgesic or anesthetic drugs. We must bear in mind the fact that in most of such cases the labor is easy and one would naturally expect the condition of the infant to be good.

As Dr. Schwartz pointed out, particular care should be taken that the method of therapy chosen should not harm while aiming to help. We should remember that, in states with an increasing degree of oxygen lack, consciousness is lost, respiration ceases, the heart beats more and more slowly and soon a complete collapse of muscle tone is reached, resulting in asphyxia.

The ill effects of asphyxia are not limited to respiration alone. Lack of oxygen can produce tissue death, rupture of vessels, and hemorrhage without the trauma of labor. Not all cases of cerebral hemorrhage are the result of prolonged, protracted, difficult labors, but may be produced by ill-judged procedures.

In the intelligent treatment of asphyxia neonatorum, it is first necessary to establish in one's mind the degree of asphyxia,—to ask oneself if the child is merely depressed, on the borderline of asphyxia or dying. For many years asphyxia neonatorum has been divided into asphyxia livida and asphyxia pallida, the general idea being that there are degrees in the depth or length of oxygen lack. The former is an aggravated form of the usual mild asphyxia seen in most infants at birth. It is a true asphyxia and its treatment requires adequate pulmonary ventilation. Asphyxia pallida neonatorum is a state of fetal shock most often caused by intracranial injury and hemorrhage. It is analogous to surgical shock and demands practically the same treatment; rough manipulations can do nothing but impair the prognosis.

Thus, in outlining his contemplated plan of procedure in any given case, the physician should attempt to evaluate the primary cause of the asphyxia. He should decide whether it is due to anesthetic or other drugs, to obstruction, to atelectasis, to injury or to some unknown factor. Use of the principles outlined by Dr. Schwartz should result in successful treatment in the average case of delayed breathing.

Before closing, I should like to call attention to the fact that prophylaxis is the most important element in the treatment of this condition. If we use better judgment in caring for our obstetrical patients throughout the lying-in period, there will be less need for instituting resuscitation procedures.

Evaluation of Therapy in Trigeminal Neuralgia*

Results of Treatment With Typhoid Vaccine in Eighteen Cases

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THE treatment of the lancinating pains of trigeminal neuralgia has intrigued practitioners of the healing arts from ancient times to our present ultra-scientific era.

Avicenna[1] gave the first accurate description of facial neuralgia in the year 1000, but failed to recognize its relation to the fifth cranial nerve. He recommended treatment by scarification, blood-letting, and aperients. Andre[2] of Versailles coined the term tic douloureux and John Fothergill,[3] an English physician, gave the first complete description of trigeminal neuralgia in his monograph on "Painful Affections of the Face." He suggested extract of hemlock as a specific remedy.

A search of the literature for a knowledge of the etiology and pathogenesis of trigeminal neuralgia serves only to emphasize the fact that its exact nature is still unknown. Innumerable hypotheses have been advanced and many theories proposed which are contradictory. A number of observers would locate the site of origin of trigeminal neuralgia in the gasserian ganglion, yet Grant[4] and many others reported comparative studies of ganglia studied at autopsy in which they could find no significant changes. Harris[5] believes the cause to be due to pathologic changes in and about the nerve endings.

Alajouanine and Thurel[6] subscribe to a theory embracing a more central origin of the pain. The functional nervous elements present in many cases are considered at length by Ball[7]. In his opinion trigeminal neuralgia belongs in the category of functional nervous conditions. Dandy[8] was able to demonstrate organic lesions in 60 per cent of his cases and in the remaining 40 per cent he considered the possibility of some intrinsic disturbance of the sensory nerve root. The consensus of opinion seems to be that in a few cases the removal of some obvious organic lesion such as a tumor or localized infection will cure certain atypical cases, but in the true cases of trigeminal neuralgia therapeutic empiricism is the only resort.

Methods of Treatment

The methods of treatment now available are divided into two groups, medical and surgical. The majority of writers favor surgical procedures and some of them, namely Davis[9] and Dandy,[10] feel that resection of the posterior root early in the disease is the only logical attack. Horrax and Poppen[11] are more inclined to control their patients with alcohol injections and reserve surgery for the intractable cases.

Our method of handling cases of trigeminal neuralgia at the State of Wisconsin General Hospital has been to use alcohol injections in all cases where it is possible. Many of these patients have been permanently relieved and others have been relieved for from nine months to three years. After several alcohol injections it becomes increasingly more difficult to successfully inject the nerves at their foramina of exit because of scar tissue and fibrosis. At this point operation is decided on and the subtemporal approach of Spiller and Frazier[12] with resection of the sensory nerve root is the most favored.

In several of our operative cases in which there have been previous alcohol injections, adhesions and fibrosis have been encountered which definitely increased the operative risk. Wakely and Reid[13] report similar findings and Loessl[14] found a cyst of the gasserian ganglion which he attributed to previous alcohol injection. He noted that Lexer, Schmieden and Peiper met with such grave changes induced by alcohol injections that later operation became impossible, and cites

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these factors as the reason why many surgeons favor operation rather than alcohol injections.

A correctly performed subtotal resection of the sensory root of the trifacial nerve will give relief in the majority of cases, but one must reckon with the concomitant unilateral loss of sensation in the cornea which may result in ulcerative keratitis. Dandy[10] claims that a section of the sensory root at the pons will obviate this difficulty and Frazier[15] also lays claim to the same effect for his subtotal resection. Most other observers have not been able to duplicate these results in the majority of their cases, nor has it been our experience that sensation usually is preserved in the ophthalmic division of the trifacial nerve following root section.

Medical treatment advocated for the relief of trigeminal neuralgia includes everything from witchcraft and the laying on of hands to the complex vitamin fractions. A few of the treatments suggested are x-ray therapy, trichlorethylene, diathermic and ionotherapic procedures, general hyperpyrexia, ultraviolet radiations, infra-red applications, calcium gluconate, ergotamine tartrate and betaxin.

Hardgrove[16] reported complete cure in one case following treatment with typhoid vaccine. Ball[7] used injections of boiled milk for a hyperthermic reaction. He treated ten patients with complete relief or great amelioration of their symptoms. Boeckheler[17] induced fever in seven patients with "pyrifer" and six had relief for the period of observation.

Experiments in Therapy

We decided to evaluate the results of hyperpyrexia treatments and chose typhoid vaccine because of its ease of administration and handling. Eighteen patients were treated and their course followed during the period extending from July 1, 1938, to January 1, 1939. Injections, at about bi-weekly intervals, starting with a dose of 10,000,000 killed organisms, were given intravenously, and the doses were stepped up by ten or twenty million each time until a good thermal reaction was obtained. We seldom went above 100,000,000. Early in our series we learned that results could be obtained as readily with a mild fever response as with a high thermal reaction.

The majority of our patients have been hospitalized for their treatments, but we have since treated several by ambulatory methods and have encountered no ill effects, providing they are well supervised.

Table 1.—Analysis of Results with Vaccine Therapy in 18 Cases

	Number of cases	Per cent	
Good results			
Complete relief	5	28	56 per cent
Over 80 per cent relief and patient satisfied	5	28	
Poor results			
Complete relief temporarily, required alcohol injection later	4	22	44 per cent
About 50 per cent relief, required alcohol injection to complete treatment	3	17	
No relief at all	1	5	
Total number of cases	18		

It will be noted that we divided our cases into two main groups: those in which we believed the treatment to be satisfactory (56 per cent); and those in which treatment was unsatisfactory, that is, those requiring some other treatment as an adjunct or as a substitute (44 per cent).

Five patients received over 80 per cent relief and were satisfied to control their residual tic with mild analgesics or Christian fortitude rather than submit to further therapy.

Four patients experienced complete relief for from two to four months and failed to respond to a second course of vaccine therapy, so that alcohol injections were necessary for their further control.

Three patients were given 50 per cent relief or less and needed alcohol injections to complete their treatment.

Only one patient in our series failed to show some amelioration of symptoms following vaccine therapy; he was given a resection of the sensory root of the trigeminal nerve which afforded complete relief.

Looking at our cases from an optimistic standpoint, we were able to show an amelioration of symptoms in 95 per cent of our

cases with a satisfactory result in 56 per cent.

An attempt also was made to find out why some patients responded and others did not.

We were unable to arrive at any significant conclusions from this analysis, save that there was a better response in the women than in men to our form of therapy. The average age incidence of the disease in cases responding to treatment, was fifty-five years and in those showing unsatisfactory response was fifty-one years. The average length of time trigeminal neuralgia was present in the group showing good results was eight years and in the group showing poor results was seven years. The average number of previous alcohol injections received in the first group was two and two-thirds; the average number received in the latter group was three.

One patient, who had a subtotal posterior root section of the trigeminal nerve in 1932, noted a slight recurrence of his pain in 1938. He was given a course of typhoid vaccine intravenously and experienced complete relief.

Several other patients who received only partial relief from alcohol injections were given complete freedom from their pain by a course of typhoid vaccine intravenously. On the other hand an equal number receiving only partial relief from alcohol injections failed to respond further to foreign protein therapy.

Snake venom, because of its efficacy in controlling patients who were having intractable pains from inoperable carcinoma, was also tried on three cases of trigeminal neuralgia. In these cases it proved unsuccessful.

Conclusions

1. Typhoid vaccine therapy, given intravenously, is a definite adjunct to the armamentarium in the treatment of trigeminal neuralgia.

2. Satisfactory results may be expected in 56 per cent of the cases and amelioration of symptoms in 95 per cent.

3. Fifty per cent of the cases, showing only partial response to surgical forms of therapy, may be cured clinically by typhoid vaccine therapy.

4. Women showed a slightly better response than men to this form of treatment in our series.

5. A moderate thermal response is as satisfactory as a high temperature reaction in treating trigeminal neuralgia.

6. Snake venom in a trial group proved unsuccessful in relieving pains of this character.

BIBLIOGRAPHY

1. Avicenna: Quoted by Davis, L., and Haven, H. A.: Surgical anatomy of sensory root of trigeminal nerve. Arch. Neurol. & Psychiat. 29:1-18 (Jan.) 1933.
2. Andre: Quoted by Krause, F.: Die Neuralgie des Trigeminus nebst der Anatomie und Physiologie Nerven. Leipzig: F. C. W. Vogel, 1896.
3. Fothergill, John: Painful affections of the face. London 5:129, 1773.
4. Grant, F. C.: Major trigeminal neuralgia. Am. J. Surg. 27:430-434 (March) 1935.
5. Harris, W.: Bilaterial trigeminal tic; its association with heredity and disseminated sclerosis. Ann. Surg. 103: 161-172 (Feb.) 1936.
6. Alajouanine, T., and Thurel, R.: Sur la pathogenie de la nevralgie faciale. Rev. neurol. 2: 658-661 (Nov.) 1933.
7. Ball, C. R.: Some observations on the etiology of tic douloureux with the clinical reports of a new method of treatment. Minnesota Med. 13: 556-563 (Aug.) 1930.
8. Dandy, W. E.: Concerning the cause of trigeminal neuralgia. Am. J. Surg. 24: 447–455 (May) 1934.
9. Davis, L.: Trigeminal neuralgia. In Christopher's *Textbook of Surgery*, pp. 324–331. Philadelphia: W. B. Saunders Company, 1936.
10. Dandy, W. E.: Section of the sensory root of the trigeminal nerve at the pons. Bull. Johns Hopkins Hosp. 36: 105-106 (Feb.) 1925.
11. Horrax, G. and Poppen, J. L.: What shall we do with the patient with trigeminal neuralgia? New England J. Med. 212: 972-975 (May 23) 1935.
12. Spiller, W. G., and Frazier C. H.: The division of the sensory root of the trigeminus for the relief of tic douloureux; a clinical study with a preliminary report of one surgically successful case. Philadelphia M. J. 8: 1039 (Dec.) 1901.
13. Wakely, C. P. G., and Reid, W. O.: Fatal haemorrhage in radical operation for trigeminal neuralgia following injection treatment. Lancet 1: 348-349 (Feb. 14) 1931.
14. Loessl, J.: Uber einen Fallvon Cyste des Ganglion Gasseri. Zentralbl. f. Chir. 62: 2710-2713 (Nov. 16) 1935.
15. Frazier, C. H., and Spiller, W G.: Tic douloureux: anatomic and clinical basis for subtotal section of sensory root of trigeminal nerve. Arch. Neurol. & Psychiat. 29: 50-55 (Jan.) 1933.
16. Hardgrove, T. A.: A case of tic douloureux successfully treated by the use of typhoid vaccine. J. Am. Dent. A. 25: 369-371 (March) 1938.
17. Boeckhelcr, T.: Zur Therapie der Trigeminus Neuralgie. Munchen. med. Wchnschr. 80: 1740, 1933.

Convalescent Serum in Contagious Diseases*

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Chicago, Ill

CONVALESCENT serum is the serum obtained from the blood of a convalescent donor. It long has been known that in certain diseases the blood from a recently recovered person contains antibodies which are valuable when administered to persons ill with the same disease.

Weisbecker[1] as far back as 1897 used convalescent serum for scarlet fever. Convalescent sera was employed for various diseases, but this therapy was applied infrequently and often under severe handicaps. Many reports, often contradictory, appeared in the literature. According to Hoyne, Levinson and Thalhimer,[2] Hoyne, in 1916, suggested that convalescent serum be used in the treatment of scarlet fever at the Municipal Contagious Disease Hospital of Chicago. Recovered patients were bled when serum was desired. The blood was placed in the icebox over night and the serum obtained injected intramuscularly. Due to the fact that such a procedure was cumbersome, time consuming and somewhat hazardous, serum was used only at infrequent intervals.

The Serum Center of Detroit was the first to make rather large quantities of serum available for general use. The use of convalescent serum in Chicago increased rapidly when the Samuel Deutsch Serum Center was established.

Convalescent serum, in general, is valuable in the protection of susceptibles when exposed. Some varieties such as scarlet fever and measles sera are more valuable than others. This passive immunity is transient and resembles the protection offered by various other sera from other sources.

One of the outstanding characteristics of human convalescent serum is the fact that it is a homologous serum. For this reason sensitization, such as accompanies animal serums, is avoided. Systemic and local reactions are not seen when the serum is administered in the proper fashion. Since 1932, when intensive use of serum was instituted at the Municipal Contagious Disease Hospital, only two reactions have been observed. In both instances the serum was inadvertently administered without proper warming to body temperature.

In order that convalescent serum be as potent as possible, no donor should be chosen who has had the disease longer than six months prior to the date blood is given.[3] There is one exception and that is in poliomyelitis. Usually twenty to thirty bloods are pooled following sterility and Wassermann tests. After filtration, the serum is bottled under sterile precautions and stored at refrigerating temperatures until used.

Use in Scarlet Fever

Convalescent scarlet fever serum is probably the most widely used of the various convalescent serums at the present time in the Chicago area. Its value has been carefully investigated by many workers. In 1935, Hoyne, Levinson, and Thalhimer[2] reported that convalescent scarlet fever serum was of value in prophylaxis and treatment. When the serum is administered to susceptibles who have been rather intimately exposed the number escaping scarlet fever will average well over 96 per cent. This passive immunity is not lasting and if exposure continues beyond ten to fourteen days the dose should be repeated. The amount given intramuscularly varies from 10 to 20 cc. depending upon the age and size of the exposed individual. Such a procedure does not sensitize the contact to future administration of convalescent serum. This characteristic of convalescent serum is of considerable value when situations arise which demand continued passive immunization.

Convalescent scarlet fever serum in adequate amounts intravenously is one of the

* From the Municipal Contagious Disease Hospital, Board of Health, Chicago, Ill. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

most valuable means of treatment of scarlet fever at the present time. The effects on the temperature, angina and general well being of the patient are often dramatic. Frequently we have noted the change in a few hours. Like most therapeutic measures, convalescent serum is of most value when given early in the course of the disease. However, even in cases where the diagnosis and treatment are delayed until the fifth day, a marked improvement in the patient's condition may be noted.

Whenever possible the serum should be administered intravenously in 20 to 100 cc. amounts depending upon the severity of the disease and the age of the patient. It is desirable to administer the amount needed at the first dose. However, if the response is not satisfactory the serum should be repeated. In severe cases every effort should be made to give the serum intravenously. The physician should use only properly prepared syringes and needles. The serum should be warmed to body temperature before using.

The severity and incidence of complications accompanying scarlet fever are reduced following administration of serum, according to Hoyne et al.[2] Serum also aids in the treatment of complications. The effect of the serum is enhanced by supplementary blood transfusions.

Recently sulfanilamide has been used in the treatment of scarlet fever. Its value in the early toxic phase of scarlet fever is questionable. Some instances have come to our attention in which its use was definitely harmful. However, the use of sulfanilamide in the late septic complications of scarlet fever has yielded good results. Streptococcic meningitis, which formerly in our experience was almost invariably fatal now yields to this form of therapy. The combined use of convalescent serum and sulfanilamide in late septic complications seems to offer the best mode of therapy.

Indications in Measles and Poliomyelitis

The value of convalescent serum in the prophylaxis of measles has been established for some time. When administered in adequate amounts before the third day of exposure, the majority of the susceptibles will not develop the disease. In hospitals, orphanages and convalescent homes for children, an epidemic of measles may have tragic results. In such instances, complete protection is desired. Under ordinary circumstances in the home, an attenuated attack of measles is desirable in order to establish permanent immunity. Convalescent measles serum when administered between five to eight days after exposure usually produces a modified or sero-attenuated measles.

During the past year the incidence of measles in Chicago was very high. Therefore, the problem of controlling measles at the Municipal Contagious Disease Hospital became acute. The relative value of normal adult serum, convalescent measles serum and placental extract was compared under similar conditions. Convalescent serum was of most value. Normal human serum in 40 cc. amounts, given intramuscularly, was next of value, while placental extract proved least effective. Local and systemic reactions were observed with placental extract.

The use of convalescent measles serum in therapy was reported by Levinson and Conner in 1936.[4] Observations were continued and reported this year at the Academy of Pediatrics. An attack of measles simultaneously with scarlet fever may prove to be very serious especially in a debilitated patient. Our study indicates that convalescent serum in 50 cc. doses intravenously in the prodromal stage produces definite modification of rash, drop in temperature, and amelioration of coryzal symptoms.

The value of convalescent serum in poliomyelitis is a controversial subject at the present time. The general opinion of observers in the East is that convalescent serum is without value. In the last eight years large amounts of serum have been available for use in Chicago and the State of Illinois. Levinson[5] in 1936 reported favorably on the results obtained from intensive use of very large doses of serum. In March, 1938, the Province of Ontario Department of Health reported on the Ontario epidemic of poliomyelitis in 1937.[6]

In 331 paralyzed patients treated with serum in the first forty-eight hours after

onset of paralysis there was 36.6 per cent complete recovery as contrasted with 12.7 per cent recovery in 361 paralyzed patients not treated with serum.

In view of the fact that no other specific form of therapy is available at the present time and since convalescent serum is harmless, it would be unwise not to employ this therapy if it can be obtained. Large amounts should be used intravenously, and should be repeated every twelve to twenty-four hours if the patient's response is not satisfactory.

Serum Therapy in Other Diseases

Chicken-pox.—An outbreak of chicken-pox in a contagious disease hospital delays the discharge of patients with other diseases. The complications such as cellulitis and purpura are serious when they occur. Although the results are difficult to evaluate, convalescent serum should be used whenever available. More often a modified eruption is noted rather than complete protection.

Mumps.—The control of mumps in an institution is a difficult problem. Mumps in children is usually not of serious import. However, when susceptible adolescents or adults are exposed, the problem becomes serious. Hess,[7] and Barenberg and Ostroff[8] found that whole blood (6 to 12 cc.) from convalescent patients when injected before the seventh day after exposure was highly protective. Zeligs[9] reports good results with convalescent serum.

Pertussis.—Pertussis convalescent serum has been found to be of value in the protection of patients who have been exposed to whooping cough. Meader[10] of Detroit is under the impression that when adequate doses are given in the first three days after exposure about 72 per cent are protected. He states that the most favorable results are obtained in children not over three years of age. Debre[11] in 1924 reported that 3 cc. of convalescent pertussis serum given early in the incubation period produced complete protection. However, if administered toward the end of the incubation period a modified disease was produced. Kendrick[12] reported in 1936 that the use of hyperimmune serum for the passive immunization of infants exposed to pertussis was of value. This field should be investigated further because of the high death rate in infants under a year of age. This should be applied particularly to the period from birth to six months. In this period the response to immunization procedures is known to be inadequate. The use of pertussis convalescent serum in the treatment of active cases has not received serious consideration. The reports are few and the results are conflicting.

In our experience at the Municipal Contagious Disease Hospital, the use of whole adult blood intramuscularly and blood transfusions has considerable value in the treatment of infants with severe attacks of pertussis. There has been no attempt to get a specific history of pertussis from the donors.

Diphtheria, puerperal sepsis, pneumonia and erysipelas.—Convalescent serum has been suggested and tried in the treatment of diphtheria, puerperal sepsis, pneumonia and erysipelas. Hentschel[13] in 1930 used convalescent serum from patients who had recovered from diphtheria. His results, however, were not conclusive.

The use of convalescent serum in the above-mentioned diseases requires more study and observation before any definite conclusions can be drawn.

Summary

Human convalescent serum is valuable in the prophylaxis and treatment of certain diseases. The dangers accompanying other sera, such as sensitization and reactions are eliminated.

The serum to be most effective in therapy should be administered early and in the proper dosage intravenously.

Convalescent scarlet fever serum when given early causes ameloriation of all the acute symptoms and decreases the incidence of complications. Convalescent measles serum is valuable in prophylaxis and in certain circumstances should be used for therapy. Poliomyelitis convalescent serum, in large doses, probably has value. This may be determined by further careful study.

Other convalescent sera have to be studied extensively before definite conclusions can be drawn as to their usefulness.

BIBLIOGRAPHY

1. Weisbecker, Leopold: Heilserum gegen Typhus, Scharlach, Pneumonie. Ztschr. f. klin Med. 32: 188–206, 1897.
2. Hoyne, A. L., Levinson, S. O., and Thalhimer, W.: Convalescent scarlet fever serum: Its prophylactic and therapeutic value; a review of 2,875 cases. J.A.M.A. 105: 783–789 (Sept. 7) 1935.
3. Levinson, S O., Penruddocke, E., and Wolf, A. M.: Human convalescent serum and its application to acute infectious diseases. Illinois M.J. 72: 514–517 (Dec.) 1937.
4. Levinson, S. O. and Conner, J. A.: Human convalescent measles serum; its use in prophylaxis and therapy. Proc. Institute of Med. of Chicago, June 15, 1936.
5. Levinson, S. O.: A five-year review of anterior poliomyelitis in the Chicago area. Illinois M.J. 70: 296–301 (Sept.) 1936.
6. Report on poliomyelitis in Ontario during 1937. Report of Province of Ontario Department of Health, March, 1938.
7. Hess, A. F.: A protective therapy for mumps. Am. J. Dis. Child. 10: 99–103 (Aug.) 1915.
8. Barenberg, L. H., and Ostroff, J.: Use of human blood in protection against mumps. Am. J. Dis. Child. 42: 1109–1113 (Nov.) 1931.
9. Zeligs, Mendel: Convalescent serum in prevention of mumps. J. Pediat. 1: 727–728 (Dec.) 1932.
10. Meader, F. M.: Prophylaxis of whooping cough. Am. J. Dis. Child. 53: 760–767 (March) 1937.
11. Debre, R.: Creation de centres hospitaliers de prophylaxie contre la rougeole et la coqueluche. Bull. Acad. de med. Paris 91: 693–697, 1924.
12. Kendrick, Pearl: A note on the use of reinforced convalescent or hyperimmune serum for passive immunization of infants exposed to pertussis. Proc. American Academy of Pediatrics, May, 1936. J. Pediat. 9: 118–120 (July) 1936.
13. Hentschel, H.: Bisherige Erfahrungen über die Wirkung von Rekonvaleszentenserum bei Diphtherie. Monatschr. f. Kinderh. 48: 50–58 (Sept.) 1930.

Aberrant Gastric Mucosa in the Rectum With Ulceration and Hemorrhage*

By GEORGE H. EWELL, M. D., and REGINALD H. JACKSON, Sr., M. D.

Madison

THIS unique case provided many interesting points for discussion during our observation of it, in both pathologic and clinical aspects. The method of treatment used resulted in a satisfactory clinical cure. Should others observe similar lesions, we recommend the same treatment which we employed.

The occurrence of peptic ulceration and hemorrhage in aberrant gastric mucosa in a Meckel's diverticulum is well known, and reports of many such cases may be found in the literature. But so far as our review of the literature has revealed, the occurrence of gastric mucosa in the rectum never has been reported. The W. F. Prior, Inc., consulting service informed us that a careful search of the literature failed to reveal any information as to the occurrence of aberrant gastric mucosa in the rectum, either in children or adults, and that government pathologists consulted in Washington, D. C., stated they never had found gastric mucosa in the rectum, although it had been found in other portions of the gastrointestinal tract, such as the esophagus, and in Meckel's diverticulum.

Case Report

J. P., six years of age, a ward of the Juvenile Court, was brought to the Jackson Clinic in February, 1936, because of bleeding from the rectum of about one week's duration. The bleeding was profuse and occurred with bowel movements. On several occasions blood alone was passed.

The past history was irrelevant. Except for measles, he had never been sick. There was no history of previous attacks of bleeding and no history of recent acute or chronic diarrhea.

The general physical examination revealed some carious teeth, enlarged reddened tonsils, palpable but small cervical, axillary and inguinal lymph nodes. The chest, abdomen, genitals, and reflexes were normal.

The urine was normal and the blood was normal; even though the bleeding had been profuse, there was as yet no evidence of secondary anemia. The Kahn and Wassermann tests were negative; the Mantoux test was negative.

On digital examination of the rectum, a small mass could be felt on the anterior wall of the rectum about 5 cm. above the anus. Rectoscopic examination was unsatisfactory due to the presence of

* From the Jackson Clinic.

stool and blood, but the mass was visualized and was thought to be a degenerating polypus. It was wiped as clean as possible and painted with 10 per cent mercurochrome. An astringent suppository was prescribed. Arrangements for hospitalization were made and a few days later he was admitted to the hospital. The bleeding had continued but not as profusely as before.

Digital examination at this time disclosed an indurated cresentic-shaped area 2.5 cm. in diameter on the anterior rectal wall about 5 cm. above the anal sphincter. To the examining finger, the lesion seemed of a definite crater type. Such a lesion, if palpated in the rectum of an adult, would impart the distinct impression of malignancy. Visualization of the lesion revealed the center of the area to be pearl-gray in color. The margin of the lesion was polypoid in nature and raised 1.5 cm. above the surrounding mucosa. Scattered throughout the polypoid mass were minute bleeding points. The remainder of the rectum and sigmoid were normal. Biopsy specimens were taken from the polypoid portion of the lesion.

The x-ray report was as follows: "The colon fills readily, showing no obstruction. The rectal ampulla shows no evidence of defect involving the lateral walls, but there is some fine central mottling throughout the ampulla having the appearance of thickened folds of the mucous membrane. The findings are not characteristic of polypi. The sigmoid is redundant but shows none of the characteristics of the rectum as described. The remainder of the large bowel is normal."

Diagnosis and Treatment

Differential diagnosis.—Possible diagnoses were:

1. *Degenerating polypus.* A polypus in the rectum is a fairly common occurrence in children and ulceration associated with bleeding frequently occurs in such cases.

2. *Malignancy.* If malignant, such a lesion would naturally be quite unusual in a patient six years of age and would probably be of some unusual type.

3. *Gumma.* Since both the Kahn and Wassermann tests were negative, syphilis reasonably could be ruled out.

4. *Tuberculosis.* In the absence of any findings suggesting tuberculosis elsewhere, and the negative reaction to the Mantoux test, this disease also was ruled out.

The specimens removed were submitted to Dr. Gorton Ritchie, pathologist for the Dane County Medical Service, and his report was as follows: "Evidently a malformation with gastric mucosa growing in the rectum. Some cells appear slightly invasive, but the condition is evidently not malignant."

In view of the unusual nature of the pathology presented, slides were submitted to several pathologists, all of whom confirmed Dr. Ritchie's opinion concerning it. One of America's foremost pathologists wrote, "Without first seeing your letter, I examined the slide and decided it was from the stomach and that it was not malignant. There are adenomatous proliferations. I agree with your pathologist when he says it is gastric mucosa, but I, too, cannot understand why it is in the rectum. I have seen a lot of rectums but this is the first time I have seen this picture."

Treatment.—The problem of therapy presented many interesting questions. Would fulguration of the lesion, as in the treatment of polypus in the rectum or a neoplasm in the urinary bladder, be advisable? We felt that fulguration might serve to aggravate ulceration and lead to more bleeding, and, since we did not know the exact extent of the infiltration of the rectal mucosa by the gastric mucosa, that extensive fulguration might be required.

We corresponded with several surgical colleagues, requesting suggestions as to therapy. One with a wide experience in intestinal and rectal surgery suggested the possibility of excision of the lesion by exposure of the rectum from behind. We felt that if any surgical procedure was undertaken, a preliminary cecostomy or colostomy to put the rectum at rest would be advisable.

After full consideration, we decided to employ fulguration. This was carried out on several occasions at weekly intervals. The bleeding gradually subsided and the lesion steadily regressed.

Subsequent proctoscopic examinations revealed a well-healed scar. About four months following the first treatment, a mass the size of a match-head appeared in the site of the scar. This was removed and the pathological report was "chronic and acute inflammation. No gastric mucosa found."

When last examined, February 4, 1937, one year after the onset of the bleeding, no

evidence of recurrence was seen. The boy then passed from our observation. A communication six months later stated there had been no recurrence of the bleeding.

Pathologic findings.—We are indebted to Dr. S. B. Pessin of the State Laboratory of Hygiene, Madison, for the following pathologic discussion.

"Sections show a mixture of gastric and large intestinal mucosa (figs. 1 and 2). One area shows a rather superficial ulcer and all sections are infiltrated with polymorphonuclear neutrophiles, eosinophiles, lymphocytes, a few histiocytes and a few plasma cells. The gastric elements exceed by far the number of intestinal elements and the ulcer is located in the area composed of purely gastric mucosa. This area contains orderly arranged columns or neck portions of gastric mucosa connected with the underlying large number of gastric glands with their mixture of cells. These types of gastric cells are definitely recognized: (1) mucous neck cells, (2) chief or zymogenic cells and (3) parietal cells. The zymogenic cells outnumber the parietal cells. The zymogenic cells are pyramidal in shape, the cytoplasm stains sky blue and contains small granules. The parietal cells are larger than the chief cells. They are scattered singly between the chief and mucous cells and in places their distal end does not reach the lumen but seems to be crowded out by the chief cells, thus producing a bulging of the outer surface or the basement membrane. The parietal cells are somewhat spherical or quite triangular and the abundant granular cytoplasm stains pink. The nuclei of the parietal cells are rounded, larger and stain lighter than the nuclei of the chief cells. The surface of the intestine is lined with a mixture of large goblet cells and smaller columnar cells. The glands of Lieberkühn in places lie among the gastric glands. No gastric cells are encountered within the crypts or glands of Lieberkühn. The periphery of the ulcer shows a small area of intact, gastric-type of mucosa. Some sections show alternating crypts of Lieberkühn and gastric glands.

Diagnosis: Gastric inclusions of the rectum with subacute ulcer involving a large gastric inclusion."

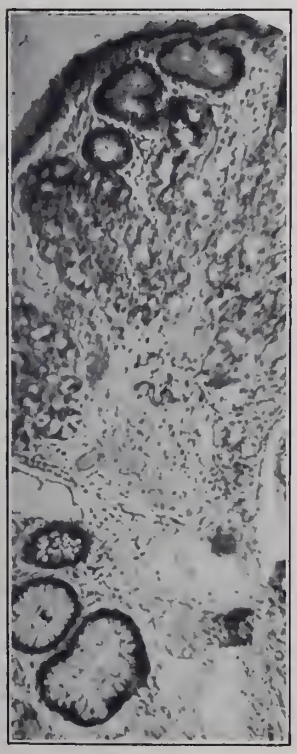

Fig. 1. Section taken from edge of ulcer showing intact layer of rectal surface mucosa composed of a single row of columnar epithelial cells at top of illustration. Three glands of Lieberkühn are shown, rich with goblet cells beneath surface. Beneath these there are groups of gastric glands containing chief and parietal cells. Three glands of Lieberkühn in lower left represent an area near bottom of ulcer.

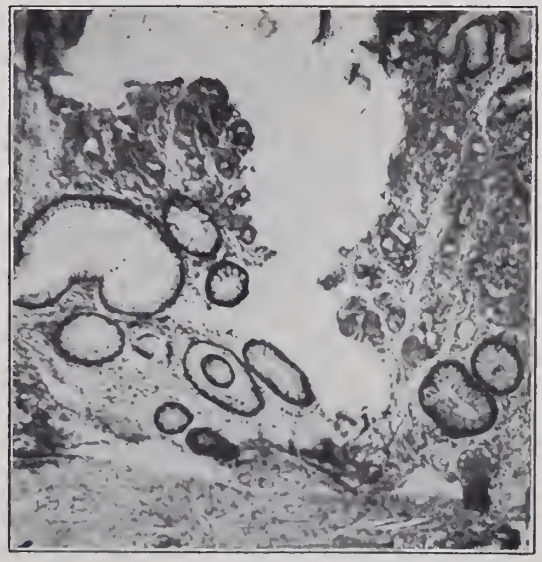

Fig. 2. Ulcer showing surface layer of rectal mucosa denuded, exposing the gastric glands on the surface of the ulcer. One of the glands of Lieberkühn is dilated and filled with mucus. Muscular layer of rectum at bottom of illustration.

The Treatment of Prostatic Obstruction; An Analysis of 300 Cases*

By W. G. SEXTON, M. D.
Marshfield

AS A RULE, when prostatic obstruction is discussed, one thinks primarily of the hypertrophied or enlarged prostate, very commonly called the adenomatous prostate. However, there are many other pathologic conditions that must be considered in making an accurate diagnosis.

About 2,000 years ago Celsus made a perineal approach to relieve this obstruction. Since then there have been countless modifications in the operation until today there remain three standard methods; namely, the suprapubic prostatectomy, the perineal prostatectomy and the transurethral resection.

In recent years a voluminous literature has appeared regarding the advantages and disadvantages of these three methods. Some of the claims are so biased and extravagant that one becomes perplexed and is inclined to ask, "What is the truth?" It would be tiring and uninteresting to attempt a comprehensive review of the literature, but I should like to present the views of a few urologists with whom I am personally acquainted and with whose work I am familiar.

Varying Views

Suprapubic prostatectomy.—The general consensus in the literature is that the suprapubic operation is the method of choice for the occasional operator who is not a trained urologist, but that does not make it the best operation.

In 1921, Deaver and Leon[1] made a survey of the death rate following suprapubic operations throughout the United States and found it to range from 20 to 30 per cent. This figure is probably lower than it should be, because the occasional operator does not report his results. In 1935,[2] Hunt reported that in the hands of highly skilled surgeons the mortality rate was from 5 to 10 per cent. In 1936, Cabot[3] wrote that the mortality was rarely below 15 or 20 per cent and that in the hands of the best trained men it was rarely below 6 per cent.

This demonstrates that even though this operation is considered the safest of the methods now in vogue, it has an astonishingly high mortality rate.

Perineal prostatectomy.—The perineal method of operation, perfected by Young, does not seem to have the popularity it deserves. Practically all of the surgeons now doing perineal prostatectomies are pupils of Young. Young[4] himself has performed this operation in 198 consecutive cases with perfect results. Cecil[5] reports an average mortality of less than 2 per cent over a period of more than three years. Hinman, Wesson, Randolph, Lowsley and other pupils of Young have reported excellent results, both as to death rate and function.

Transurethral resection.—There are two schools of thought regarding transurethral resection. Alcock, Thompson, Bumpus, Nesbit and Kretschmer favor resection in all cases, regardless of the size of the gland. Then there is a more conservative group including Culver, Baker, O'Conor, Livermore, and Engel, who do a great number of resections, but perform some type of prostatectomy in cases in which the prostate is very large.

Alcock[6] rather startled the American Urological Association at its meeting in Toronto in 1932 by his absolute frankness in reporting his results. In a study of 1,200 cases in 1935,[7] he reported he had performed 600 prostatectomies with a mortality of 22.3 per cent and 600 resections with a mortality of 4.6 per cent. An analysis of the 600 resection cases indicated that in the first hundred the mortality rate was 15 per cent, in the fifth hundred 2 per cent and in the sixth

* From the Marshfield Clinic. Presented at the meeting of the Ninth Councilor District Medical Society of the State Medical Society of Wisconsin, Stevens Point, May 11, 1939.

hundred 0.0 per cent. He states: "For the additional 200 cases done since this tabulation was made, the mortality rate is less than 2 per cent. The mortality rate for the last 500 cases done is 1.4 per cent." This clearly indicates that transurethral resection requires a great deal of experience, which can be obtained only by performing many operations. In Alcock's analysis of 175 cases in 1932,[6] he reported that fifteen patients required two resections and five required three resections. The number of days in the hospital was materially less in the resection cases than in those in which prostatectomy was performed.

The Author's Study

In order to ascertain what method was best for me to use, I made a careful analysis of the last 300 cases coming under my care. I realize this is a small number of cases in comparison to the large series coming from metropolitan areas, but I have tried to bear this fact in mind in evaluating results.

My cases are classified in the table below:

TABLE 1.—*Type of Surgery Employed in Author's 300 Cases; Mortality Rate and Age*

Classification and Number of Cases		Deaths	Average age	Oldest	Youngest
			Years	Years	Years
Prostatic obstruction not treated surgically	44	4	60+	80	45
Carcinoma of prostate	32	30	68	84	50
Perineal prostatectomies	11	0	64	80	56
Suprapubic cystostomies	20	10	76	82	59
One-stage suprapubic prostatectomies	18	7	67	76	54
Two-stage suprapubic prostatectomies	18	0	69	74	56
Transurethral resections	137	7	65+	80	47
Prostatic abscess	16	0	36+	79	21
Prostatic calculi	4	1			
Total number of cases	300				

In the forty-four cases in which surgery was not employed there were four deaths. These men were in such serious condition upon entering the hospital that there was no opportunity to do any type of surgery. Some refused surgery, some were advised against it, one man was sent home with an indwelling catheter and three elected to have transurethral resections performed at other hospitals.

In the twenty cases in which cystostomy was performed there were ten deaths. These comprised men who were very old and feeble and had severe infections when they entered the hospital. They showed evidence of serious neglect for many years. Autopsies performed on five of these patients indicated that death was due to pyonephrosis and myocarditis.

In eighteen one-stage suprapubic prostatectomies there were seven deaths. One was in a case of unrecognized empyema, one was caused by paralytic ileus and two by diabetes. Three deaths followed attempted resections in which there was considerable trauma of the posterior urethra with resulting infection. In these cases drainage should have been instituted first. There were no deaths in the two-stage prostatectomies or in the perineal prostatectomies.

In the cases of carcinoma of the prostate there were no primary operative deaths, but in thirty of the thirty-two cases death occurred within two years. The operations performed included nine suprapubic cystostomies, two perineal prostatectomies, and one suprapubic prostatectomy. Two patients were treated with radium; seven were given x-ray therapy. In one case radium was inserted into the carcinomatous nodule through a perineal incision. This treatment was followed by suprapubic drainage; later a transurethral resection was done. This patient is well today, five years following treatment. One patient given x-ray therapy alone is still living three years after treatment. The diagnosis in this case was not confirmed by biopsy and possibly the diagosis of carcinoma was not correct. There were four patients with prostatic calculi; three were cured and one who was not given surgical treatment died from sepsis twenty-four hours after admission.

As to transurethral resection, this operation was performed 143 times on 137 patients. There were seven deaths, a mortality rate of 4.8 per cent. Four patients had two resections and one patient had three. Necropsies were performed on five of the

seven patients who died. All died from sepsis, four following perforation of the bladder. In one case, due to a short circuit in the Caulk punch, there was a sloughing of the entire urethra. This man died about two years later of myocarditis. He, of course, had a severe stricture. There were two cases of mild stricture formation. There were two cases of incontinence, one following several operations for urethral stricture. Three old men did not have complete control.

Discussion

The prostatic resection operation is here to stay. Its limitations cannot be evaluated truly until it has been tried for several more years. It should not be attempted by anyone not thoroughly familiar with cystoscopy and the anatomy of the prostatic urethra. At present I believe most urologists maintain a conservative attitude toward resection, reserving the very large prostates for some type of prostatectomy. Resection requires an equal or even greater degree of careful preoperative study and postoperative care than either the suprapubic or perineal operation.

There may be recurrences after resection which will require reoperation, but surely these will not be as serious as a second prostatectomy, and recurrences do occur after prostatectomy. The operation can be performed on men who otherwise would have to lead a "catheter life" or be content to tolerate a permanent suprapubic drain. Resection offers great relief for carcinoma of the prostate. Up to the present time the only surgery for carcinoma of the prostate has been Young's radical perineal prostatectomy, but very few cases are recognized early enough to even attempt it.

Internists and general practitioners must consider the pathological changes in the prostate in all men over fifty years of age as an important factor in diseases of the other organs. The size of the prostate as determined by rectal examination is not sufficient. This does not mean that all patients with prostatitis require cystoscopic examination. Any practitioner can determine if there is residual urine which indicates some form of obstruction.

Sir James MacKenzie has said, "Internists should be able to evaluate the true significance of the apparently trival." Urology has made a great contribution in furnishing a safer means of relieving men afflicted with prostatic obstruction. When general practitioners recognize the dangers attendant upon obstruction, these men will be treated at an early stage and there will be a marked improvement in results. Any man who has had retention or who shows that he has residual urine should have the benefit of a thorough urological examination.

BIBLIOGRAPHY

1. Deaver, J. B., and Leon, Herman: The prognosis in prostatectomy. Arch. Surg. 2: 231-245 (March) 1921.
2. Hunt, Verne C.: Prostatism and prostatic surgery. History of Urology (prepared under the auspices of the American Urological Association), 2: 91–136. Baltimore: Williams & Wilkins Company, 1933.
3. Cabot, Hugh: Modern Urology, p. 826. Ed. 3. Philadelphia: Lea & Febiger, 1936.
4. Young, H. H.: Quoted by Cabot, supra, p. 754.
5. Cecil, A. B.: In discussion on p. 690 following paper by Davis, E.: Prostatectomy or transurethral prostatic resection? J. A. M. A. 112: 681-689 (Feb. 25) 1939.
6. Alcock, N. G.: Ten months experience with transurethral prostatic resection. J. Urol. 28: 545-559 (Nov.) 1932.
7. Alcock, N. G.: Prostatic hypertrophy. J. A. M. A. 104: 734-738 (March 2) 1935.

EXAMINATIONS AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The next written examination and review of case histories (Part I) for Group B candidates will be held in various cities of the United States and Canada on Saturday, January 6, 1940, at 2 p.m. The Board announces that it will hold only one Group B, Part I, examination this year prior to the final general examination (Part II), instead of two as in former years. Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held in June 1940.

Applications for admission to Group B, Part I, examinations must be on file in the Secretary's office not later than October 4, 1939.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting in Atlantic City, N. J., on June 8, 9, 10, and 11, 1940, immediately prior to the annual meeting of the American Medical Association in New York City.

Applications for admission to Group A, Part II examinations must be on file in the secretary's office not later than March 15, 1940.

For further information and application blanks, address Dr. Paul Titus, 1015 Highland Building, Pittsburgh (6), Pennsylvania.

Comments on Treatment

EDITORS
A. J. Quick, M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

Use of Stored Blood in Transfusion

One of the most important developments recently made in the transfusion of blood has been the use of preserved citrated blood. This has led to the successful establishment of blood banks in many large hospitals. With the steady increase in the use of stored blood, the feasibility of blood banks in small institutions warrants consideration.

It is of paramount importance to consider the objectives that one attempts to attain with a transfusion. The first and most important aim is the restoration of blood volume after a severe loss of blood, especially if the patient has gone into shock; the second is the stopping of hemorrhage in such conditions as hemophilia and purpura, and of bleeding in the newborn, and in jaundice; the third is the combating of infection and septicemia.

Obviously the first aim can be obtained with stored as well as with fresh blood. In regard to the second objective, even fresh blood is of limited usefulness. In hemophilia and in purpura the hemostatic action obtained by transfusion is relatively uncertain. The jaundiced patient who is bleeding benefits from the injection of fresh blood due to the partial restoration of the prothrombin level, but unfortunately the benefits are of short duration. Since stored blood rapidly loses its prothrombin, it is of doubtful value in jaundice and likewise in the bleeding of the newborn which recent research has shown to be due to a low prothrombin level. Since the advent of vitamin K in the treatment of hemorrhagic jaundice and in the newborn, blood transfusion has taken a subordinate place and need be considered only as an emergency treatment. Since the treatment of septicemia by transfusion depends on the presence of immune substances in the donor's blood which the patient lacks, it is easy to understand why fresh blood is superior to stored blood. These bactericidally active substances are quite labile and rapidly disappear from stored blood.

Thus it can be readily seen that stored blood cannot successfully replace fresh blood in the treatment of hemorrhage and of infection. Its greatest usefulness is in the restoration of blood volume. Therefore the greatest demands will come from the surgical wards—particularly in traumatic surgery in which hemorrhage is a prominent complication—and from the obstetrical and gynecological wards. Logically, any hospital which has a large surgical and obstetrical service, and many patients who are unable to pay a professional blood donor, can profitably consider establishment of a blood bank. But before any hospital starts a blood bank it must consider several important questions: (1) Is there a sufficient demand for a rapid turnover of the blood? It is not advisable to keep blood longer than two weeks and unless there is a sufficient demand much waste obviously will occur. (2) Does the hospital possess adequate refrigeration? Blood must be kept continuously between 2 C. and 4 C. (3) Does the hospital have technically trained men who are capable of properly typing the blood, preparing the glassware, taking the blood correctly, and finally determining whether the preserved blood is sterile, contains no clots, and gives a negative serologic reaction?

Transfusion with stored blood will not replace the common type of transfusion with fresh blood. The latter has a greater range of usefulness, and usually a fair degree of safety. It is therefore most suitable to a small hospital. The advantages of using stored blood in transfusion can be utilized at present only by large institutions; consequently it is advisable for the smaller hospitals to depend on fresh blood for transfusions, until further progress has been made.
A. J. Q.

THE WISCONSIN MEDICAL JOURNAL

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« « « EDITORIALS » » »

Dr. Hoyt E. Dearholt (1879-1939)

Executive Secretary, W. A. T. A.

THE State of Wisconsin has long been known as a birthplace of leading physicians. To this roster of leading medical men born in the "Badger State" must be added the name of Dr. Hoyt E. Dearholt, who died in Milwaukee, July 12, 1939, a leader not only in his own community, but throughout the state and nation as well. Wherever the subject of tuberculosis prevention was mentioned, the name of Hoyt E. Dearholt was well known,—well known because of his uncanny ability to see far ahead, to thoroughly analyze a situation as presented, and to bring a problem down to its simplest and most basic terms. These traits were largely responsible for bringing Dr. Dearholt into the public health field.

Because of his vision, his enthusiasm, his ability to convince his listeners, his flair for health education and many other admirable qualities, Dr. Dearholt was called upon to lead the fight against tuberculosis and was elected executive secretary of the Wisconsin Anti-Tuberculosis Association. As its leader, he carried on the work so well that today the W.A.T.A. is recognized as the outstanding organization of its kind in the country.

The people of Wisconsin owe Dr. Dearholt a debt of gratitude that can never be repaid. The splendid chain of sanatoria for the care and treatment of the tuberculous, the organization of public clinics for the examination of patients, the development of public health nursing, and the broad educational program in tuberculosis continually maintained for the benefit of the citizens of Wisconsin, have all been factors that have given our State a most enviable reputation in tuberculosis control and in the public health field. Hoyt E. Dearholt was invariably the motive power that turned these ideals into real facts.

The same qualities of leadership that placed Dr. Dearholt in the front ranks of

the tuberculosis control movement made him a pioneer in organized medicine of Wisconsin. One of the founders of the WISCONSIN MEDICAL JOURNAL, he willingly and successfully, as managing editor, led this growing publication through the difficulties of its developmental stages. After the Journal was on a safe and sound footing, he continued to serve on the Editorial Board for many years.

The medical profession, both locally and nationally, showed its confidence in Dr. Dearholt by electing him to the vice-presidency of the National Tuberculosis Association, to the presidency of the Milwaukee Academy of Medicine, to the presidency of the State Medical Society and innumerable other positions.

The mere recital of positions of trust and honor held by Dr. Dearholt during his medical career does not, however, give us a true picture of the man. Diffident to an extreme, he nevertheless was respected and beloved by all who had the privilege of close friendship. And his friends were legion.

As a member of his staff for many years, the writer has had the opportunity occasionally to obtain a glimpse of the splendid qualities which made up Hoyt E. Dearholt. Generous to a fault but ever fearful that his kindness might be exposed, convinced of his own opinion and of his own conclusions, the "chief" was always willing to consider the other side. His sincerity in his life work, his feeling of responsibility to those who believed in him, his everlasting desire for the truth as he saw it, his unfailing faith in the ambitions and ability of the coming generation, and his charming personality have again and again stimulated the younger men of the profession to carry on where, unfortunately, he had to stop.

The work that Hoyt E. Dearholt began will not be stopped by his death. There are too many loyal friends who will see that this splendid monument will continue to grow and continue to act as a blessing to the people of Wisconsin. O. L.

Editor's note.—A factual account of Dr. Dearholt's life is given on page 660 of this issue.

The Real Head

THE By-Laws of the State Medical Society of Wisconsin, in referring to the duties of officers, declare that the president shall be the real head of the profession of the State during his term of office and—

"... as far as practicable, shall visit, by appointment, the various sections of the State and assist the councilors in building up the county societies, and in making their work more practical and useful." *Section 1, Chapter V.*

Few members, except those in intimate association with a president realize the extremes to which our recent presidents have gone to fulfill these duties specified in the By-Laws during the emergency period of the last few years.

We have no means of knowing the hundreds of hours our present president has given the profession of Wisconsin in carrying forward his high effort in the joint and indivisible interest of the public and profession. But from our secretary's office we have been able to secure a list of some of his engagements during the nine and one-half months since the last annual meeting. This list follows, with its total mileage of more than 10,000 miles. It is our whole editorial.

TRAVEL OF DR. A. E. RECTOR AS PRESIDENT OF STATE SOCIETY

1938		Miles
Sept. 11–16	State meeting, Milwaukee	212
22	Outagamie County Medical Society meeting, Appleton	
25	Meeting, dean and faculty, Marquette University School of Medicine	
26	Convocation address, Marquette University School of Medicine	212
29–30	Tenth district meeting, Eau Claire	360
Oct. 11	Conference at secretary's office, Madison, and Dane County Medical Society meeting	210
12–13	Conference with Dr. Pippin, Richland Center; La Crosse County Medical Society meeting	425
15	Conference at secretary's office, afternoon; committee meeting, Madison, evening	210
17	Green Lake–Waushara–Adams Counties medical meeting, Princeton	140
19	Madison	210
25	Rock County Medical Society meeting, Beloit	278
29	Committee meeting, Madison	210
31	Rotary Club, Watertown	170

1938		Miles
Nov.	2 Third councilor district meeting, Madison	210
	3 Winnebago County Medical Society meeting, Oshkosh	44
	8 St. Elizabeth Hospital staff meeting, Appleton	
	13 Council meeting, Milwaukee, speakers' bureau	212
	15 Waupaca–Shawano Counties' Medical Societies and Auxiliaries, New London	44
	17 Ninth district meeting—Wisconsin Rapids	160
	30 Addressed district health nurses, Fond du Lac, noon. Addressed second district medical society and auxiliary, Racine, evening	260
Dec.	1 Brown–Kewaunee–Door County Medical Society, Green Bay	60
	8 Outagamie County Medical Society, Appleton	
	15 Addressed Manitowoc County Medical Society	90
	29 Conference with Governor Heil, Milwaukee	212

1939		Miles
Jan. 6–7	Committee on Public Policy, Milwaukee, evening	212
	10 Columbia–Marquette–Adams County Medical Society meeting, Columbus	152
	12 Winnebago County Medical Society meeting, Neenah	14
	16 Pneumonia serum committee meeting, Madison	210
	18 Hospital Service Association meeting, Milwaukee	212
	23 Testimonial dinner, Father McCarthy, Milwaukee	212
Feb.	2 Winnebago County Medical Society meeting, Oshkosh	44
	13 Drove to Manitowoc to meet George Crownhart, then to conference at Green Bay	114
	18 Left for Milwaukee, conference with Sisters of St. Joseph's Hospital, then on to Madison	
	19 Madison, Hospital Service Association meeting	296
	21 Green Lake–Waushara, Adams Counties' Medical Society and Auxiliaries, Ripon	85
	23 Men's Club, Presbyterian Church, Neenah	14
March	1 Woman's Auxiliary, Green Bay	60
	3 Left for Eau Claire, conference with members of Luther Hospital	360
	4–5 Council meeting, Milwaukee	212
	8 Madison, Hospital Insurance Committee meeting	210

1939		Miles
March—continued		
	18 Eighth district meeting, Stiles	120
	19 Sixth district meeting, Stevens Point	144
	21 Thirteenth district meeting, Antigo	180
	22 Tenth district meeting, Menomonie	
	23 Seventh district meeting, La Crosse	
	24 Conference, secretary's office, Madison	546
April	1 Madison conference	210
	3 Addressed Beaver Dam Rotary Club	128
	6 Meeting with Committee on Visual and Hearing Defects, and ophthalmologists of district at Oshkosh	44
	11 Addressed Woman's Field Army, Brillion	44
	18 Graduate course, Appleton	
	19 Legislative conference, Madison	210
	27 Fond du Lac County Medical Society meeting	80
May	11 Oneida County Medical Society meeting, Rhinelander	272
	12 Marinette–Menominee Medical Society meeting, Menominee, Michigan	180
	18 Addressed Sheboygan County Medical Society and Auxiliary, Rocky Knoll Sanitarium	140
	19 Addressed Federated Women's Clubs, Randolph	140
	23 Sixth district meeting, Oshkosh	44
	24 Madison, conference with Mr. Crownhart, Dr. Gavin and Dr. Sargent	
	25 Fourth councilor district meeting, Lancaster. Afternoon, addressed medical society. Evening, addressed medical society and auxiliary	375
	26 Madison, secretary's office	
June	2 Hospital insurance meeting, Milwaukee	212
	4 Central Wisconsin eye, ear, nose and throat meeting, Oshkosh	44
	5 Met George Crownhart for Auxiliary meeting, Appleton	
	9 Marquette University honorary dinner, Dr. Abell, Milwaukee	212
	11–12 Milwaukee, addressed National Catholic Hospital Association convention	212
	20 Conference with officers at Waupun	104
	21 Meeting, Wisconsin Hospital Service Association, Milwaukee	212
June	22 Fifth district meeting, Port Washington. Afternoon, addressed medical society. Evening, addressed medical society and auxiliary	160
	30 Wisconsin Hospital Service Association, Milwaukee	212
	Total mileage	10,561

. . . . THE PRESIDENT'S PAGE . . . .

Our Annual Meeting

ANOTHER year's activities of the State Medical Society of Wisconsin is fast approaching its climax. The time is at hand for us to begin to plan our days so that we may all participate as fully as possible in our annual meeting.

We will assemble in Milwaukee Tuesday, September 12, for the first session of the House of Delegates of the 98th anniversary meeting. These sessions will continue through Wednesday and Thursday until that body completes its deliberations and is prepared to make its report to the general assembly. We shall deem it the duty of every delegate and alternate delegate to be present. In case of unavoidable inability to attend, we feel assured the delegates will inform their alternates in time to fill their places. (Other interested members are always welcome and they may be permitted to speak on any subject by asking the Speaker for approval of the House to hear their discussion.)

Never before has it been so important that your Society be represented, as matters of profound importance to your local Society will be under consideration by that body, and we shall need your thought and advice throughout the discussions in order to arrive at an equitable determination of the various phases of the future work of your Society. Also, it will be of great assistance to your incoming officers and the Council in carrying out their duties and your plans for the coming year.

Wednesday morning, September 13, will be the opening of both the scientific exhibit and the general session. We are assured that this year's program and exhibit will bring to you the latest developments in all branches of your practice. This opportunity is open to you as a part of your Society's efforts to ease your burdens and responsibilities to your clientele and community. Your clientele and community will, and have, the right to expect you to attend. They both want and have the right to expect you to show advancement in your work in the coming year, with these opportunities so easily available. The scientific program and exhibit will be open to you September 13, 14 and 15.

Wednesday night the privilege of meeting more intimately your professional friends and members of your Society from over the State will be offered to you, as that will be our "get-together." There will be fun and a well-known national speaker who will stir you to thought. He will leave with you gems of wit and wisdom.

The annual dinner will be Thursday, September 14. Again there will be fun and the opportunity to greet friends and make new ones. We hope to present a speaker of national prominence who is outstanding in his field, with a subject of utmost importance to your clientele and community as well as yourself. We hope your wife may also join with us in this meeting. Our honored guest will be our own Rock Sleyster, now President of the American Medical Association.

These annual meetings are opportunities for your personal advancement and pleasure, presented for you by your own State Medical Society, of which you are an integral part. Your own efforts have had a part in the program. It now becomes not only a privilege but a duty for you to attend. Your presence is necessary for its success. It is your President's wish to greet you personally; also that you may meet each officer and councilor of your Society. Your officers and councilors cannot recognize each of you and may appear busy, but they will fully appreciate your cooperation and assistance in becoming acquainted with you and spending time to discuss your views on any advancement in public health in your community as well as important things pertaining to your local and state societies.

Our membership at the present moment is at its peak in the history of our Society at this period of the year. Let us also make this an outstanding meeting in our history. May it be one of such an outstandingly pleasurable trend that there will be no feeling of compulsory duty in your attendance.

A E Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Robert E. Fitzgerald, Wauwatosa, President
Mrs. Frank W. Pope, Racine, President Elect
Mrs. George H. Ewell, Madison, Vice President
Mrs. Walter A. Ford, Sheboygan, Recording Secretary
Mrs. Irwin Schulz, Wauwatosa, Corresponding Secretary
Mrs. Arthur J. McCarey, Green Bay, Treasurer
Mrs. Fred J. Pfeifer, New London, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. Edward C. Pfeifer, Racine

Convention—
Mrs. William C. Liefert, Milwaukee

Finance—
Mrs. Frank W. Pope, Racine

Hygeia—
Mrs. Harry J. Heeb, Milwaukee

Organization—
Mrs. Ernst S. Schmidt, Green Bay

Press and Publicity—
Mrs. George H. Ewell, Madison

Program—
Mrs. J. Gurney Taylor, Milwaukee

Public Relations—
Mrs. Raymond B. Dryer, Poynette

Philanthropic—
Mrs. Oliver M. Layton, Fond du Lac

Plans Announced for September Meeting of Auxiliary at Milwaukee

THE preliminary work of arranging the program for the eleventh annual meeting of the Woman's Auxiliary to the State Medical Society of Wisconsin on September 12 to 14 has been completed. Mrs. William C. Liefert of Milwaukee, who was general chairman of the very successful meeting last year, was reappointed for this convention. Serving as co-chairmen with Mrs. Liefert are Mrs. Ralph D. Bergen and Mrs. Edward F. Barta, both of Milwaukee.

According to present plans the Woman's Auxiliary to the Medical Society of Milwaukee County will share honors with the Racine Auxiliary and the Washington–Ozaukee Auxiliary as hostesses to the visiting women. All wives of physicians, whether members of a county auxiliary or not, are cordially invited to participate in the activities sponsored by the auxiliary during the convention of the State Medical Society.

After a considerable amount of persuasion, Dr. Rock Sleyster, president of the American Medical Association, has consented to repeat his talk entitled "The Doctor's Wife," which was so favorably received at the national meeting in St. Louis. Dr. Sleyster will be the speaker at the luncheon at the Milwaukee Athletic Club on Thursday.

Mrs. Robert E. Fitzgerald has been president of the State Auxiliary during the year which will close with the annual convention in September. She will preside at the meetings. Mrs. Fitzgerald has the distinction of being the first member of our State Auxiliary to have served as president of the National Auxiliary.

Mrs. Robt. E. Fitzgerald, Wauwatosa, President State Auxiliary.

A MESSAGE FROM THE PRESIDENT

To the Members of the Auxiliary:

On September 12 the eleventh annual meeting of the Woman's Auxiliary to the State Medical Society of Wisconsin will be called to order. At that time the twenty-seven county auxiliaries which are component parts of the state organization will have representatives at the state meeting to transact its business. According to our constitution, "each county auxiliary shall be entitled to send to the general meeting its president and her alternate and one delegate and her alternate. In addition each auxiliary shall be entitled to one additional delegate and her alternate for each fifty full-paid members or major fraction thereof over and above the first fifty members. These accredited delegates with the members of the Board of Directors shall form the voting body." This provision, however, defines only the voting body and, since such is the nature of constitutions and other formal documents, does not express our sincere hope that every visiting doctor's wife, whether or not she is a member of a county auxiliary, will feel genuinely welcome at both the business and social sessions of the convention.

The officers and the chairmen of standing committees are anxious to report the work of their departments at that time, and we are all eager to hear the reports of the county presidents. Those of us who have been in auxiliary work for some years have always been proud of the record Wisconsin has made and maintained. Each year our State has assumed and fulfilled its obligations in a way which commands commendation. The state meeting gives an opportunity to see the picture of auxiliary work in its entirety, an opportunity not to be missed. However, the success or failure of an annual meeting depends not alone on the reports of officers and chairmen but more than anything else on the enthusiasm and interest of those individual members who attend the business and social sessions. Despite our intense interest in education, health work, and philanthropy there is another side of auxiliary work which is of great importance; that is the social side and it is that element of friendliness which we are depending upon to make the eleventh annual meeting a success. Will you help us?

MRS. ROBERT E. FITZGERALD,
President.

Preliminary Program of Auxiliary

Tuesday, September 12, 1939

P. M.

7:00 Board of Directors' Dinner—Hotel Schroeder
Mrs. Robert E. Fitzgerald, president, presiding

Wednesday, September 13, 1939

A. M.

10:00 General Meeting—Hotel Schroeder
Call to Order—Mrs. Robert E. Fitzgerald, president
Invocation—Reverend William P. O'Connor
Introduction of Mrs. William C. Liefert, convention chairman
Address of Welcome—Mrs. Robert E. McDonald, president, Woman's Auxiliary to the Medical Society of Milwaukee County
Response—Mrs. M. H. Fuller, president-elect, Woman's Auxiliary, Brown-Kewaunee-Door County Medical Society
In Memoriam
Convention Rules and Procedure—Mrs. Fred J. Pfeifer, parliamentarian
Minutes of Annual Meeting, 1938—Mrs. Walter A. Ford, recording secretary
Reports of Officers
President—Mrs. Robert E. Fitzgerald
Treasurer—Mrs. Arthur J. McCarey
Corresponding Secretary—Mrs. Irwin Schulz
Recording Secretary—Mrs. Walter A. Ford

Wednesday morning—continued

Reports of Chairmen
Archives—Mrs. Edward C. Pfeifer
Finance—Mrs. Frank W. Pope
Hygeia—Mrs. Harry J. Heeb
Organization—Mrs. Ernst S. Schmidt
Philanthropic—Mrs. Oliver M. Layton
Press and Publicity—Mrs. George H. Ewell
Program—Mrs. J. Gurney Taylor
Public Relations—Mrs. Raymond B. Dryer
Report of Committee on Credentials and Registration
Announcements

P. M.

1:00 Luncheon and Bridge—Wisconsin Club
Tickets $1.35
Chairman—Mrs. Charles E. Constantine, Racine
Mrs. Harold B. Keland, Racine, co-chairman
Mrs. William A. Joseph, Milwaukee, co-chairman
Mrs. John J. McGovern, Milwaukee, co-chairman
Mrs. Walter C. Roth, Racine
Mrs. Carl O. Schaefer, Racine
Mrs. William C. Hanson, Racine
Mrs. John C. Docter, Racine
Hostess: Woman's Auxiliary to the Racine County Medical Society

Wednesday—continued

P. M.

8:30 Old Time Movies—Hotel Schroeder
Music—Marimbaphones
Miss Betty Lou Ackerman
Miss Marian Anderson
Refreshments

Thursday, September 14, 1939

A. M.

9:30 General Meeting—Hotel Schroeder
Call to Order—Mrs. Robert E. Fitzgerald, president
Minutes of Wednesday Session
Report of Convention Chairman
Reports of County Presidents
Report of Resolutions Committee
Report of Nominating Committee
Election of Officers
Installation of Officers
Final Report of Committee on Credentials and Registration
Announcements
Adjournment

11:30 Post-Convention Meeting of Board of Directors—Club Rooms, Hotel Schroeder
Mrs. Frank W. Pope, president, presiding

P. M.

1:00 Luncheon—Milwaukee Athletic Club
Tickets $1.00
Music—Genevieve Langley, contralto
Mrs. Paul Ringler, accompanist
Speaker—Dr. Rock Sleyster, President, American Medical Association, "The Doctor's Wife" (by request)
Chairman—Mrs. Maurice Monroe, Hartford
Co-chairmen:
Mrs. William F. Grotjan, Milwaukee, co-chairman
Mrs. Armond J. Ruppenthal, Milwaukee, co-chairman
Mrs. Herman M. Lynch, West Bend
Mrs. A. H. C. Carthaus, Thiensville
Mrs. Richard F. Raney, Milwaukee
Hostess—Woman's Auxiliary to the Washington–Ozaukee County Medical Society

6:45 Annual Dinner and Dance—Crystal Ballroom, Hotel Schroeder

Annual Meeting Committees

Mrs. William C. Liefert, chairman
Mrs. Ralph D. Bergen, co-chairman
Mrs. Edward F. Barta, co-chairman

Headquarters—Reception

Mrs. William M. Jermain, chairman
Mrs. Arno R. Langjahr, co-chairman

Hostesses

Officers and Members of the Board of Directors of the Woman's Auxiliary to the Medical Society of Milwaukee County
Mrs. Robert E. McDonald, president
Mrs. Carroll D. Partridge, president-elect
Mrs. John J. McGovern, vice-president
Mrs. Rudolph P. Gingrass, corresponding secretary
Mrs. George J. Pugh, recording secretary
Mrs. Edwin P. Bickler, treasurer
Mrs. Simpson M. Markson, director
Mrs. Harold J. Cannon, director
Mrs. Robert W. Blumenthal, director
Mrs. Gerald H. Friedman, director
Mrs. William F. Grotjan, director
Mrs. Joseph Lettenberger, director

Mrs. Millard Tufts, wife of the president of the Medical Society of Milwaukee County
Mrs. J. Gurney Taylor
Mrs. Dexter H. Witte
Mrs. Thomas A. Judge
Mrs. Robert G. Washburn
Mrs. Raymond P. Schowalter
Mrs. George W. Neilson

Registration and Credentials

Mrs. Harry O. Zurheide, chairman
Mrs. Hilmar G. Martin, co-chairman
Mrs. Jack L. Kinsey
Mrs. Henry Smith

Tickets

Mrs. Rudolph C. Pfeil, chairman
Mrs. Urban A. Schlueter, co-chairman
Mrs. Gerald H. Friedman
Mrs. George J. Pugh

Publicity

Mrs. Urban E. Gebhard, chairman
Mrs. James O. Kelley, co-chairman

Convention Hall

Mrs. L. A. Bernhard
Mrs. Max J. Fox, co-chairman
Mrs. Edward M. Lawler
Mrs. Thornton M. Northey
Mrs. Bruno Warschauer

Information—Hotel Schroeder

Mrs. Richard D. Champney, chairman
Mrs. Norbert Enzer, co-chairman
Mrs. Herman A. Heise
Mrs. James A. Murphy
Mrs. Paul A. Lee
Mrs. Alois F. Kustermann
Mrs. John A. Grab
Mrs. Albert G. Schutte
Mrs. John A. Froelich
Mrs. Donald D. Frawley

Mrs. Frank W. Pope, Racine, President Elect, State Auxiliary.

Mrs. Wm. C. Liefert, Milwaukee, Convention Chairman, State Auxiliary.

Information—Auditorium

Mrs. A. R. F. Grob, chairman
Mrs. Rudolph P. Gingrass, co-chairman
Mrs. S. M. Mollinger
Mrs. B. P. Churchill

Program

Mrs. Ralph D. Bergen

Exhibits

Mrs. Paul M. Currer, chairman
Mrs. William T. Kradwell, co-chairman
Mrs. Merle Q. Howard
Mrs. Carroll W. Osgood
Mrs. Walter A. Brussock
Mrs. Herbert W. Powers
Mrs. Eben J. Carey
Mrs. Charles Fidler

Flowers

Mrs. Jerome M. Jekel, chairman
Mrs. George O. Dunker, co-chairman
Mrs. Urban J. Durner
Mrs. Saul K. Pollack
Mrs. Maurice A. Hardgrove
Mrs. Frank E. Darling, Jr.

Evening Party

Mrs. Fred A. Kretlow, chairman
Mrs. John McCabe, co-chairman

Hostesses

Mrs. Robert H. Feldt
Mrs. John D. Charles
Mrs. Ben J. Baumle
Mrs. Urban J. Durner
Mrs. Robert I. Hiller
Mrs. Leander P. Stamm
Mrs. Edwin B. Gute
Mrs. David A. Cleveland
Mrs. Charles J. Becker
Mrs. Leander J. Foley
Mrs. Hubert J. Farrell
Mrs. Mark J. Bach
Mrs. G. F. A. Fitzgerald
Mrs. George P. Dempsey
Mrs. William J. McKillip

Trempealeau—Jackson—Buffalo

The Woman's Auxiliary to the Trempealeau–Jackson–Buffalo County Medical Society has held several interesting meetings this summer. On May 11, following a chicken dinner at the Erickson House, a business meeting was held at the home of Mrs. R. L. MacCornack of Whitehall.

On the fifteenth of June the Auxiliary met in Black River Falls, and the members were taken to Fallhall Glen for dinner. A short business meeting was held at the home of Mrs. Irwin Krohn.

The Auxiliary met in Galesville on July 20. Following dinner at the Severs Tea Room, the members joined the doctors at the City Hall where an interesting talk on medical economics was given by Dr. A. E. Rector, president of the State Medical Society.

Washington—Ozaukee

The Woman's Auxiliary to the Washington–Ozaukee County Medical Society met in Port Washington on June 22 in conjunction with the fifth district medical convention of the Medical Society. Physicians from Manitowoc, Sheboygan, Dodge, Washington, and Ozaukee counties attended the medical sessions, and their wives were entertained by the Woman's Auxiliary.

The entertainment committee consisted of Mrs. A. H. Barr, Mrs. W. H. Drissen, and Mrs. C. C. Stein, all of Port Washington. Besides bridge, the women were taken on a ten-mile tour of Port Washington to see this community's many beauty spots.

Winnebago

The Woman's Auxiliary to the Winnebago County Medical Society held its last regular business meeting of the season on May 29 at the Colonial Inn, Oshkosh, beginning with a luncheon at one o'clock. The business meeting featured committee reports by chairmen.

The program which followed the business meeting was exceptionally interesting, Mrs. J. F. Stein of Oshkosh giving a report of the book "The Citadel."

Society Proceedings

Green Lake—Waushara

The Green Lake–Waushara County Medical Society met on July 12 at the Maplewood Hotel, Berlin. On the program which followed a 6:30 p.m. dinner at the hotel, Dr. H. J. Farrell, Milwaukee, was the main speaker. His subject was "Common Skin Diseases; Their Diagnosis and Treatment."

Marinette—Florence

According to the Marinette Eagle–Star, about forty physicians attended a dinner meeting of the Marinette–Florence County Medical Society on June 30 in Marinette. An outstanding program was presented. Dr. W. C. Rappleye, dean and professor of medical economics, Columbia University College of Physicians and Surgeons, a former resident of Marinette, Wisconsin, discussed medical economics in England. Dr. Rappleye recently returned from Europe where he made a study of the economic aspects of the practice of medicine. Dr. Francis Murphy, Milwaukee, delivered an address on cardiorenal disease.

Pierce—St Croix

The members of the Pierce–St. Croix County Medical Society, as well as physicians from Polk county, the Twin Cities and Rochester, Minnesota, were the guests of Dr. O. H. Epley, New Richmond, at an informal gathering, July 20, at "The Logs," Dr. Epley's summer home on Half Moon Lake, Polk county.

Waukesha

The Waukesha County Medical Society met on June 7 in Oconomowoc. Resolutions of condolence on the deaths of Dr. H. P. Kenny, Waukesha, and Dr. H. G. B. Nixon of Hartland, were prepared to send to the families of these deceased members. Dr. Ralph Campbell, Madison, was the guest speaker on the society's scientific program which followed a 6:30 p.m. dinner.

Milwaukee Society of Clinical Surgery

The Milwaukee Society of Clinical Surgery met on May 23 in the University Club, Milwaukee. Dinner was served at 6:30 p.m. and was followed by a scientific program. Dr. Max Cutler, director of the Chicago Tumor Institute and associate professor of surgery at Northwestern University Medical School, spoke on the radiation therapy of cancer. Drs. H. W. Hefke and S. A. Morton, Milwaukee, discussed Dr. Cutler's paper.

Dr. Chester C. Schneider, Milwaukee, addressed the group on "Osteomyelitis." This presentation was discussed by Drs. L. D. Smith and H. C. Shumm, Milwaukee.

Milwaukee Neuro-Psychiatric Society

The annual meeting and banquet of the Milwaukee Neuro–Psychiatric Society was held on May 25 at the University Club, Milwaukee. There was no

scientific program; the meeting being of a business and social nature. Each member was permitted to bring one guest.

Fourth Councilor District

The fourteenth annual meeting of the Fourth Councilor District Medical Society was held in the Grantland club rooms, Lancaster, on May 25, beginning at 2 p.m. Dr. J. D. Glynn, president of Grant County Medical Society, presided, and the following scientific program was presented: "Recent Advances in the Treatment of Pneumonia," Dr. Harold E. Marsh, Jackson Clinic, Madison; "Deaths Due to Bowel Obstruction," Dr. L. J. Van Hecke, Marquette University School of Medicine, Milwaukee; "A Discussion of Some Unusual Ocular Phenomena," Dr. W. L. Benedict, Mayo Clinic, Rochester, Minn.; "Present Day Medical Problems," Dr. A. E. Rector, president of the State Medical Society of Wisconsin, Appleton.

During the business session, Drs. E. C. Howell, Fennimore, J. H. Fowler, Lancaster, and C. M. Schuldt, Platteville, were appointed as a committee to meet with the Grant County Health Committee and formulate a program for diphtheria and small pox immunization this fall. They will present their program to the medical society at a special meeting to be held sometime this summer. Resolutions of sympathy were offered upon the death of Dr. J. E. Donnell, a former member of Grant County Medical Society.

Dr. B. I. Pippin invited those present to attend a program of horse-racing at Richland Center, May 28, 29, and 30, saying that he would hold open house at his own home for the doctors attending.

The physicians then adjourned to the Lancaster Country Club, where their wives, visiting ladies and members of the Woman's Auxiliary joined them for a chicken dinner and a short program. Dr. A. E. Rector spoke briefly of some of the experiments in cooperative medical service now being tried, and Drs. W. L. Benedict, Mina Glasier, and E. H. Brooks spoke briefly. Dr. Reginald Jackson, Jr., Madison, showed colored moving pictures taken on a recent trip through the Caribbean islands.

Fifth Councilor District

The annual meeting of the Fifth Councilor District Medical Society was held in Port Washington on June 22. Dr. F. S. Stratton, Milwaukee, spoke on "Breast Tumors;" Drs. R. L. Parker and J. H. Tillisch, Mayo Clinic, Rochester, Minnesota, presented papers on "Congestive Heart Failure" and "Advances in the Use of Intravenous Fluids," and Dr. Harry E. Mock, Chicago, gave addresses on "Conservative Treatment of Gallbladder Disease" and "Head Injuries." Dr. A. E. Rector, Appleton, president of the State Society, gave two talks—"New Developments in the Medical Situation in Wisconsin," and "The Doctor and His Wife in Community Activities."

Dr. Theodore Teitgen, Manitowoc, was elected president of the society and Dr. A. C. Radloff, Plymouth, was reelected secretary. The 1940 meeting of the group will be held in Manitowoc.

ADVISE YOUR PATIENTS . . .

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday

WEAU, Eau Claire — 1:45 p.m., Monday, Wednesday and Friday

WHBY, Green Bay—7:30 p.m., Monday; 7:15 p.m., Wednesday; 7:15 p.m., Friday.

WLBL, Stevens Point—11:15 a.m., Wednesday

WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday

WIBU, Poynette—8:30 p.m., Monday and Friday

Sixth Councilor District

The Sixth Councilor District Medical Society held its annual meeting in Oshkosh, May 23. At the morning session six Oshkosh physicians — H. A. Romberg, H. J. Lee, E. F. Cummings, A. G. Koehler, G. V. Lynch and F. Gregory Connell — presented papers on hypertension, allergy, hematuria, congenital heart lesion, and peptic ulcer. Also appearing on the morning program was Dr. Elmer L. Sevringhaus of Madison, who spoke on "Pituitary Therapy in General Practice."

In the afternoon, Dr. S. W. Harrington of the Mayo Clinic, Rochester, Minnesota, spoke on "Diaphragmatic Hernia;" Dr. John W. Harris, Madison, on "Management of Prolonged Labor;" and Dr. J. K. Callahan, Loyola University, Chicago, on "Treatment of Fractures of the Neck of the Femur." Drs. F. D. Murphy and John Grill, Milwaukee, conducted a clinico-pathological conference.

At the banquet held for the physicians, their wives and guests in the evening, Dr. Walter C. Alvarez of the Mayo Clinic, was the main speaker. His subject was "The Art of Medicine."

Ninth Councilor District

At the meeting of the Ninth Councilor District Medical Society, reported in the June issue of The Journal, Dr. Joseph F. Smith, Wausau, was reelected secretary. Dr. Erling O. Ravn, Merrill, was elected president to succeed Dr. A. J. Wiesender, Berlin.

News Items and Personals

Dr. Samuel R. Boyce—eye, ear, nose and throat specialist—who has practiced in Madison for the past forty years, has closed his office and moved to a newly-built home, located in his Kickapoo Valley fruit orchard, Gays Mills.

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Dr. Thorolf Gundersen, La Crosse, is now associated in practice with three of his six brothers, five of whom are physicians. His brothers, Drs. Alf, Gunnar and Sigurd Gundersen of La Crosse, specialize in urology and surgery; Dr. Thorolf Gundersen joined the Gundersen Clinic staff as an internist. Following his graduation from Harvard Medical School, Boston, in 1935, Dr. Thorolf Gundersen took postgraduate work at the Presbyterian Hospital Medical Center in New York City for two years. During the past year he held a residency in medicine at the State of Wisconsin General Hospital.

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Dr. George Parke, Jr., son of Dr. George Parke of Viola, has joined the staff of the Pippin Clinic, Richland Center. Dr. Parke, Jr., graduated from Marquette University School of Medicine in 1937, and took his internship at the Milwaukee County Hospital, Milwaukee.

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Dr. M. F. Regner, a graduate of the University of Wisconsin Medical School, who recently completed an internship and residency at St. Joseph's Hospital, Marshfield, has moved to Port Washington where he will be associated in practice with Dr. M. M. Hipke. Dr. Hipke is located in Milwaukee but sees patients in his Port Washington office two days each week.

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Dr. Frederick Bauer, formerly of Milwaukee, has opened offices for the general practice of medicine in Shawano.

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Dr. A. R. Zintek, who has practiced in Durand since March, 1938, has opened a ten-bed hospital in that village. The hospital will be known as the "Durand Hospital." Dr. Zintek graduated from Marquette University School of Medicine in 1934, and, after a period of practice in Winona, Minnesota, took postgraduate work at the University of Minnesota Medical School.

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Dr. John J. Kane, Prairie du Chien, has opened new offices, located at 129 South Beaumont Road, Prairie du Chien.

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Dr. John Simones, La Crosse, has become associated in practice with Drs. E. H. Townsend, F. J. Gallagher and E. E. Gallagher. He will take the place of Dr. V. Leo Simones, recently deceased. Dr. John Simones was graduated from the University of Iowa Medical School in 1934. He served his internship at St. Francis Hospital, La Crosse, practiced general medicine for a short time in Houston, Texas, and then spent two years taking postgraduate work in diseases of the eye, ear, nose and throat. He is a member of Phi Beta Pi medical fraternity.

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The Central Wisconsin Society of Ophthalmology and Otolaryngology heard a series of talks, June 4–5, given by Dr. Hans Brunner, formerly professor of otology at the Poliklinik, Vienna, Austria. The meetings were held in Oshkosh. On June 4, following a dinner held at the American Legion Club of Oshkosh, Dr. Brunner spoke on "Facial Paralysis." On June 5 at the Mercy Hospital School of Nursing he presented two lectures on "Otitis Media and Mastoiditis."

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Two new appointments have been made to the State Board of Medical Examiners by Governor Julius Heil, effective as of July 1, 1939. Dr. Harold W. Shutter, Wauwatosa, was appointed to replace Dr. Henry Gramling, Milwaukee, who has been a member of the board for the past eight years and its secretary for three years. Dr. Jessie P. Allen, Beloit, was appointed to replace Dr. H. W. Howe, Racine. The terms of the new members of the board will expire July 1, 1943.

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Dr. Rock Sleyster, Wauwatosa, president of the American Medical Association, was elected to the board of directors of the National Tuberculosis Association at the association's thirty-fifth annual meeting in Boston recently.

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Dr. Louis Fauerbach, Madison, was reelected assistant city health officer of Madison for a term of one year at a meeting of the city board of health on July 6.

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The $350,000 St. Claire hospital recently erected by the Order of St. Agnes in Fond du Lac was dedicated on July 10. The dedicatory services were conducted by Archbishop Samuel Stritch of Milwaukee.

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At a dinner meeting held by the staff of Columbia Hospital, Milwaukee, in connection with its $200,000 development program, Dr. William A. O'Brien, professor of pathology and director of postgraduate education at the University of Minnesota Medical School, was the guest speaker.

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At a meeting of the administrators of the Wisconsin county pension departments in Superior in June, Mr. Harold L. Trewartha, Neillsville, was elected president of the group. One of the speakers

at the meeting was Mr. J. George Crownhart, secretary of the State Society, who pointed out the need for cooperation between physicians and agencies handling pension aids.

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Dr. L. M. Morse, officer of the Wisconsin State Board of Health, located at Neillsville, spoke on the "Functions of the Wisconsin State Health Department" at a meeting of the Rotary Club of Stevens Point on July 3.

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Dr. Frances A. Cline, Rhinelander, acting deputy state health officer, outlined the duties of school officers in cases of contagious diseases at a meeting of sixty-six district school boards of Lincoln county, held in Merrill June 30.

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Dr. Ludwig Gruenewald, Sheboygan, discussed socialized medicine at a meeting of the Kiwanis Club of Plymouth on July 17.

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Dr. E. E. Gallagher, La Crosse, delivered a lecture on emergency and first-aid treatment to a class of summer school students of Viterbo College, St. Rose Convent, on July 6.

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The winner of the second annual essay contest of the Mississippi Valley Medical Society "for the best unpublished essay on a subject of practical and applicable value to the general practitioner of medicine" was Dr. F. F. Boyce, assistant professor of surgery, Louisiana State University, New Orleans. He will present his essay, "Toxic Thyroid Disease as a Surgeon Would Have the General Practitioner Conceive It, with a Special Note on the Liver Factor," at the meeting of the society in Burlington, Iowa, on September 27–29, and it will be published in the January issue of the Mississippi Valley Medical Journal.

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The Wisconsin Alumni Research Foundation presented a series of lectures in July on viruses and virus diseases by Dr. C. H. Andrews of the British Medical Research Council. Dr. Andrews is noted for his investigations on distemper and influenza.

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The trustees of the Rogers Memorial Sanitarium announce the addition of Dr. Donald A. R. Morrison to the medical staff of the sanitarium. Dr. Morrison was formerly a Fellow of the Rockefeller Foundation at the Pennsylvania Hospital for Mental and Nervous Diseases. He served as assistant physician at the Eloise Hospital, Eloise, Michigan, for some time. During the past two years he has been instructor in psychiatry at the University of Chicago Medical School.

The 81st annual convention of the American Dental Association was held in Milwaukee, July 17 to 21. The first general session was opened by Dr. Rock Sleyster, Wauwatosa, president of the American Medical Association, substituting as "welcomer" for Governor Heil.

The Wagner Health Bill was considered by the association's house of delegates and discussed by numerous speakers on the convention program. Dr. M. L. Ward, Ann Arbor, Michigan, president of the assocation said: "There must be understanding, sympathy and cooperation between the public, the health service professions and the government if present health standards are to be maintained. This cooperation cannot be effected if the public and the government receive their information from public health and social service workers, and little data from medicine and dentistry." Other speakers who discussed aspects of a national health program were Dr. Haven Emerson, professor of public health practice, Columbia University College of Physicians and Surgeons, New York City; George St. John Perrott of the United States Public Health Service, member of the Federal Interdepartmental Committee to Coordinate Health and Welfare Activities which reported its findings at the National Health Conference in Washington, D. C., July 18–20, 1938; and Mr. Frank E. Gannett, publisher, Rochester, New York.

Extensive scientific exhibits and a scientific program dealing with the technical phases of the practice of dentistry were presented. Dr. T. A. Hardgrove, Fond du Lac dentist, addressed the association for the second time on his treatment of tic douloureux with typhoid vaccine. Dr. Hardgrove said: "The typhoid treatment is a question of immunization and not a question of reaction from a foreign protein. I believe it is quite evident that tic douloureux is an aftermath of typhoid infection or invasion, because a great many afflicted patients give a typhoid history."

At a meeting of the American Dental College, held on July 16, in conjunction with the convention, Dr. George W. Wilson, director of clinical dentistry at Marquette University School of Medicine, was named president-elect of the college. Two Milwaukee physicians, Drs. Eben J. Carey and Francis J. Murphy, were given honorary degrees by the college for their efforts in establishing a closer relationship between medicine and dentistry. Concerning Dr. Carey's work in this regard, Dr. Wilson said: "The set-up in clinical oral diagnosis in the medical and dental schools at Marquette has been established and is functioning largely because of his vision of the need for intelligent understanding between the two professions. His method is to send his senior medical students to daily joint sessions with senior dental students at the university to gain experience and understanding of dental ills in relation to systemic disease." He stated Dr. Murphy was to be commended for his efforts in coordinating the study of medicine and dentistry, especially among postgraduate students.

Meetings to Be Held.—*Institute for the Consideration of the Blood and Blood-Forming Organs,* September 4–6, 1939, to be conducted by the University of Wisconsin Medical School. Complete details may be obtained by writing the University. Specialists from England, Denmark and the United States will appear on the program which will be presented in the Service Memorial Institute Building, Madison. In addition to the scientific sessions, there will be round table luncheons, a public meeting and an evening banquet.

The First American Congress of Obstetrics and Gynecology, Cleveland, Ohio, September 11–15, 1939, under the sponsorship of the American Committee on Maternal Welfare, Inc. Information regarding the congress, the largest undertaking of its kind ever attempted in the United States, can be obtained by writing to the General Chairman of the American Congress on Obstetrics and Gynecology, The Annex, 650 Rush St., Chicago, Ill.

Fifth Annual Meeting of the Mississippi Valley Medical Society, Burlington, Iowa, September 27–29, 1939.

The Eighteenth Annual Session of the American Congress of Physical Therapy, Hotel Pennsylvania, New York City, September 5–8. Preceding the annual sessions the Congress will conduct an intensive instruction seminar in physical therapy for physicians and technicians, August 30 to September 2. Information regarding the seminar and program may be obtained by writing the American Congress of Physical Therapy, 30 North Michigan Ave., Chicago, Illinois.

American Academy of Ophthalmology and Otolaryngology, Chicago, the Palmer House, October 8–14, 1939. Dr. Frank Brawley, Chicago eye specialist, was recently elected president of the Academy by special interim action of the Academy's council, to succeed Dr. Albert C. Snell, Rochester, N. Y., who had to resign because of ill health. Dr. Brawley will take office in January, 1940.

BIRTHS

A daughter, Patricia Ann, to Dr. and Mrs. R. T. Shima, Turtle Lake, on July 6.

A daughter to Dr. and Mrs. H. C. Hilker, Racine, on June 18.

A son, to Dr. and Mrs. G. M. Sargeant, Prairie du Chien, on July 10.

A daughter to Dr. and Mrs. Mark Temkin, Beaver Dam, on July 22.

MARRIAGES

Dr. David M. Regan, Berlin, and Miss Marion Martin, Berlin, on July 11.

Dr. Robert S. Gearhart, Madison, and Miss Dorothea Rehder, Lincoln, Iowa, on July 22.

DEATHS

Dr. Hoyt E. Dearholt, Milwaukee, died on July 12 in a Milwaukee hospital after an illness of about two months. He was sixty years of age.

Dr. Dearholt was graduated from Rush Medical College in 1900. After a short period of practice in Milwaukee he went to New York City and to Europe where he took postgraduate work in orthopedics. On his return to Milwaukee in 1902, he was thrown, by happenstance, into close, daily association with a group of physicians who were deeply concerned over the problem of tuberculosis control. Prominent in this group were Drs. Thomas H. Hay, Charles H. Stoddard, Gilbert E. Seaman and many others, all of whom—like Dr. Dearholt—had offices in the Goldsmith Building. Association with these physicians and daily contact, in his work as an orthopedist, with patients suffering from tuberculosis of the bone, aroused Dr. Dearholt's interest in the preventive aspects of tuberculosis.

In 1904, the Milwaukee County Medical Society appointed a tuberculosis commission and Dr. Dearholt was made a member of it. In 1905, he assisted in the founding of River Pines Sanatorium, near Stevens Point. When the Wisconsin Anti-Tuberculosis Association was organized in 1908, Dr. Dearholt was chosen chairman of its publicity committee and, in 1910, he was made executive secretary of the association. He remained in this latter position until the date of his last illness. One of his coworkers writes, "Back of all the growth that has made the Wisconsin Anti-Tuberculosis Association outstanding among tuberculosis organizations of the country was one man—Hoyt E. Dearholt."

Dr. Dearholt was very active in medical circles. He was a member of the Medical Society of Milwaukee County and the State Medical Society of Wisconsin. He served as president of the State Society in 1917 and was one of the founders of the Wisconsin Medical Journal being on its editorial staff for many years. He was a Fellow of the American Medical Association.

Among the numerous other organizations with which Dr. Dearholt was affiliated are the following: Health Instruction Bureau, University Extension Division, University of Wisconsin (associate professor, 1913); Wisconsin Committee of the International Congress on Tuberculosis (vice chairman and secretary, 1907–1908); Mississippi Valley Conference on Tuberculosis (secretary and treasurer 1919–1920, president, 1925); National Tuberculosis Association (director); American Public Health Association (director); National Child Welfare Association (director); Wisconsin Conference of Social Work (director); Milwaukee Academy of Medicine (ex-president); Alpha Mu Pi Omega (ex-president).

He is survived by his widow, one daughter and one son.

Dr. C. J. Combs, Oshkosh, died on July 19 following an operation for gallbladder disease and pancreatitis, performed on July 3.

Dr. Combs was born in Macon, Missouri, in 1874. He was graduated from the University of Michigan in 1898. Shortly afterward he began the practice of medicine and surgery in Oshkosh. During the World War he was a regimental surgeon in the 340th field artillery of the United States army, serving in France and Germany.

On his return to Oshkosh he was made commanding officer of the 370th medical regiment of the United States Reserve Officers Training Corps. The program presented on his retirement as commanding officer, November 30, 1938, was noted in the January, 1939, issue of the Wisconsin Medical Journal. In a speech of tribute, given on this program, Lt. Col. Ross of the 370th medical regiment, said:

> ". . . the example set by Colonel Combs and his contemporaries throughout the United States is largely responsible for the wonderful development of the military reserve."

Dr. Combs was a member of the American College of Surgeons, the Winnebago County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association. He is survived by his widow.

Dr. B. H. Holmes, Racine, died on June 28 at his home.

The doctor was born in Burlington in 1888. He was graduated from Marquette University School of Medicine in 1913. He practiced in Racine and Delavan until the World War when he entered service as captain in the medical corps of the army. Returning to Racine he specialized in the treatment of diseases of the eye, ear, nose and throat.

Dr. Holmes was a member of the Racine County Medical Society, the State Medical Society of Wisconsin, and the American Academy of Ophthalmology and Otolaryngology. He was a Fellow of the American Medical Association. He is survived by his widow and a daughter.

Dr. Henry A. Peters, Oconomowoc, died on July 19 from a pulmonary embolism which followed an operation for appendicitis on July 10. He was sixty-five years of age.

Dr. Peters was a pharmacist before he began the study of medicine. In 1906 he was graduated from the Milwaukee Medical College. He had practiced medicine in Oconomowoc for thirty years before the date of his death. For many years he served on the State Board of Pharmacy Examiners.

Dr. Peters was a member of the Waukesha County Medical Society and the State Medical Society of Wisconsin. He was a member of the State Society's Committee on Grievances, the annual report of which appears on page 672 of this issue of the Journal. He was a Fellow of the American Medical Association. He is survived by his widow, two daughters and a son.

Dr. J. A. Palmer, Arcadia, died on July 7 in an Arcadia hospital of a heart ailment from which he had suffered for about two years.

Dr. Palmer was born in Ontario, Canada, in 1868. He was graduated from the University of Michigan Medical School in 1890. He practiced in Minnesota until 1891, when he moved to Arcadia where he remained in active practice until September, 1938, when ill health forced him to retire.

Dr. Palmer was active in political, social and civic affairs in his community. He was supervisor of the village of Arcadia for ten years and in 1937–1938 he served as its mayor. He held the rank of captain in the medical reserve corps of the United States army and served during the World War at Camp Funston, Kansas.

He was a member of the Trempealeau–Jackson–Buffalo County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, and one son.

Dr. Simon A. B. Berglund, Marinette, died on July 2 following a long illness from nephritis. He was born in 1880. In 1906 he was graduated from the University of Illinois College of Medicine.

Dr. Berglund had practiced as a physician and surgeon in Marinette for thirty-three years. He was a veteran of the World War. He was a member of the Marinette–Florence County Medical Society and the State Medical Society of Wisconsin, joining the State Society in the early 1900's. He was also a member of the American Medical Association.

He is survived by his widow and one son.

SOCIETY RECORDS

New Members

J. J. Rouse, Hillsboro.
E. M. Drury, New Richmond.
A. R. Zintek, Durand.
E. L. Rice, 3430 West North Avenue, Milwaukee.
J. H. Biller, 2642 South Kinnickinnic Avenue, Milwaukee.
A. W. Kozelka, Two Rivers.
L. S. Graves, Mineral Point.
E. P. Carlton, De Forest.
Grace E. Schenkenberg, 1502 State Street, Racine.
E. C. Quackenbush, Iron Ridge.
J. M. Bell, Peshtigo.
F. J. Erdlitz, Peshtigo.

Changes in Address

Judson Forman, Lime Ridge, to Wonewoc.
F. T. Bauer, Milwaukee, to Shawano.
J. H. Johnson, Madison, to 4221 North Oakland Avenue, Milwaukee.
J. A. Alston, Milwaukee, to Milwaukee Sanitarium, Wauwatosa.
W. E. Archer, Dale, to 102 East College Avenue, Appleton.

MEMBERS—1939 HOUSE OF DELEGATES

Society	*Delegate*	*Alternate*
Ashland–Bayfield–Iron	F. D. Weeks, Ashland	J. W. Prentice, Ashland
Barron–Washburn–Sawyer–Burnett	A. S. White, Rice Lake	A. T. Hume, Chetek
Brown–Kewaunee–Door	P. R. Minahan, Green Bay	W. W. Kelly, Green Bay
	O. A. Stiennon, Green Bay	W. E. Leaper, Green Bay
Calumet	J. W. Goggins, Chilton	N. J. Knauf, Chilton
Chippewa	C. N. B. Hatleberg, Chippewa Falls	A. W. Overgard, Stanley
Clark	M. C. Rosekrans, Neillsville	H. H. Christofferson, Colby
Columbia–Marquette–Adams	H. E. Gillette, Pardeeville	H. M. Caldwell, Columbus
Crawford	C. A. Armstrong, Prairie du Chien	E. T. Ackerman, Gays Mills
Dane	L. W. Peterson, Sun Prairie	Louis Fauerbach, Madison
	J. N. Sisk, Madison	M. J. J. Coluccy, Madison
	W. D. Stovall, Madison	A. T. Smedal, Stoughton
	A. R. Tormey, Madison	S. A. McCormick, Madison
Dodge	A. G. Hough, Beaver Dam	W. E. Bargholtz, Reeseville
Douglas	T. J. O'Leary, Superior	C. W. Giesen, Superior
Eau Claire–Dunn–Pepin	E. L. Mason, Eau Claire	P. A. Quilling, Menomonie
Fond du Lac	D. J. Twohig, Fond du Lac	J. C. Devine, Fond du Lac
Forest	E. G. Ovitz, Laona	G. W. Ison, Crandon
Grant	C. H. Andrew, Platteville	H. E. Fillbach, Hazel Green
Green	H. O. Schneider, Monroe	L. E. Creasy, Monroe
Green Lake–Waushara	A. J. Wiesender, Berlin	G. E. Baldwin, Green Lake
Iowa	W. P. Hamilton, Dodgeville	H. D. Ludden, Mineral Point
Jefferson	W. S. Waite, Watertown	G. E. Eck, Lake Mills
Juneau	A. R. Kaufman, Mauston	
Kenosha	G. C. Schulte, Kenosha	W. C. Stewart, Kenosha
La Crosse	J. A. Roth, La Crosse	Alf Gundersen, La Crosse
Lafayette	(has not reported)	
Langlade	L. A. Steffen, Antigo	Wm. P. Curran, Antigo
Lincoln	F. C. Lane, Merrill	R. G. Baker, Tomahawk
Manitowoc	E. C. Cary, Reedsville	T. H. Rees, Manitowoc
Marathon	S. M. B. Smith, Wausau	E. E. Flemming, Wausau
Marinette–Florence	J. W. Boren, Marinette	A. T. Nadeau, Marinette
Milwaukee	Norbert Enzer, Milwaukee	S. A. Baranowski, Milwaukee
	L. W. Hipke, Milwaukee	Eben J. Carey, Milwaukee
	R. P. Sproule, Milwaukee	Irwin Schulz, Milwaukee
	C. M. Echols, Milwaukee	Benjamin Lieberman, Milwaukee
	Charles Fidler, Milwaukee	L. M. Wieder, Milwaukee
	Wm. A. Ryan, Milwaukee	J. L. Garvey, Milwaukee
	F. W. Mackoy, Milwaukee	R. E. Galasinski, Milwaukee
	A. R. Langjahr, Milwaukee	Bernard Krueger, Cudahy
	H. O. McMahon, Milwaukee	D. F. Pierce, Hales Corners
	H. J. Gramling, Milwaukee	C. M. Schoen, Milwaukee
	J. W. Smith, Milwaukee	W. J. Scollard, Milwaukee
	W. F. Grotjan, Milwaukee	S. E. Biller, Milwaukee
Monroe	A. R. Bell, Tomah	G. C. Devine, Ontario
Oconto	(has not reported)	
Oneida–Vilas	W. S. Bump, Rhinelander	I. E. Schiek, Rhinelander
Outagamie	C. D. Neidhold, Appleton	G. W. Carlson, Appleton
Pierce–St. Croix	A. E. McMahon, Glenwood City	C. A. Dawson, River Falls
Polk	L. O. Simenstad, Osceola	W. B. Cornwall, Amery
Portage	E. E. Kidder, Stevens Point	A. G. Dunn, Stevens Point
Price–Taylor	J. D. Leahy, Park Falls	H. B. Norviel, Phillips
Racine	R. M. Kurten, Racine	T. C. Hemmingsen, Racine
Richland	George Parke, Viola	Gideon Benson, Richland Center
Rock	W. J. Allen, Beloit	H. A. Raube, Beloit
	W. A. Munn, Janesville	W. T. Clark, Janesville
Rusk	L. M. Lundmark, Ladysmith	M. L. Whalen, Bruce
Sauk	A. C. Edwards, Baraboo	M. F. Huth, Baraboo
Shawano	A. A. Cantwell, Shawano	F. L. Litzen, Gresham
Sheboygan	C. J. Weber, Sheboygan	(none elected)
Trempealeau–Jackson–Buffalo	R. L. MacCornack, Whitehall	F. T. Weber, Arcadia
Vernon	W. M. Trowbridge, Viroqua	W. H. Remer, Chaseburg
Walworth	E. D. Sorenson, Elkhorn	T. L. Jacobson, Delavan
Washington–Ozaukee	O. J. Hurth, Cedarburg	J. G. Hoffmann, Hartford
Waukesha	J. C. Hassall, Oconomowoc	
Waupaca	A. M. Christofferson, Waupaca	J. H. Murphy, Clintonville
Winnebago	A. G. Koehler, Oshkosh	J. P. Canavan, Neenah
Wood	Karl Doege, Marshfield	F. X. Pomainville, Wis. Rapids

662-a

Ninety-Eighth Anniversary Meeting

Milwaukee Auditorium

September Thirteenth Through Fifteenth

Nineteen Thirty-Nine

General sessions open eight a. m.,
Wednesday, September 13

LIBRARY OF THE
COLLEGE OF PHYSICIANS
OF PHILADELPHIA

Council on Scientific Work Announces Program for 98th Anniversary Meeting

Wednesday, Thursday, Friday, September 13-15 Inclusive

THE third scientific program arranged under the supervision of the Council on Scientific Work is presented on the following pages. Dr. Eben J. Carey, the member of the Council on Scientific Work in direct charge of the program, writes concerning it:

"The 1939 program for the State Medical Society of Wisconsin, in emphasizing the problems of the 'man in the field,' will also emphasize the spirit of cooperation. There is no quality more vitally needed today, not only between nations, but between individuals, than that of cooperation. Greed forces men apart. Cooperation attracts them. In the interests of individual and public health it is necessary that men work together. This implies good will, not only among the members of the medical profession, but among them and other professions and the public.

"No man is of more vital need in this cooperative relationship than the physician on the 'firing line' in general practice. The family doctor must be alert to many problems. He is the first line of defense of the Nation in its constant warfare against accidents, disease and ill health. Great progress has been made in the past through the various specialties in medicine; greater progress in the future will be made by a better appreciation of the work of the general practitioner and emphasizing his importance in all deliberations of the State Medical Society in problems of disease and health. This is necessary to the realization of the benefits of good health, which implies an understanding of the nature of health.

" 'Health is a state of feeling well in body, mind and spirit, together with a sense of reserve power. It is based on normal functioning of the tissues and organs of the body, a practical understanding of the principles of healthful living, and a harmonious adjustment to the physical and psychological environment, together with an attitude which regards health not as an end in itself, but a means to a richer life as measured in constructive service to mankind.' (Bauer–Hull, *Health Education of the Public.*)

"Just as a healthy mind in a healthy body requires cooperation of the various parts of the body, so a healthy state in the activities of medicine requires cooperation between the members of the medical profession. It is the hope of the Program Committee for 1939 that the 98th anniversary meeting will, in stressing the importance of the general practitioner in the field of disease and health, open new avenues for cooperative effort."

The Question Box, a feature initiated last year, will be a part of the program again this year. Physicians are invited to write on slips of paper questions on scientific subjects, as well as suggestions, criticisms and comments on the annual meeting program and place them in boxes which will be conveniently located throughout the meeting halls.

TUESDAY EVENING, SEPTEMBER 12

P. M.

7:00 House of Delegates — Crystal Ballroom, Schroeder Hotel

WEDNESDAY, SEPTEMBER 13

A. M.

8:00 Registration, Milwaukee Auditorium

9:20 General Session, Plankinton Hall

9:20 The Activity Determination of Childhood Tuberculosis (with lantern slides)
Karl E. Kassowitz, associate clinical professor of pediatrics, Marquette University School of Medicine, Milwaukee

9:40 The Early Diagnosis of Tuberculosis in General Practice
R. H. Stiehm, assistant professor of clinical medicine, University of Wisconsin Medical School, Madison

10:00 Recess to view exhibits

10:15 Symposium: Low Back Pain

Arranged by Edwin W. Ryerson, Chicago, Illinois

10:15 Announcements

10:20 Anatomical Aspect
Eben J. Carey, professor of anatomy, Marquette University School of Medicine, Milwaukee

10:40 Medical Aspect
George H. Coleman, assistant clinical professor of medicine, Rush Medical College, University of Chicago, Chicago, Illinois

11:00 Urological Aspect
Harry Culver, associate professor of genitourinary surgery, Northwestern University Medical School, Chicago, Illinois

11:20 Gynecological Aspect
Eugene Cary, senior obstetrician, St. Luke's Hospital, Chicago, Illinois

11:40 Orthopedic Aspect
Edwin W. Ryerson, formerly professor of orthopedic surgery, Northwestern University Medical School, Chicago, Illinois

P. M.

2:00 General Session—Plankinton Hall

2:00 On a Clinical Classification of Hemorrhagic Diseases Due to Coagulation Defects
Armand J. Quick, associate professor of pharmacology, Marquette University School of Medicine, Milwaukee

2:20 Bleeding Due to Capillary Defects
Fred W. Madison, assistant clinical professor of medicine, Marquette University School of Medicine, Milwaukee

General Session, Wednesday afternoon, continued

2:40 Otolaryngological Aspects of Diseases of the Blood Forming Organs
William E. Grove, professor of clinical otolaryngology, Marquette University School of Medicine, Milwaukee

3:00 The President's Address
R. G. Arveson, Frederic

3:35 Recess to view exhibits

3:50 Announcements

3:55 The Nature of Chemotherapeutic Action
Harry Beckman, professor of pharmacology, Marquette University School of Medicine, Milwaukee

4:35 MENTAL MEDICINE IN 1939 (a consideration of the forces at work to produce mental disorder within and without the individual—physical, emotional, and socio-economic—together with a discussion of the present status of prevention and treatment in this field of medicine). (Rogers Memorial Lecture)
Charles F. Read, superintendent, Elgin State Hospital, Elgin, Illinois

SECTION ON OTOLARYNGOLOGY

Engelmann Hall

John B. Hitz, Milwaukee, chairman

P. M.

2:00 Acute Infective Laryngo-Tracheo Bronchitis
L. C. Gardner, Fond du Lac

2:30 Discussion

2:40 Acute Cervical Cellulitis
Samuel J. Pearlman, associate clinical professor of otology, rhinology, and laryngology, Loyola University School of Medicine, Chicago, Illinois

3:30 Discussion

3:40 Regeneration of the Ciliated Nasal Epithelium
Arthur W. Proetz, professor of clinical otolaryngology, Washington University School of Medicine, St. Louis, Missouri

4:30 Discussion

4:40 Sinus Thrombosis Complicating Chronic Mastoiditis
Leon H. Guerin, Milwaukee

5:10 Discussion

7:15 House of Delegates — Crystal Ballroom, Schroeder Hotel

8:45 Smoker—Crystal Ballroom, Schroeder Hotel
Speaker: William A. O'Brien, associate professor of pathology and preventive medicine and public health, University of Minnesota Medical School, Minneapolis

THURSDAY MORNING, SEPTEMBER 14

8:00 House of Delegates — Crystal Ballroom, Schroeder Hotel

SECTION MEETINGS

SECTION ON OPHTHALMOLOGY

Engelmann Hall

John B. Hitz, Milwaukee, chairman

A. M.

8:30 Amblyopia
Walter A. Ford, Sheboygan

9:00 Discussion

9:10 Errors in Glaucoma That I Have Made and That I Have Seen
Harry S. Gradle, chief of staff, Illinois Eye and Ear Infirmary, and extramural professor of ophthalmology, University of Illinois College of Medicine, Chicago, Illinois

10:00 Discussion

10:10 The Significance of Retinal Vascular Lesions in Chronic Glomerulonephritis
Henry P. Wagener, associate professor of ophthalmology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota

11:00 Discussion

11:10 Non-Suppurative Disease of the Cornea
Edward R. Ryan, clinical instructor of ophthalmology, Marquette University School of Medicine, Milwaukee

11:40 Discussion

SECTION ON RADIOLOGY

Committee Room A

Ivan G. Ellis, Madison, chairman

A. M.

8:30 Bone Cyst
H. W. Hefke, clinical instructor in roentgenology, Marquette University School of Medicine, Milwaukee

8:45 Malignant Bone Tumor
W. T. Clark, Janesville

9:00 Congenital Deformities of Spine
S. A. Morton, clinical instructor in roentgenology, Marquette University School of Medicine, Milwaukee

9:15 Discogenetic Disease of the Cervical Spine
G. S. Reynolds, Eau Claire

9:30 Lesions Simulating Superior Sulcus Tumors
Irving I. Cowan, clinical instructor in roentgenology, Marquette University School of Medicine, Milwaukee

9:45 Tuberculosis and Silicosis Simulating Neoplasm of Lung
E. A. Pohle, professor of radiology, University of Wisconsin Medical School, Madison

10:00 Cyst of the Lung
J. Newton Sisk, Madison

10:15 Gastrointestinal Case
L. V. Littig, Madison

10:30 Gastric Lesion
Wayne A. Johnston, Dubuque, Iowa

10:45 Extensive Polyposis of Colon
Ivan G. Ellis, Madison

11:00 Case Report
Frank W. Mackoy, clinical professor of roentgenology, Marquette University School of Medicine, Milwaukee

11:15 Hypernephroma
R. P. Potter, Marshfield

11:30 Tumor Mass in the Left Upper Abdomen
J. E. Habbe, assistant clinical professor of roentgenology, Marquette University School of Medicine, Milwaukee

11:45 Effect of X-ray Sterilization of the Ovaries on Lung Metastasis Secondary to Carcinoma of the Lung
E. A. Pohle, professor of radiology, University of Wisconsin Medical School, Madison

SECTION ON MEDICINE

Plankinton Hall

Karl H. Doege, Marshfield, chairman

A. M.

9:00 The Recognition and Management of Gastro-intestinal Allergy
Theodore L. Squier, associate clinical professor of medicine, Marquette University School of Medicine, Milwaukee
Discussant:

9:20 Fred W. Madison, assistant clinical professor of medicine, Marquette University School of Medicine, Milwaukee

9:30 Fat and Carbohydrate Ratios of the Diet and Insulin Requirements in Diabetes Mellitus
R. S. Baldwin, Marshfield
Discussant:

9:50 M. Meredith Baumgartner, Janesville

10:00 Nicotinic Acid in Nutrition
C. A. Elvehjem, Ph.D., professor of biochemistry, University of Wisconsin, Madison
Discussant:

10:20

10:30 Recess to view exhibits

11:00 An Adequate Dietary in Later Life
E. L. Tuohy, past president, Minnesota Society of Internal Medicine, Duluth, Minnesota
Discussant:

11:20 W. C. Sheehan, Stevens Point

11:30 The Danger of Causing Edema by the Forcing of Fluids in Malnourished Medical and Surgical Patients with True or Suspected Dehydration

James A. Evans, University of Wisconsin Medical School Extramural and Preceptorial Medical Service, La Crosse
Discussant:
11:50 O. O. Meyer, associate professor of medicine, University of Wisconsin Medical School, Madison

SECTION ON OBSTETRICS AND GYNECOLOGY

Kilbourn Hall

David M. Gallaher, Appleton, chairman

A. M.
9:00 The General Practitioner's Role in the Prevention of Eclampsia
Joseph M. Freeman, Wausau
9:25 Trichomonas Vaginalis; Its Symptoms and Treatment
John D. Owen, clinical instructor in obstetrics and gynecology, Marquette University School of Medicine, Milwaukee
9:50 Functional Dysmenorrhea and Its Treatment
Joseph W. Lambert, Antigo
10:10 Intermission
10:20 Retroversion of the Uterus
Carl S. Harper, assistant clinical professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison
10:45 Improved Technic in the Use of the Kielland Forceps (with motion pictures)
James B. Vedder, Marshfield
11:10 Special Features in Anatomy and Operative Procedure in Surgically Difficult Growths of the Female Pelvic Viscera (with lantern slides)
Arthur H. Curtis, professor of obstetrics and gynecology, Northwestern University Medical School; president, Institute of Medicine, Chicago, Illinois

SECTION ON SURGERY

Juneau Hall

Erwin R. Schmidt, professor of surgery, University of Wisconsin Medical School, Madison, chairman

A. M.
9:00 Some Congenital Abnormalities of Infants and Their Treatment
Albert H. Montgomery, clinical professor of surgery, Rush Medical College, University of Chicago, Chicago, Illinois
Discussant:
9:20 Stanley J. Seeger, chief of staff, Columbia Hospital and Milwaukee Children's Hospital, Milwaukee
9:25 Cholecystectomy and Cholecystostomy in the Treatment of Gallbladder Disease
A. L. Mayfield, Kenosha
Discussants:
9:40 O. R. Lillie, assistant clinical professor of surgery, Marquette University School of Medicine, Milwaukee
9:45 Carl W. Eberbach, assistant clinical professor of surgery, Marquette University School of Medicine, Milwaukee
9:50 Congenital Changes in the Vertebrae as Demonstrated in the X-ray
Walter Sullivan, associate professor of anatomy, University of Wisconsin Medical School, Madison
Discussants:
10:05 Herman W. Wirka, assistant professor of orthopedic surgery, University of Wisconsin Medical School, Madison
10:10 Ernest W. Miller, Milwaukee
10:15 Treatment of Cranial Injuries
William J. Bleckwenn, professor of neuropsychiatry, University of Wisconsin Medical School, Madison
Discussants:
10:30 Merritt L. Jones, Wausau
10:35 Erwin R. Schmidt, professor of surgery, University of Wisconsin Medical School, Madison
10:40 Evaluation of Disability in Injury Cases
Merritt L. Jones, Wausau
Discussants:
10:55 Chester C. Schneider, Milwaukee
11:00 Robert E. Burns, professor of orthopedic surgery, University of Wisconsin Medical School, Madison
11:05 Sulfanilamide in Surgery
Thomas J. Snodgrass, Janesville
Discussants:
11:20 Irwin Schulz, Milwaukee
11:25 Sigurd B. Gundersen, La Crosse

SECTION ON PEDIATRICS

Walker Hall

A. B. Schwartz, assistant clinical professor of public health, Marquette University School of Medicine, Milwaukee, chairman

A. M.
9:15 The Practical Problems of the Physician Doing a Combined Obstetric and Pediatric Practice
Henry A. Sincock, chief of pediatrics, St. Mary's Hospital, Superior
Discussant:
Homer McC. Carter, obstetric and pediatric staff, Madison General Hospital, Madison
9:45 Significant Details of Routine Health Examination
9:45 Eye: F. Herbert Haessler, department of ophthalmology, Milwaukee Children's Hospital, Milwaukee

9:50 Ear: John E. Mulsow, assistant clinical professor of otolaryngology, Marquette University School of Medicine, Milwaukee
9:55 Nose and Throat: Lyman A. Copps, Marshfield Clinic, Marshfield
10:00 Orthopedic: Walter P. Blount, clinical instructor in orthopedic surgery, Marquette University School of Medicine, Milwaukee
10:05 General Considerations: Roy M. Greenthal, head of medical department, Milwaukee Children's Hospital, Milwaukee

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10:15 Recent Advances in Pediatric Therapy
Harry Beckman, professor of pharmacology, Marquette University School of Medicine, Milwaukee
Discussant:
10:35 John E. Gonce, Jr., professor of pediatrics, University of Wisconsin Medical School, Madison
10:45 The Treatment of Respiratory Diseases in Children
H. Kent Tenney, Jr., associate professor of pediatrics, University of Wisconsin Medical School, Madison
Discussant:
11:05 Stephen A. Theisen, Fond du Lac
11:15 Experiences with Immunization Procedures in Home and Office Practice
Francis R. Janney, assistant clinical professor of pediatrics, Marquette University School of Medicine, Milwaukee
Discussant:
11:35 Raymond P. Schowalter, assistant clinical professor of medicine, Marquette University School of Medicine, Milwaukee

12:10 ROUND TABLE LUNCHEONS

Schroeder Hotel

1. Sulfanilamide, Neoprontosil and Sulfapyridine and Their Clinical Application
A. E. Brown, assistant professor of medicine, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota
Parlor A, Fourth Floor

2. Bedside Medicine and Newer Drugs
William S. Middleton, dean, University of Wisconsin Medical School, Madison
Parlor B, Fourth Floor

3. Modern Trends in the Treatment of Pneumonia
Francis D. Murphy, clinical professor and director of medicine, Marquette University School of Medicine, Milwaukee
Parlor C, Fourth Floor

4. Transvaginal X-ray Treatment of Cervical Cancer
Arthur W. Erskine, roentgenologist, St. Luke's Hospital; president, Iowa State Medical Society, Cedar Rapids, Iowa
Parlor D, Fourth Floor

5. The Rationale of Various Practices in Nasal Treatment on the Basis of Nasal Physiology
Arthur W. Proetz, professor of clinical otolaryngology, Washington University School of Medicine, St. Louis, Missouri
Parlor E, Fourth Floor

6. Surgery of the Gallbladder and Bile Passageways
O. R. Lillie, assistant clinical professor of surgery, Marquette University School of Medicine, Milwaukee
Parlor F, Fourth Floor

7. Problems in Children's Surgery
Stanley J. Seeger, chief of staff, Columbia Hospital and Milwaukee Children's Hospital, Milwaukee
Parlor G, Fourth Floor

8. Management of Prolonged Labor
John W. Harris, professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison
Parlor H, Fourth Floor

9. Management of Communicable Diseases
Edward R. Krumbiegel, medical director, Bureau of Communicable Diseases and School Hygiene, Milwaukee Health Department, Milwaukee
Parlor I, Fourth Floor

10. Where May We Suspect Nutritional Deficiencies in Adults?
E. L. Tuohy, past president, Minnesota Society of Internal Medicine, Duluth, Minnesota
Committee Room, Fifth Floor

11. The Cure of Hernia by Radical and Conservative Treatment
M. A. McGarty, La Crosse
Pere Marquette Room, Fifth Floor

12. Past Presidents' Luncheon
Room 619

13. Chronic Ulcerative Colitis
A. G. Schutte, clinical instructor in proctology, Marquette University School of Medicine, Milwaukee
English Room, Fifth Floor

14. Relation of Vitamin Deficiency to Ocular Disease
Henry P. Wagener, associate professor of ophthalmology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota
Pine Room, Fifth Floor

15. Use of Forceps
James B. Vedder, Marshfield
Room B, Fifth Floor

16. Convulsions in Childhood
M. G. Peterman, professor of pediatrics, Marquette University School of Medicine, Milwaukee
Room C, Fifth Floor

17. Practical Aspects of Glaucoma
    Harry S. Gradle, chief of staff, Illinois Eye and Ear Infirmary, and extramural professor of ophthalmology, University of Illinois College of Medicine, Chicago, Illinois
    Room D, Fifth Floor

18. Surgery of the Stomach
    Sigurd B. Gundersen, La Crosse
    Room E, Fifth Floor

19. Prenatal Care
    Carl D. Neidhold, Appleton
    Room F, Fifth Floor

20. Traumatic Cancer
    Marcos Fernan-Nunez, professor of pathology and bacteriology and associate professor of public health, Marquette University School of Medicine, Milwaukee
    Club Room, Fifth Floor

21. Mechanical Injuries to the Eyeball
    Emile G. Nadeau, Green Bay
    Lounge Section of Banquet Room, Fifth Floor

THURSDAY AFTERNOON, SEPTEMBER 14

P. M.

2:15 General Session—**Plankinton Hall**

2:15 Secretary's Report
J. G. Crownhart, secretary, State Medical Society of Wisconsin

2:35 "Hygeia" and Better Public Relations
Chester M. Echols, formerly professor of gynecology, Marquette University School of Medicine; past president, Medical Society of Milwaukee County, Milwaukee

2:55 The Sick Man as a Person
Rock Sleyster, president, American Medical Association, Wauwatosa

3:15 Modern X-ray Therapy
Arthur W. Erskine, roentgenologist, St. Luke's Hospital; president, Iowa State Medical Society, Cedar Rapids, Iowa

3:35 The Vitamin B Complex in Practical Nutrition
C. A. Elvehjem, Ph. D., professor of Biochemistry, University of Wisconsin, Madison

3:55 The Relation of Alcohol to Liver Damage
E. L. Tuohy, past president, Minnesota Society of Internal Medicine, Duluth, Minnesota

4:15 The Surgical Treatment of Prostatic Obstruction
J. B. Wear, associate professor of urology, University of Wisconsin Medical School, Madison

4:35 Sulfanilamide, Neoprontosil, and Sulfapyridine and Their Clinical Applications
A. E. Brown, assistant professor of medicine, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota

6:45 Annual Dinner—Crystal Ballroom, Schroeder Hotel

The Milwaukee Convalescent Serum Center located at Columbia Hospital, 3321 North Maryland Avenue, Milwaukee, invites members of the medical profession to visit it at any time during their stay in Milwaukee.

FRIDAY MORNING, SEPTEMBER 15

A. M.

9:20 General Session—**Plankinton Hall**

9:20 The Early Diagnosis of Cancer in General Practice
Marcos Fernan-Nunez, professor of pathology and bacteriology and associate professor of public health, Marquette University School of Medicine, Milwaukee

9:40 Abdominal Pain and Appendicitis
Harry E. Mock, associate professor of surgery, Northwestern University Medical School, Chicago, Illinois

10:00 Hematuria
Gilbert J. Thomas, clinical associate professor of urology, University of Minnesota Medical School, Minneapolis, Minnesota, and assistant professor of urology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota

10:20 Recess to view exhibits

10:40 Management of Carcinoma of the Cervix (with lantern slides)
Arthur H. Curtis, professor of obstetrics and gynecology, Northwestern University Medical School; president, Institute of Medicine, Chicago, Illinois

11:20 The Sex Hormones
August A. Werner, assistant professor of internal medicine, St. Louis University School of Medicine, St. Louis, Missouri

11:40 Pulmonary Hypertension and Right Heart Failure
Thomas J. Dry, The Mayo Clinic, Rochester, Minnesota

12:10 ROUND TABLE LUNCHEONS
Schroeder Hotel

1. Gynecology from the Viewpoint of the General Practitioner
   Arthur H. Curtis, professor of obstetrics and gynecology, Northwestern University Medical School, and president, Institute of Medicine, Chicago, Illinois
   Parlor A, Fourth Floor

2. Malignant Conditions in the Urogenital Organs: Modern Methods of Treatment
   Gilbert J. Thomas, clinical associate professor of urology, University of Minnesota Medical School, Minneapolis, Minnesota, and assistant professor of urology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota
   Parlor B, Fourth Floor

3. Bedside Medicine and Newer Drugs
   William S. Middleton, dean, University of Wisconsin Medical School, Madison
   Parlor C, Fourth Floor

4. The Ten Points in the Treatment of Heart Failure
   Francis D. Murphy, clinical professor and director of medicine, Marquette University School of Medicine, Milwaukee
   Parlor D, Fourth Floor

5. The Sex Hormones
   August A. Werner, assistant professor of internal medicine, St. Louis University School of Medicine, St. Louis, Missouri
   Parlor E, Fourth Floor

6. Skull Fractures and Back Injuries
   Harry E. Mock, associate professor of surgery, Northwestern University Medical School, Chicago, Illinois
   Parlor F, Fourth Floor

7. Eczema in Childhood—Allergic and Dermatologic Methods of Procedure
   Rudolph Hecht, assistant in medicine, University of Illinois College of Medicine, Chicago, Illinois
   Ben Z. Rappaport, head of allergy clinic, University of Illinois College of Medicine, Chicago, Illinois
   Morley D. McNeal, associate attending physician, Children's Memorial Hospital, Chicago, Illinois
   Parlor G, Fourth Floor

8. Indications for Cesarean Section
   John W. Harris, professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison
   Parlor H, Fourth Floor

9. Management of Obstetric Hemorrhage Cases
   Robert E. McDonald, assistant clinical professor of obstetrics and gynecology, Marquette University School of Medicine, Milwaukee
   Parlor I, Fourth Floor

10. Hand Infections
    Albert R. Tormey, Madison
    Room B, Fifth Floor

11. The Evaluation of the Heart in Hypertension, Pneumonia, Angina Pectoris, Pernicious Anemia, Choosing Anesthetic, and Surgery
    Karl H. Doege, Marshfield
    Room C, Fifth Floor

12. Contraction Ring Dystocia
    James W. McGill, Superior
    Room D, Fifth Floor

13. Discussion of Office Procedure Used in the Treatment of Diseases of Ear, Nose and Throat
    Wellwood M. Nesbit, professor of otolaryngology, University of Wisconsin Medical School, Madison
    Room E, Fifth Floor

14. Tumors of the Breast
    Erwin R. Schmidt, professor of surgery, University of Wisconsin Medical School, Madison
    Room F, Fifth Floor

15. The Care and Remedy of Mentally Ill
    Gilbert E. Seaman, superintendent, Winnebago State Hospital, Winnebago
    Pere Marquette Room, Fifth Floor

FRIDAY AFTERNOON, SEPTEMBER 15

2:15 General Session—Plankinton Hall

2:15 Some Practical Points in the Operative Treatment of Fractures of the Neck of the Femur (with lantern slides)
Willard D. White, president, Minneapolis Surgical Society, Minneapolis, Minnesota

2:35 Gangrene in Diabetes (with lantern slides)
Archibald H. Beard, assistant professor of medicine, University of Minnesota Medical School, Minneapolis, Minnesota

2:55 Recess to view exhibits

3:10 QUESTION BOX—Plankinton Hall

Put your written questions in QUESTION BOX on Wednesday, Thursday and Friday. Answers given from rostrum to questions on medical topics. Attention also given to suggestions, criticisms and comments on annual meeting.

George W. Krahn, Oconto Falls, master of ceremonies.

A partial list of the men who will "give the answers" and their specialties follow:

Thomas J. Dry—Medicine (cardiology)
Willard D. White—Surgery
Archibald H. Beard—Medicine
Gilbert J. Thomas—Urology
Arthur H. Curtis—Obstetrics and gynecology

HOTEL RESERVATIONS

Have you made hotel reservations to assure obtaining accommodations when you reach Milwaukee for the annual meeting? If you have not, it is suggested that you write the hotel of your choice at once for a reservation.

PROGRAM SYNOPSIS

TUESDAY—SEPTEMBER 12

P. M.

7:00—House of Delegates—Crystal Ballroom, Schroeder Hotel

WEDNESDAY—SEPTEMBER 13

A. M.

8:00—Registration, Milwaukee Auditorium
9:20—General Session—Plankinton Hall
10:00—Recess to view exhibits
10:15—General Session—Plankinton Hall
Symposium: Low Back Pain

P. M.

2:00—General Session—Plankinton Hall
2:00—Section Meeting — Otolaryngology — Engelmann Hall
3:35—Recess of General Session to view exhibits
3:50—General Session—Plankinton Hall
7:15—House of Delegates—Crystal Ballroom, Schroeder Hotel
8:45—Smoker—Crystal Ballroom, Schroeder Hotel
Speaker: William A. O'Brien, Minneapolis

THURSDAY—SEPTEMBER 14

A. M.

8:00—House of Delegates—Crystal Ballroom, Schroeder Hotel
Section meetings:
8:30—Ophthalmology—Engelmann Hall
8:30—Radiology—Committee Room A
9:00—Medicine—Plankinton Hall
9:00—Obstetrics and Gynecology—Kilbourn Hall
9:00—Surgery—Juneau Hall
9:15—Pediatrics—Walker Hall

P. M.

12:10—Round Table Luncheons—Schroeder Hotel
2:15—General Session—Plankinton Hall
6:45—Annual Dinner—Crystal Ballroom—Schroeder Hotel

FRIDAY—SEPTEMBER 15

A. M.

9:20—General Session—Plankinton Hall
10:20—Recess to view exhibits
10:40—General Session—Plankinton Hall

P. M.

12:10—Round Table Luncheons—Schroeder Hotel
2:15—General Session—Plankinton Hall
2:55—Recess to view exhibits
3:10—Question Box—Plankinton Hall
Adjournment

TECHNICAL EXHIBITORS

Thirty-seven firms will exhibit with the Society in the technical exhibit section, Milwaukee Auditorium. They are:

A. S. Aloe Company
Bard-Parker Company, Inc.
Barr & Ferguson X-ray Company
Borden Company
S. H. Camp & Company
Carnation Milk Company
R. B. Davis Sales Company
(Distributor of Cocomalt)
DeVilbiss Company
Duke Laboratories, Inc.
Eli Lilly Company
General Electric X-ray Corporation
Gerber Products Company
Horlick's Malted Milk Corporation
Hurley X-ray Company
E. H. Karrer Company
Kremers-Urban Company
Lederle Laboratories
J. B. Lippincott Company
M & R Dietetic Laboratories, Inc.
Mead Johnson and Company
Medical Protective Company
Mellin's Food Company
C. V. Mosby Company
V. Mueller & Company
Arthur H. Neumann, Inc.
Petrolagar Laboratories, Inc.
Philip Morris & Company, Ltd.
Photoart House
Physicians and Hospitals Supply Company
Roemer Drug Company
W. B. Saunders Company
Scanlan-Morris Co.
Smith, Kline & French Laboratories
E. R. Squibb & Sons
U. S. Hospital Supply Company
U. S. Standard Products Company
Westinghouse X-ray Company, Inc.

SPECIAL TELEPHONE SERVICE

Special telephones will be installed in the Auditorium to receive calls for physicians. Tell your office girl that you can be reached at the telephone number below.

BROADWAY 8030

Scientific Exhibits

YOUR committee in charge of scientific exhibits for the annual meeting this year has attempted to present exhibits that will live up to the well-established popularity of this phase of our annual meeting. An attempt has been made to cover as nearly as possible fields of medicine of interest to general practitioners and specialists alike. Of special interest this year are the consultation services in radiology and pathology, to be offered in booths 1 and 25. Physicians are urged to bring with them to the meeting synopses of cases concerning which they desire consultation, together with roentgenograms and pathologic specimens.

Dr. James A. Evans, a member of the Council on Scientific Work, who has charge of the exhibit section, has arranged for eighteen scientific exhibits. The entire area of Juneau Hall will be devoted to scientific exhibits, as follows:

BOOTH 1

Section on Radiology of the State Medical Society of Wisconsin

J. Edwin Habbe, Milwaukee, chairman; Irving Cowan, Milwaukee; R. P. Potter, Marshfield; L. W. Paul, Madison

Radiologists of the section will rotate in attendance from 10 a. m. to 1 p. m. and from 2 p. m. to 5 p. m. in order to consult with doctors throughout the State on interesting films which may be brought to the booth for interpretation. In this way there will be a consultaton service available in the booth during each day of the meeting. Doctors desiring such consultation should bring with each film a synopsis (preferably written) containing the patient's history and physical findings. Postmortem and pathologic findings, if any, should be included in the synopsis.

There also will be a continuous exhibit of roentgenographic reductions, clinical photographs and photomicrographs along the walls of this booth, illustrating the more recent advances in the fields of radiology, kymography, tomography, special positions, pelvicephalography and therapy in the fields of proven value not commonly utilized by the average physician.

To make this exhibit a success the Section on Radiology will need the cooperation of the membership throughout the State as regards bringing in films and the preparation of a short synopsis. This is an innovation in the way of exhibits and the Section on Radiology is hoping it will be a success as a consultation service.

BOOTHS 2 AND 3

Cancer Control, Women's Field Army

M. Fernan–Nunez, Milwaukee, chairman

This exhibit will be composed of twenty-four plaster models showing various types of internal and external cancers in natural colors, several excellent colored posters and a projector with a film strip on cancer control. Officers of the Women's Field Army will be present at all times to give out literature and discuss with the doctors their work in popular education on cancer. The object of this exhibit will be better to acquaint the medical profession with the work of the Women's Field Army and thus secure their cooperation in the cancer prevention movement.

BOOTHS 4 AND 5

Weak Foot; Pathogenesis and Treatment

James Graham, Springfield Clinic, Springfield, Ill.

This exhibit attracted notable attention at the American Medical Association meeting in St. Louis this year. Dr. Graham has kindly consented to favor us with the exhibit as it was shown there.

BOOTHS 6 AND 7

Anomalies of the Urinary Tract

R. P. Potter and W. G. Sexton, Marshfield Clinic, Marshfield

This exhibit consists of roentgenograms, photographs, drawings and surgical and anatomical specimens of cases of anomalies of the urinary tract. Especial welcome was extended to this exhibit by your Council on Scientific Work as representative of work being done in Wisconsin.

BOOTHS 8 AND 9

Cardiac Clinic

Milwaukee Children's Hospital

This exhibit will consist of x-ray photographs and movie films. Dr. Maurice Hardgrove, who is in charge of this exhibit, also plans on having patients present to illustrate clinical material in cardiology.

BOOTHS 10, 11 AND 12

Transurethral Surgery

Section on Urology, Mayo Foundation, Rochester, Minn.

This exhibit will consist of transilluminated exhibit cases against the back wall of the exhibit booth, and motion pictures. Dr. H. H. Bulbulian will be in charge.

BOOTHS 13, 14, 15 AND 16

Fractures in Children

W. P. Blount, C. Fidler, M. J. Fox, R. P. Montgomery, A. A. Schaefer, A. C. Schmidt, I. Schulz, H. C. Schumm, S. J. Seeger, from the Fracture Service of the Milwaukee Children's Hospital

The theme of this exhibit is: Fractures in children are different! The Fracture Service of the Milwaukee Children's Hospital will present a demonstration consisting of copies of x-ray films, photographs, moulages and clinical demonstrations to illustrate the proper and improper methods of treatment of fractures in children. The common types and some unusual fractures will be shown, as well as the end results of treatment. The indications for open reduction will be stated clearly and the numerous contraindications graphically illustrated. This exhibit won honorable mention at the American Medical Association meeting in St. Louis this year.

BOOTH 17

Urography—Diseases and Injuries of the Genitourinary Tract

George H. Ewell, Jackson Clinic, Madison

Exhibit of pyelograms, cystograms and urethrograms showing the value of roentgen examinations combined with urologic examinations in the diagnosis and treatment of diseases and injuries of the genitourinary tract; photographs and transparent drawings demonstrating some types of abnormalities in the genitourinary tract; demonstration of the more common urologic conditions and many unusual cases. This exhibit was presented at the American Medical Association meeting in St. Louis in May.

BOOTHS 18 AND 19

Diseases of the Gallbladder Ducts and Liver

R. H. Jackson, J. N. Sisk and A. S. Jackson, Jackson Clinic, Madison

Exhibit of models and charts illustrating diseases of the gallbladder and liver and the various steps in cholecystectomy; slides amplifying these conditions and illustrating the pathologic changes; technic of T-tube drainage of the common duct; charts and drawings demonstrating surgical methods used in treating disease of the biliary system; a study of anatomic variations of the cystic artery and a series of cholecystograms.

ON SCHEDULE

For several years the scientific program of the annual meeting has started exactly at the hour listed in the program. You are assured that when you enter the session hall the program scheduled for the hour designated will be presented within thirty seconds of the scheduled time.

BOOTH 20

The Current Diabetes Situation

Elliott P. Joslin, Howard F. Foot, Louis I. Dublin, and Herbert H. Marks, from the George F. Baker Clinic, Boston, Mass., and the Metropolitan Life Insurance Company, New York City

(Personal demonstration by Dr. Francis D. Murphy, Milwaukee, and his associates, Drs. W. Klopfer, B. Pietraszewski, M. Korrell and F. Sloan.)

Exhibit of charts showing existing trends in the incidence, diagnosis, prognosis, mortality and treatment of diabetes and its complications, with special emphasis on the prevention and early detection of the disease. Record forms and discharge directions for diabetic patients and statistical forms used in the study of patients' records. This exhibit is one of several offered by the Metropolitan Life Insurance Company and was chosen by your Council on Scientific Work as being of the widest interest to general practitioners and internists in Wisconsin.

BOOTH 21

Intervertebral Disc and Related Structures

S. A. Morton and G. H. Hansmann, Columbia Hospital, Milwaukee

An exhibit of transparencies of photographs of pathologic specimens, diagrams and roentgenograms to show the normal and abnormal intervertebral disc. The effect of certain abnormalities of the disc on the structures in the spinal canal as demonstrated by lipiodol in the spinal canal is illustrated. In view of the recent interest demonstrated by the profession at large, your Council on Scientific Work was especially happy to have the opportunity to present this exhibit.

BOOTHS 22 AND 23

Gastrointestinal Pathology

Departments of Pathology and Radiology, Marquette University School of Medicine

This exhibit will be composed of forty gross specimens of gastrointestinal disease and two large, viewboxes containing twenty-four x-ray films of gastrointestinal lesions supplied by Dr. F. W. Mackoy, clinical professor of roentgenology, Marquette University School of Medicine.

BOOTH 24

Ureterointestinal Anastomosis

Roy E. Brackin, Department of Surgery, Rush Medical College, Chicago, Ill.

This is a new method of ureterointestinal anastomosis in which peritoneum is utilized. Experimental evidence will be presented. Technic will be shown by drawings. The result in animals wll be shown by intravenous pyelograms, mounted gross specimens, roentgenograms of injected specimens, photographs

of specimens, photomicrographs of the ureterointestinal openings, ureters, bladder and kidneys of animals up to one year following ureterointestinal anastomosis by this method, which is original with the department of surgery, Rush Medical College. A motion picture of bilateral transplantation of the ureters into the rectosigmoid in the treatment of carcinoma of the bladder probably will be shown also. This exhibit received much attention at the 1939 session of the American Medical Association in St. Louis.

BOOTH 25

Live Tissue Pathology

In this booth a coordinated teaching service by pathologists of Milwaukee and Wisconsin generally will be attempted with the hope of interesting members of the Society at large. The booth will be in charge of Dr. E. F. Barta, Milwaukee, and Dr. J. C. Grill, pathologist at the Milwaukee County Hospital. Fresh tissue specimens properly preserved will be shown by prominent pathologists. In this way an almost continuous clinical-pathological conference will be conducted and an opportunity for instruction in gross pathology is offered to members of the Society.

Doctors throughout the State are urged to bring to this booth properly preserved specimens together with a short synopsis of the clinical history of the case to be presented at the booth for consultation.

BOOTHS 26 AND 27

Skull Fractures and Cerebral Injuries

Harry E. Mock, John L. Lindquist and Harry E. Mock, Jr., from St. Luke's Hospital and the Department of Surgery, Northwestern University Medical School, Chicago, Ill.

Exhibit of charts, plaster models, paintings, drawings and roentgenograms depicting the management of skull fractures and cerebral injuries, based on a review of proved skull fractures; simple methods and necessary views to be taken to demonstrate the presence of a skull fracture; cerebral pathologic changes following injury; diagnosis of conditions causing prolonged unconsciousness. This exhibit attracted notable attention at the recent session of the American Medical Association in St. Louis.

BOOTH 28

Medical Library Service, University of Wisconsin

A sizeable number of representative current medical journals will be exhibited on a six foot table where they can be readily examined.

In a small book case will be shown the newest editions of the most useful medical books, some reference works, and a volume of the Quarterly Cumulative Index to show how the reference work is done in the library.

A map of Wisconsin with dots to represent borrowers by county will be hung on the wallspace behind the settee. A large graph showing the increase in service by years to date will also be exhibited, and a list of Wisconsin physicians who have used the service. Book and journal lists and booklets outlining the various services will be distributed.

BOOTH 29

Manipulation for Supracondylar Fracture of Femur

L. D. Smith, Milwaukee

This exhibit will show the principles advocated by Dr. Smith in treating supracondylar fracture of the femur. The demonstration was part of the Special Exhibit on Fractures presented at the recent meeting of the American Medical Association in St. Louis.

BOOTH 30

Treatment of Paralytic Ileus and Mechanical Obstruction

M. E. Gabor, Milwaukee

An exhibit of x-ray films taken in cases of paralytic ileus and mechanical obstruction treated by the Miller–Abbot tube. The films will instructively convey the idea of successful decompression of the bowels, obviating secondary operations, preparations for operations, etc. Dr. Gabor also will show films of unusual duodenal conditions—such as essential periduodenitis, duodenal diverticulae, and carcinoma of the duodenum—and duodenal obstruction.

IMPERATIVE THAT BADGE BE WORN

Only by observing an ironclad rule to exclude from the scientific sessions everyone not wearing a badge has it been possible in previous years to eliminate complaints that non-members and neurasthenics were gaining admission to the session halls. It has been deemed imperative, therefore, that a similar rule be enforced this year.

Admittance to scientific sessions will be granted only to those who are wearing the Society badge.

Your badge, together with a copy of the program, can be secured at the registration desk in the Main Arena of the Milwaukee Auditorium. If your badge is lost, a duplicate may be secured at the registration desk.

Minutes of the Council; Milwaukee, July 16, 1939

1. Call to Order and Roll Call

The July meeting of the Council was called to order by the Chairman at 9:30 a.m., Sunday, July 16, 1939, in the Library of the University Club of Milwaukee. A quorum was declared present. Those attending were: Councilors Gavin (Chairman), Clark, Lambert, Jegi, Johnson, Lettenberger, Butler, Krahn, Pippin, Pope, Blumenthal, Sproule and Bowen; President Rector; President-Elect Arveson; Secretary Crownhart; Treasurer Ira Sisk; Speaker of the House J. Newton Sisk; Past President Sargent. Attending as guests of the meeting were Dr. James A. Evans of La Crosse, member of the Council on Scientific Work; members of the Board of Directors of the Medical Society of Milwaukee County, consisting of Drs. E. F. Peterson, Millard Tufts, William Jermain, Dexter Witte, Charles Fidler, Chester M. Echols and John S. Gordon; Mr. James O. Kelley, Executive Secretary of the Medical Society of Milwaukee County.

2. Approval of Minutes of March Meeting

It was moved by Jegi–Lettenberger that the minutes of the March meeting of the Council be approved as published in the WISCONSIN MEDICAL JOURNAL. Motion carried.

3. Announcement by the Secretary of Mail Ballots and Other Action

a. Procedure for approval of those selected as staff representatives of participating hospitals in hospital care insurance plans.
b. Loan of $5,000 to hospital care insurance plan (at discretion of Executive Committee of the Council) when and if deemed advisable.
c. Joint Resolution 114, A. relating to an investigation of the state institutions by the Wisconsin Legislature.
d. W. P. A. panel supervision.
e. Recommendation of Committee on Institutional Care and Mental Hygiene.
f. Recommendation of Dr. J. Steele Barnes, Milwaukee, for Affiliate Fellowship in the American Medical Association.

After some discussion, it was suggested by the Secretary that the items under this order of business might be approved as a whole, unless specific objection was made to any one item. It was moved by Lettenberger–Jegi that this order of business be approved, with the exception of Item e concerning the recommendation of the Committee on Institutional Care and Mental Hygiene that in the setting up of the new State Department of Mental Hygiene a licensed neuropsychiatrist be employed as director at a salary of at least $10,000 per annum. The motion to this point eliminated the salary provision, but supported the recommendation that the director be a neuropsychiatrist. Motion carried.

4. Creating of Associate Memberships for Physicians Who Are "Residents" in Hospitals

The Secretary explained the question of the possibility of creating an associate membership in the State Medical Society for "resident" physicians in hospitals, on payment of an amount of dues somewhat less than the regular dues required for full membership. There was discussion by Councilors Pope, Sargent, Gavin, Krahn, Lettenberger, Butler, and Drs. Tufts and Arveson. It was moved by Lettenberger–Butler that the Secretary be authorized to work out a plan to submit to the House of Delegates in September regarding the associate membership status for "resident" physicians. Motion carried.

5. Notice of Appeal from Expulsion Proceedings of the Oconto County Medical Society

The Secretary gave notice of an appeal and suggested that there be a meeting of the Council on Tuesday noon, September 12, for the purpose of hearing this appeal.

6. Action to Be Taken in Cases of Members Who Move from One Locality to Another to Participate in Unethical Methods of Practice

The Secretary asked the wishes of the Council in the matter of members who have moved, or contemplate moving, from one locality to another where they practice, or contemplate practicing, in organizations which now are considered unethical. There was discussion by Councilors Pope, Lettenberger, Krahn and Pippin, and President Rector. It was moved by Krahn–Pippin that the Secretary be authorized to employ special legal counsel in such cases. Motion carried.

7. Hospital Care Insurance

After distribution to the Council of a booklet containing the actuarial findings of the Special Committee to Study Hospital Insurance, the Secretary reviewed the appointment and operation of the Special Advisory Committee to the Incorporators of the Wisconsin Hospital Service Association, Inc. There was discussion by Drs. Arveson and Rector, and the Secretary. Dr. Rector then reviewed the progress made so far. The Secretary distributed and read to the Council the draft of a statement as the tentative position of the Council in the matter of medical care. There was discussion by Councilors Lettenberger, Clark, Gavin, Sproule, Pope and Drs. Rector and Arveson. The Secretary amplified statements contained in this document, and there was further discussion by Drs. Butler, Sargent, Pope, Lettenberger, Rector, Peterson, Clark, Pippin, Arveson, J. N. Sisk, Blumenthal, Gavin, Krahn, Witte, Ira Sisk, Jermain, Echols, Bowen and Gordon.

The meeting recessed at 12:30 p.m. and dinner was served in the Banquet Room of the University Club, the meeting resuming in the Library at 1:50 p.m.

There was further discussion of the medical service question by Drs. Ira Sisk, Fidler, Echols, Jermain, Rector, Lambert, Lettenberger, Sargent, Gavin, Clark, Pope, Butler, Sproule and Krahn, and Mr. Kelley. Councilor Sproule moved that the position of the State Medical Society be that the contract between the patient and hospital shall not include any medical services. Dr. Sargent offered a second motion to read that the statement as prepared and read by the Secretary on this question be taken as the sense of the Council. Dr. Sargent's motion was seconded by Councilor Pope. There was discussion on the motion by Dr. J. N. Sisk. Motion carried. The statement follows:

> The Basic Science Law of 1925; the medical practice act; the anti-fee splitting statutes and others, together with opinions of the Attorney General and court decisions in number combine to set forth with clarity and force what constitutes the "practice of medicine" and "treating the sick" and therefore, what constitutes "medical services" in Wisconsin. Secondly, the courts so repeatedly have declared that corporations, not themselves capable of obtaining an education and license, cannot practice medicine that this statement is now axiomatic.
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> In prior studies of the special committee of the State Medical Society of Wisconsin in the field of hospital care insurance, it was understood as the view of hospital administrators that hospital care insurance preferably should include among its benefits, those medical services that were commonly rendered *in hospitals.* The committee, on the other hand, recognized from the first-hand European studies of the Secretary of the Society, that the rendition of medical benefits under social insurance had the inherent evil from the viewpoint of the patient, of being susceptible to cheapening, without patient knowledge, as a means of balancing an otherwise deficient rate. Appreciative that not all patients that entered a hospital required radiological services or anesthetic and that even the amount of pathological-laboratory services varied decidedly with each patient, the committee proposed that such medical services in hospitals be included in the hospital care insurance program but *on a cash basis* over and above the per diem return to the hospital. These cash benefits, in effect, were to be paid the subscriber but actually, by waiver, to go to the physician concerned. Such billing might be handled through the participating hospital or by the physician direct, dependent upon local conditions and circumstances.

After the two hospital associations rejected the proposal of the joint committee of hospital administrators and physicians as to the form of the service association, and determined to seek special enabling legislation to avoid compliance with insurance laws, the State Medical Society acceded to their wishes. While the Medical Society repeatedly sought for conferences on the enabling legislation, conference was only granted to the extent of permitting Mr. Ekern to go over a draft of the bill with counsel for the hospital associations.

Later, the Medical Society received from the hospital associations their "final determination" of the draft of the enabling legislation susceptible to no further change. In that draft there was inserted, *for the first time*, the provision that is now the law of the state that "all contracts between such corporation and a subscriber shall provide for hospital services only and shall not embrace medical services." The word "embrace" meaning "to include as a part of a whole" it was then evident that the hospital associations had determined to narrow, without conference with the Society, the position of the joint committee of the Medical Society which had been to permit the inclusion of cash benefits for medical services rendered *in* hospitals and that such services, under the associations' proposed enabling legislation, were desired to be wholly eliminated. To such final draft and demand of the hospital associations, the Medical Society assented.

This present statement by the Medical Society is necessitated by the fact that in the draft of contractural relations for hospital care insurance submitted to the hospitals on June 23, there appeared as subscriber benefits "laboratory service," "x-ray service," "electrocardiograms and basal metabolism studies," "special services such as oxygen *therapy*, helium, carbon dioxide and oxygen *therapy*, diathermy, ultra violet and radiant heat *treatments*, and other physio*therapy*," "anesthesia" and "medical house officers and resident staff." As was pointed out in our first analysis of this particular draft, the contract, in so far as it embraced medical services, was one for the performance of forbidden acts and would be void because of illegality. Such a provision is not permitted by the unmistakably plain wording of the enabling legislation, the clear intent of the hospital associations, and the statements made to the legislative committees in asserting the validity of this provision of the then pending bill.

The State Medical Society notes with satisfaction that adherence to the enabling law as framed in this respect by the hospital associations, not only in fact will cause no embarrassment to the social service concept of the hospital care insurance project, but will promote

it for in lieu of such coverage it becomes possible to decrease the percentage of cost which the dependent himself pays from 50 per cent of the hospital cost to 25 per cent. Furthermore, as previously pointed out in the actuarial analysis submitted July 14, the non-inclusion of medical services does not affect, in actual experience elsewhere, the ready salability of this social insurance. Second, the non-inclusion of medical services changes in no manner any legal relationships for the performance of such services in hospitals which may now exist, or the right of the hospital under such legal relationships to secure reimbursement direct from the patient over and above the hospital care insurance reimbursements. Third, the non-inclusion of medical services requires no elaborate system for constant "checking" to maintain quality of such services such as was proposed by the Society's committee in its original report and such as would of certainty be necessitated. Fourth, the non-inclusion of the variable of medical services makes for more ready and certain determination by the participating hospital of the value of the return provided by the insuring corporation for the hospital services performed or promised to be performed. Fifth, the non-inclusion of the variable of medical services makes for a more accurate accounting by the insuring corporation and a more economical office administration. Sixth, the non-inclusion of the variable of medical services avoids promising the subscriber benefits that are indefinite at the best and, because of non-availability in numbers of institutions of certain of these benefits, thereby creating a subscriber dissatisfaction and a possible cause of action for breach of contract. Seventh, and most important, is the fact that it removes the possibility of subscribers feeling that the services of one hospital are inferior to those of another, both participating hospitals, because of non-availability of certain promised services in one institution. Such a situation would be fraught with inherent dangers to the ultimate social success of the plan.

The State Medical Society by its actuarial data already submitted has approved as hospital services (a) bed and board, (b) use of the operating room, (c) use of the delivery room, (d) general nursing service in the hospital, and (e) drugs and medications prescribed by the attending physician or house physician and used in the patient's hospitalized illness. These are recognized hospital services required by any hospitalized patient. Based upon these benefits, the premium rate of the insurance can be held so low as to reach the greatest number of people in the marginal income group and thus perform the greatest social service. Should further benefits be offered, care must be taken that the contract not be invalidated by the inclusion of such medical services as those quoted from the draft of June 23.

Finally, as a matter of interest, the Society calls attention to the fact that it is engaged at this time in carefully conducted trials in various sections of the state, of pre-payment insurance methods for the rendition of medical services. The Society obviously can make no promises, but by action is indicating its earnest endeavor to ascertain through controlled experimentation the values, if any, of various proposals and where found existent, determine whether or not these values may be maintained without elements that abroad have destroyed the basic health services themselves.

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8. Removal of State Society's Offices

Secretary Crownhart stated to the Council that after investigation by the appointed special committee of the Council, new quarters for the Society's office had been obtained in a fireproof building in Madison, and that removal would be made on December 1, 1939.

9. Appointment of Centennial Committee

The Chairman of the Council was authorized to draw to the attention of the House of Delegates, the advisability of appointing a Centennial Committee to develop plans for the One Hundredth Anniversary Meeting of the Society in September, 1941.

10. Additional Operating Principle for Trial Plans of Voluntary Sickness Insurance

There was discussion by Drs. Pope, Rector and Clark. Secretary Crownhart read the following suggested statement of principle:

> Recognizing that in the trials of voluntary sickness insurance with the approval of this Society, it is of the utmost importance to avoid the establishment of any artificial limits that destroy the inherent principles of sound sickness care, the Council adds to previous declarations of principles established by the House of Delegates, the following:
>
> "J. When under any plan it is possible for the subscriber to receive either diagnostic or therapeutic services by participating physicians; and when such subscriber is referred by his attending participating physician to any other physician, whether a participant or not, such subscriber shall be entitled to receive the cash equivalent that a participating physician would have received in rendering such benefits at the time of their rendition. It is the judgment of the attending participating physician that must determine how the patient needs can best be filled rather than the artificiality of a participating panel or territorial limits. To follow the latter limitations is to encourage the patient to receive care provided within the limits of the

plan in order not to lose prepaid benefits, rather than to follow the advice and best judgment of his participating attending physician.

"Similar cash benefits shall be available for emergency service rendered during the extent of the emergency when the subscriber is outside the territorial limits of the plan.

"In both instances a trial plan properly may provide for review by the local medical society governing committee."

It was moved by Clark–Blumenthal that the statement be adopted by the Council as an additional principle of the trial plans. Dr. Sargent amended the motion to the effect that abuse of this principle should be subject to action by the local governing committee of the body; Dr. Clark accepted the amendment to his motion. There was further discussion by Drs. Pope and Jermain. The motion was carried.

It was moved by Councilors Lettenberger–Pope that a rising vote of thanks be given President Rector for his efforts thus far in the field of hospital care insurance, in guiding the interests of the medical profession toward completion of a genuine social service. Rising vote of thanks taken.

The meeting adjourned at 3:40 p.m.

J. G. Crownhart,
Secretary.

Approved:
S. E. Gavin,
Chairman of the Council.

Annual Reports of Officers and Committees to the 1939 House of Delegates

1. REPORT OF COUNCIL

Councilors: First district, H. P. Bowen; second district, F. W. Pope; third district, W. T. Clark; fourth district, B. I. Pippin; fifth district, A. H. Heidner; sixth district, S. E. Gavin, chairman; seventh district, H. A. Jegi; eighth district, G. W. Krahn; ninth district, H. H. Christofferson; tenth district, F. E. Butler; eleventh district, F. G. Johnson; twelfth district, Joseph Lettenberger, R. P. Sproule, and R. W. Blumenthal; thirteenth district, J. W. Lambert; past-president, J. C. Sargent

As all members are aware, the voting body of the Council consists of the fifteen councilors elected by the House of Delegates and the past president for the year immediately following his presidency. In addition, the Council has as ex officio members the president, the president-elect, the speaker of the House of Delegates, the treasurer, and the secretary.

Within just the last few years the Council has changed from a body that met in January and briefly in September to a working unit with four full meetings a year supplemented by meetings of its executive committee which acts in an advisory capacity to both the officers and members of the Society. Through a continuous procession of bulletins from the secretary's office the Council at all times is kept abreast of the main problems of the Society and the important publications of other organizations and individuals, and in the interim between meetings is called upon with frequency for mail ballots on advisory questions.

The Council feels that it must emphasize that while its function is to act as a board of directors and while it has the powers of the House of Delegates between sessions of the House, its singleness of purpose is to effectuate those policies that have been determined by the House itself. Only in grave emergencies permitting of no delay does the Council resort to the establishment of any new policies. The Council feels that only in this manner may the Society continue to act on those democratic lines under which it was organized and under which its great progress has been accomplished.

It must be emphasized further, however, that with the growing demands upon the Council's time as a body there is a corresponding call to service for the councilors in their individual local capacities. Not only is the councilor the constitutional "peacemaker" for his district, but today far outshadowing this and similar constitutional duties, the councilor also must be the liaison officer between the Council and the officers of the component county medical societies within his district. The Council notes with extreme satisfaction the gradual extension of this concept until today in each district the individual councilor meets with officers of the component societies to discuss Council actions and problems that confront the profession. No member should accept election to the Council who is not willing generously to give of his time in these directions as do those who make up the Council membership today.

Actions During the Year

During the year the Council reluctantly accepted the resignation of Dr. Rock Sleyster who for fifteen years had served the Society and the Council as treasurer. The Council is happy to report to the membership the acceptance of Dr. Ira Sisk of Madison of his selection to fill this important office.

The budget of the Society and the Council action thereon were set forth in full in the Wisconsin Medical Journal of February, 1939. The Council effort is to maintain economy of operation, but with all not to lose sight of the fact that this Society is the sole representative body of nearly 2,500 physi-

cians in Wisconsin who are devoting their lives to the practice of medicine. Accordingly the Council accepts full responsibility for appropriations that seek to further the usefulness of the physician to the public. An adequate return is essential not only to attract the best minds to the profession of medicine, but also it is essential for the physician to have sufficient income to permit him to keep abreast of the continuous progress in the field of medical science and its application.

Some years ago the House of Delegates voted to establish by by-law a provision for life membership, as follows:

When a member shall have paid his dues for thirty-five years, upon request of his county medical society, he may become a life member and shall then be exempt from the payment of further dues and a certificate of membership shall be issued to such member annually.

It has been the interpretation of the Council to date that this section should not receive an automatic interpretation whereby every physician who has been a member for thirty-five years is automatically elected to life membership regardless of his activities and financial status. On the contrary, we understood the House contemplated granting permissive power to the Council to act upon recommendations of the county medical societies in those instances in which the member qualified in accordance with the by-laws and was in a position, due to retirement from practice, illness, or financial distress, wherein if such life membership were not granted, his continuance in a Society to which he had belonged for thirty-five years would have to cease. Following each Council action in granting life memberships under this concept, however, there have been received more and more applications for life membership with increasing evidence that the concept held by the Council was not the reason for the application.

Since the by-law was enacted in 1933 the Council has elected to life membership twenty-one members. At the present time there are fourteen applications pending. If an automatic interpretation is given to the by-law possibly as many as 150, if not more, will qualify.

Because an automatic interpretation of the by-law and the consequent waiver of dues would seriously affect the finances and budget of the Society, the Council feels that the problem is of sufficient importance that the House of Delegates should state to the Council the interpretation it desires placed upon this by-law. This does not of necessity require an amendment to the by-laws but an expression of the opinion of the House. Pending receipt of such an expression, no action will be taken upon the present applications.

While Council minutes have been published in the JOURNAL in the February and April issues and are appearing again elsewhere in this issue, the Council with satisfaction calls the attention of the membership to the satisfactory determination in favor of the Society of efforts to impose upon the Society a federal income tax, and secondly, its continuous helpful and advisory efforts in the field of the development of hospital care insurance.

2. REPORT OF SECRETARY

Membership. — The Secretary is particularly pleased to report that the membership as of July 31 of the current year is 2,262; it was 2,131 a year ago. The total membership for the year of 1938 finally reached the figure of 2,423 which probably will be exceeded when all figures for 1939 have been compiled.

The Assistant Secretary and Office Staff.—Since the adoption by your House a year ago of the report and recommendations of the Special Committee to Study the Distribution of Health Services and Sickness Care, the assistant secretary, Mr. Larson, has been assigned as the executive officer for the trials then contemplated. The report of this work will be published to the delegate body within the date of August 20 and will appear for the information of the general membership in the September issue of the JOURNAL. The entire field of effort has been most extensive and the assignment of the assistant secretary to this project on a substantially full-time basis together with the services of a stenographer, has meant that despite a legislative session, when the demands upon the Society are the heaviest, the office force of the Society has been extremely limited. Your secretary takes this opportunity to extend to the Society's office staff his deep appreciation of their able discharge of unusually heavy duties wherein the demands for long hours and speed have been, for many months, the rule rather than the exception.

Public Presentations.—Appreciative of the great effort of the Society in conducting its three-fold studies reported to the House last September, there were immediate and extensive demands upon the secretary to present the Society's findings before public as well as membership and other professional groups. From late September until well into the early months of the legislative session, an extreme effort was made to present this information to the public. This seemed of the greater importance because of the extent of erroneous information that had been given the public from many sources seeking the adoption of compulsory sickness insurance as well as unregulated forms of voluntary commercialized "service" insurance in this State. Below appears a list of the organizations before whom such addresses were made. Through these addresses, close to 6,000 laymen and 3,000 members of the professions, all within the State, were reached.

1938

Sept. 29—Kiwanis Club and Tenth District Medical Society, Eau Claire

Sept. 30—Wisconsin Conference of Social Work, Milwaukee

Oct. 12—Woman's Auxiliary, Dane County Medical Society
Oct. 13—Wisconsin Federation of Women's Clubs, Racine
Oct. 14—Woman's Auxiliary, Medical Society of Milwaukee County, Milwaukee
Oct. 18—Rotary Club, Milwaukee
Oct. 20—Rotary Club, Madison
Oct. 25—Grant County Medical Society, Woman's Auxiliary, and Kiwanis, Lancaster
Oct. 26—Medical Societies of Monroe, Vernon, and Juneau Counties, Sparta
Oct. 27—Trempealeau–Jackson–Buffalo County Medical Society, Arcadia
Nov. 2—La Crosse Professional Group, La Crosse
Nov. 4—Shrine Club, Madison
Jefferson County Medical Society, Watertown
Nov. 7—Lions Club, Stoughton
Nov. 9—First Councilor District of Wisconsin State Dental Society, Rice Lake
Nov. 10—Convocation, University of Wisconsin Medical School, Madison
Nov. 14—Health Section, Archdiocesan Council of Catholic Women, Milwaukee
Kenosha Civic Council, Kenosha
Nov. 17—Ninth Councilor District Medical Society, Wisconsin Rapids
Nov. 21—Rotary Club, Stevens Point
Nov. 22—Beloit Club, Beloit
Beloit College, Beloit
Nov. 26—Regional Bar Meeting, Rice Lake
Nov. 28—Two Rivers Evening Women's Club, Two Rivers
Nov. 29—Rotary Club, Appleton
Ninth Councilor District of State Dental Society, Madison
Dec. 1—Rotary Club, Green Bay
Woman's Club, Green Bay
Brown–Kewaunee–Door County Medical Society, Green Bay
Dec. 7—Langlade County Medical Society, Antigo
Rotary and Kiwanis Clubs, Antigo
Dec. 8—St. Louis County Medical Society, Duluth
Dec. 12—Rotary Club, Watertown
Twilight Club, Fond du Lac
Dec. 13—Twilight Club, Janesville
Dec. 15—Interprofessional and lay group (sponsored by Dubuque County Medical Society), Dubuque, Iowa
Dec. 20—Rock County Medical Society, Beloit

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Jan. 4—Kiwanis and Rotary Clubs, Columbus
Jan. 14—Minnesota State Medical Association, Minneapolis
Jan. 17—American Association of University Women, Kenosha
Jan. 18—Woman's Auxiliary, Waukesha County Medical Society, Waukesha
Jan. 19—Seventh Councilor District Dental Society and Milwaukee County Dental Society, Milwaukee
Jan. 21—American Association of University Women, Madison
District Bar Association, Fond du Lac
Jan. 28—City Club, Milwaukee
Jan. 30—Wayne County Medical Society, Detroit, Michigan
Feb. 1—Discussion Group, Madison
Feb. 6—State Department of Public Instruction, Madison
Feb. 8—Legislative Council, National League of Women Voters, Madison
Feb. 9—University Club, Madison
Feb. 10—Twilight Club, Fond du Lac
Feb. 13—Woman's Auxiliary, Manitowoc County Medical Society, Manitowoc
Feb. 14—Congress on Medical Education and Licensure, Chicago
Feb. 23—Fond du Lac County Medical Society and Auxiliary, Fond du Lac
Feb. 28—Lions Club, Madison
Mar. 6—Woman's Auxiliary, Dodge County Medical Society, Beaver Dam
Mar. 27—Lutheran Brotherhood, Mount Horeb
Apr. 6—Des Moines Interprofessional Association, Des Moines
Apr. 14—Men's Club, Immanuel Lutheran Church, Madison
May 5—Women's Club, Superior
Douglas County Medical Society and Auxiliary, Superior
May 22—Kiwanis Club, Madison
June 5—Fox River Dental Society, Neenah
Woman's Auxiliary and 400 guests, Outagamie County Medical Society, Appleton
June 22—Bar, Dental, and Medical Societies of Jefferson County, Jefferson

Hospital Care Insurance.—In accordance with the decision of the House a year ago, immediately following adjournment the Secretary, with the chairman of the Council and the retiring president, were made a special committee to confer with like committees of the two hospital associations on the plan of procedure adopted by the House. Three meetings of the joint conference committee were held prior to December 2 for which the secretary, with legal and insurance counsel, gathered essential data and prepared continuous reports. A subsequent session was held in February and following the passage of the special enabling law in late May and the subsequent decision of hospitals to create a special advisory committee, the secretary has had the privilege of recompiling and furnishing in summarized form to this new hospital committee, all helpful material from the Society's long studies. These efforts have been most extensive in their demands upon the time of the secretary and staff. It is hoped that the service so rendered will be of public benefit.

Committee Effort.—The vast amount of work in the field of public health legislation under the supervision of the Committee on Public Policy will be

reported to the delegate body prior to August 20 and will appear as a separate report in the September issue of this JOURNAL. At this writing the legislature is still in session with many important measures affecting the public health still before them. In passing it is noted that the secretary makes substantially all committee appearances to present the views of the Society and that upwards of fifty such appearances on as many separate measures, all of which had to be analyzed in detail, have been made during the past six months. At no previous session have so many measures been proposed that so vitally affected health procedures.

In addition, the standing committees of the Society have all been active through the year and the secretary's attendance upon such meetings and others are noted following: Advisory Committee on Care of Crippled Children (2), Committee on Health and Public Instruction, Committee on Health and Public Instruction and Advisory Committee to Bureau of Personnel, Committee on Mental Hygiene and Institutional Care (2), Committee on Public Policy, Committee on Public Policy of the Medical Society of Milwaukee County, Committee on Visual and Hearing Defects (2), Conference Committee on Wisconsin Hospitals and Medical Payments Plan and Conference Committee on Open Panels, Council (4), Council on Scientific Work (2), Executive Committee of Council (2), executive session of Medical Society of Milwaukee County, and Pneumonia Control Conference Committee (2).

Amendments to the By-Laws.—1. Proposed by the Marathon County Medical Society. The following is the amendment so suggested and is ready for action of the House:

That Section 1, Chapter IV, of the By-Laws of the State Medical Society of Wisconsin be stricken out and substitute therefor the following: Nominations for all officers shall be made from the floor of the House of Delegates. No two candidates for president-elect shall be from the same district, and each candidate for councilor must be a resident of the district for which he is nominated.

Strike out Section 2, Chapter IV, and substitute therefor the following: The election of officers shall be the first order of business of the House of Delegates at the third meeting of the House.

Section 3, Chapter IV, strike out the word "received" in the first sentence and insert therefor "made" so that the sentence will read "All elections of officers, where more than one nomination is made, shall be by ballot and a majority of the votes cast shall be necessary to elect except for delegates and alternates to the American Medical Association," the rest of Section 3 remaining unchanged.

Strike out Section 4, Chaper IV, and substitute nothing therefor.

Renumber Section 5 to be Section 4.

2. From the Council. At the 1938 House of Delegates the following recommendation from the Council was received but overlooked by a reference committee. By direction of the Council the original recommendation is re-submitted herewith:

The Council at its November meeting recommended that an amendment to the by-laws be introduced at the 1938 session of the House of Delegates to provide that the appointments to the Council on Scientific Work be made in the same manner as appointments to other standing committees of the House of Delegates. In accordance with this suggestion the following amendment to the by-laws is submitted to the House of Delegates: Amend Section 2, Chapter VII, striking out the sentence "The Council on Scientific Work shall be appointed by the Council of the Society in a manner and for terms to be designated by the Council," and substituting therefor the sentence "The Council on Scientific Work shall consist of five members, and each member shall serve for a period of five years."

Budget to the Delegates—The House is charged with the annual determination of the dues of the Society. To assist the House in the discharge of this duty, your secretary furnished each delegate and alternate delegate in May, a summary sheet indicating current expenses for the Society. There was submitted, also, a summary statement of the purpose of each expenditure so listed. Your secretary would suggest that the problems confronting the profession, now being quite evident as to extent and seriousness, the House raise the amount considered advisable by the single device of establishing the per capita dues and that no further assessments be considered as a separate and additional amount.

Appreciation.—This report may not be concluded without expression of deep appreciation to the officers, committeemen and members whose constant advice and aid have made many seemingly impossible tasks not only possible but enjoyable.

3. REPORTS OF STANDING COMMITTEES

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

E. J. Carey, chairman, E. E. Kidder, F. B. Sazama

The work of the Committee on Health and Public Instruction divides itself into two main fields: (1) efforts to acquaint the physicians with the subject matter and methods for individual presentation to the public, and (2) health educational effort to be conducted by the State Medical Society.

Speakers' Conference

Keenly appreciative of the fact that the public as a whole always becomes the eventual and final determining voice on all questions revolving about the field of health and sickness services, the committee has been acutely disturbed in noting the large amount of propaganda material circulated to the public by those interests seeking support for their self-proposed programs,—vitally and for all time changing our concept of the role of the physician in maintaining the health of our people. The

committee noted with satisfaction the work of the officers of the Society in setting forth the exact facts, but felt that this field of effort must be one in which large numbers of physicians in each county of the State must participate if the people are to receive that information that would enable them to make an independent choice. Acting upon this committee decision a meeting was conducted under the auspices of the committee in the early fall, to which each county medical society of the State and affiliated organizations were invited and urged to send delegates. The meeting was conducted under the immediate direction of the chairman of the Committee on Health and Public Instruction and a program arranged so as to bring to this representative body the main problems and the essential discussion points.

The committee acknowledges the service of those who gave of their time and effort to attend this meeting, held in the Auditorium of Marquette University School of Medicine on November 13 last. Those present included:

Dr. J. P. Allen — Beloit
Dr. W. J. Allen — Beloit
Dr. R. G. Arveson — Frederic
Dr. R. G. Baker — Tomahawk
Dr. A. H. Barr — Port Washington
Mr. S. A. Barrett — Milwaukee
Dr. G. W. Belting — Orfordville
Dr. W. H. Bennett — Kenosha
Dr. P. B. Blanchard — Cedarburg
Dr. R. W. Blumenthal — Milwaukee
Dr. K. K. Borsack — Fond du Lac
Dr. H. P. Bowen — Watertown
Dr. F. E. Butler — Menomonie
Dr. R. C. Cantwell — Shawano
Dr. E. J. Carey — Milwaukee
Dr. E. C. Cary — Reedsville
Dr. H. H. Christensen — Wausau
Dr. A. M. Christofferson — Waupaca
Dr. H. H. Christofferson — Colby
Dr. W. T. Clark — Janesville
Mr. J. G. Crownhart — Madison
Dr. Wilson Cunningham — Platteville
Dr. P. M. Currer — Milwaukee
Dr. J. C. Devine — Fond du Lac
Dr. J. C. Docter — Racine
Mr. S. H. Dretzka, secretary
— Wisconsin State Board of Pharmacy
Dr. C. G. Dunst — Milwaukee
Dr. C. M. Echols — Milwaukee
Dr. G. E. Eck — Lake Mills
Dr. E. E. Evenson — Wittenberg
Dr. G. H. Ewell — Madison
Dr. Chas. Fidler — Milwaukee
Dr. R. E. Fitzgerald — Milwaukee
Dr. J. H. Fowler — Lancaster
Dr. H. F. Fredrick — Westfield
Dr. O. W. Friske — Beloit
Dr. H. E. Froede — Jackson
Dr. S. E. Gavin — Fond du Lac
Dr. E. O. Gertenbach — Milwaukee
Dr. C. R. Gilbertsen — Janesville
Dr. H. E. Gillett — Pardeeville
Dr. J. C. Griffith — Milwaukee
Dr. T. L. Hartridge — Horicon
Mr. J. B. Hawki — Wauwatosa
Dr. A. H. Heidner — West Bend
Dr. J. G. Hoffmann — Hartford
Dr. Wm. Houghton — Milwaukee
Dr. T. J. Howard — Milwaukee
Dr. G. Hoyme — Eau Claire
Dr. O. J. Hurth — Cedarburg
Dr. A. M. Hutter — Fond du Lac
Dr. H. A. Jegi — Galesville
Dr. Wm. M. Jermain — Milwaukee
Dr. F. G. Johnson — Iron River
Dr. H. C. Johnson — Madison
Dr. Beatrice Jones — Racine
Dr. M. L. Jones — Wausau
Dr. H. E. Kasten — Beloit
Dr. P. M. Kauth — West Bend
Dr. H. B. Keland — Racine
Mr. J. O. Kelley — Milwaukee
Dr. H. H. Kleinpell — Prairie du Chien
Dr. G. W. Krahn — Oconto Falls
Dr. F. R. Krembs — Stevens Point
Dr. R. M. Kurten — Racine
Dr. C. R. Kwapy — Oconto
Dr. J. W. Lambert — Antigo
Mr. G. B. Larson — Madison
Mr. M. N. Lemberger — Milwaukee
Dr. Joseph Lettenberger — Milwaukee
Dr. W. T. Lindsay — Madison
Dr. J. B. MacLaren — Appleton
Dr. H. E. Marsh — Madison
Dr. V. F. Marshall — Appleton
Dr. E. L. Mason — Eau Claire
Dr. P. B. Mason — Sheboygan
Mr. H. F. Mayer, president
— Wisconsin Pharmaceutical Association
Dr. A. L. Mayfield — Kenosha
Dr. G. W. McCarthy — Kenosha
Dr. J. W. McGill — Superior
Dr. J. W. McRoberts — Sheboygan
Dr. P. R. Minahan — Green Bay
Dr. R. E. Mitchell — Eau Claire
Dr. L. J. Moriarty — Two Rivers
Dr. F. A. Nause — Sheboygan
Dr. H. G. B. Nixon* — Hartland
Dr. J. D. Owen — Milwaukee
Dr. O. F. Partridge — Mattoon
Dr. E. H. Pawsat — Fond du Lac
Dr. C. E. Pechous — Kenosha
Dr. H. A. Peters* — Oconomowoc
Dr. E. F. Peterson — Wauwatosa
Dr. L. W. Peterson — Shawano
Dr. B. I. Pippin — Richland Center
Dr. F. W. Pope — Racine
Mr. M. M. Race — Elm Grove
Dr. W. A. Rauch — Manitowoc
Dr. E. O. Ravn — Merrill
Dr. A. E. Rector — Appleton
Dr. C. G. Richards — Kenosha
Dr. R. R. Richards — Blair
Dr. R. J. Rogers — Oconto
Dr. W. C. Roth — Racine
Dr. A. F. Ruffolo — Kenosha
Dr. Wm. A. Ryan — Milwaukee
Dr. Sam Salan — Waupaca
Dr. J. C. Sargent — Milwaukee
Dr. George Schulte — Kenosha
Dr. H. L. Schwartz — Kenosha
Dr. J. N. Sisk — Madison
Dr. F. C. Skemp — Fountain City
Dr. J. F. Smith — Wausau
Dr. A. J. Somers — Chippewa Falls
Dr. E. H. Spiegelberg — Boscobel
Dr. R. P. Sproule — Milwaukee
Dr. W. C. Stewart — Kenosha
Dr. O. A. Stiennon — Green Bay
Dr. T. A. Teitgen — Manitowoc
Dr. J. R. Theurer — Eau Claire
Dr. D. J. Twohig — Fond du Lac
Dr. H. E. Van Riper — Madison
Dr. R. L. Waffle — Fond du Lac
Dr. M. H. Wall — Superior
Dr. G. W. Walter — Racine

* Now deceased.

Mr. R. F. Weber ---------- Milwaukee
Dr. M. J. Werra ---------- Waukesha
Dr. A. J. Wiesender ---------- Berlin
Dr. J. F. Wilkinson ---------- Oconomowoc
Dr. D. H. Witte ---------- Milwaukee

Hundreds of individual presentations were made in this State to thousands of its citizens following this meeting. The committee is of the opinion that the effort is one which must be continuous and not sporadic.

Radio

The committee has continued to present radio programs giving authentic health information. The stations receiving this service are WHA, Madison; WEAU, Eau Claire; WHBY, Green Bay; WLBL, Stevens Point; WEMP, Milwaukee; and WIBU, Poynette, the last two having been added to the circuit during the year. This represents a total of 225 minutes of health information in the State each week and 195 hours a year.

Since the assignment of Mr. George B. Larson, assistant secretary, to work connected with sickness insurance trials in the State, Miss Lucia Stolp of the State Society office personnel has recorded this health information at station WHA, the state-owned station at Madison. Sixteen-inch discs similar to phonograph records are used, and after the records are used over WHA they are circulated to the other stations on the circuit. The radio library of the State Society now includes a total of over 500 records in the form of dramatic sketches, informal interviews, and monologues.

The preparation of the radio scripts, their presentation, and the scheduling of the records for the various stations is a program which requires considerable time and effort. However, it is the opinion of the Committee on Health and Public Instruction that this is an invaluable service to the public in the dissemination of reliable information on the maintenance of good health and recommends its continuance and extension if possible.

News Releases

The committee has continued the policy of providing each daily and weekly newspaper in Wisconsin with a news story on a timely health subject. The committee recognizes and appreciates the wholehearted cooperation of Wisconsin newspaper editors in presenting this reliable information to their subscribers in an effort to protect the public health. In the opinion of the committee this is a valuable service in guarding and advancing the health of the citizens of Wisconsin and they recommend that it be continued.

Statement Inserts

The committee is discontinuing the furnishing of statement inserts to the members of the State Society for the present. They feel that the wide coverage obtained in the last two years has been greatly worth while, but that this particular method for the dissemination of health information to the public may be suspended in favor of other developments now in progress.

The members of the committee exercised extreme care in the preparation of these pamphlets to the end that the information presented might be authentic and coincide with present-day medical knowledge. As a final report on this subject, the committee lists the sixteen subjects on which inserts have been issued: whooping cough, hay fever and allergy, eye examinations, mumps, measles, colds and pneumonia, appendicitis, prenatal care, hernia, varicose veins, eye accidents, piles, diphtheria and smallpox, burns, headaches, and goiter. The total number of inserts sold to members for distribution is approximately 150,000.

COMMITTEE ON CANCER

Marcos Fernan-Nunez, chairman, R. C. Thompson, R. L. Alvarez, I. E. Bowing, H. H. Morton, C. A. Richards, E. E. Evenson, J. W. McGill, E. F. Schneiders, R. W. Hammond, Erich Wisiol, Charles Fidler, H. T. Barnes, D. J. Twohig, A. C. Taylor

The present chairman of the Committee on Cancer took office on December 15, 1939, succeeding Dr. W. D. Stovall, who resigned after ten years of service in that post during which he placed Wisconsin in the forefront of the states in cancer control. Upon retiring he was elected a permanent honorary member of the Committee.

During the past year the Committee on Cancer has continued its activities in the field of lay education in cooperation with the Women's Field

Army of the American Society for the Control of Cancer. The committee is represented on the Administrative Committee of the Women's Field Army and determines the policy, guides the activities and participates in the educational campaigns of that organization.

The expense of the educational work of the Women's Field Army is defrayed from funds collected during the annual enlistment campaigns during the month of April. In 1938 a total of $9,451.84 was collected in Wisconsin. Of this 70 per cent was expended in Wisconsin and 30 per cent remitted to the national office of the army in return for literature, film strips, posters, news releases and other materials and services. Except for one full time worker in the state headquarters at Horicon, no one receives any financial compensation for work done for the army.

Each county is under a captain who organizes the campaign in her area. She is instructed to seek the cooperation of the officials and members of the local medical society. Almost invariably they have been most cooperative, supplying doctors as speakers for lay audiences, enlisting personally in the army, encouraging the members of the auxiliary to participate, recommending the movement to their patients and providing helpful advice and encouragement to the workers of the army.

During the April campaign the chairman of the committee made a trip through the State for the Women's Field Army and addressed audiences in Wisconsin Rapids, Pittsfield, Auburndale, Rudolph, Stevens Point, Wausau, Eau Claire, Barron, Rice Lake, Whitehall, Oconomowoc, Waukesha, Union Grove, Burlington, Racine, Wauwatosa and Milwaukee. The response of all audiences to talks on cancer was very appreciative, showing the intense interest of the public in health matters, especially cancer.

The other members of the committee were very active throughout the campaign in their districts and to their efforts is due much of the success of the Women's Field Army in the State. Special mention should be made of the work of Dr. Charles Fidler in cooperation with the speakers' bureau of the Medical Society of Milwaukee County, which provided speakers for 129 audiences with an attendance of over 20,000 persons.

The most notable accomplishment of any county society in proportion to its membership was that through the speakers' bureau of the Racine County Medical Society. Under the chairmanship of Dr. F. C. Christensen sixty-three talks were given to a total of more than 3,000 persons.

Thirty radio stations in the State contributed their facilities for ninety-nine broadcasts over which an estimated total audience of 10,000,000 heard messages on cancer control. Newspapers and other periodicals were very liberal in carrying news releases, motion picture houses ran motion picture trailers, and numerous other agencies were helpful in the work of the campaign. These organizations provided the Women's Field Army with avenues for public education on cancer which medical societies or state health agencies could not have afforded financially.

In Milwaukee a public exhibit on cancer, composed of gross pathological specimens and x-ray pictures from the Marquette University School of Medicine, models of cancerous lesions prepared by the Milwaukee Public Museum, chromographs, photographs, charts and literature, was installed in the Schroeder Hotel during the campaign under the direction of Mrs. E. J. Carey. Senior medical students from Marquette acted as demonstrators. Some 8,000 visitors saw the exhibit. This exhibit was shown at the convention of the American Dental Association in Milwaukee in July, the Wisconsin State Fair in August, and will be set up at various county fairs, schools and conventions during the coming months.

The experience in the states of Massachusetts, New York and Pennsylvania and in numerous cities proves that public education in cancer control is effective in reducing the mortality rate by bringing the cancer patient to earlier diagnosis and proper treatment and combating quackery. The Committee on Cancer feels that the Wisconsin campaign in this movement is a very gratifying one, and urges the members of our profession to cooperate in every possible way with the public-spirited women of the Women's Field Army in the fine humanitarian work they are attempting.

COMMITTEE ON GRIEVANCES

R. M. Kurten, chairman, H. A. Peters (deceased), A. J. Patek

The passage of time has minimized the importance of the Committee on Grievances and will within the next few years completely antiquate its existence since there will no longer be the responsibility on the part of the State Medical Society for malpractice claims. During the last year only three such claims were submitted to the committee. In each instance the Society rendered service for which it was obligated under the old contract.

Members of this committee have discussed the wisdom of having this committee maintain surveillance over all malpractice suits started in the State, using such data for clearing house purposes and the analysis of the basis for claims. Such material could then be used to supply members of the Society with timely suggestions as to how to avoid certain entanglements which lead to malpractice suits. It was the thought of the members of the committee that it might be well to have a column in the Wisconsin Medical Journal (probably bimonthly) setting forth the responsibility of the physician in various situations and also methods of protection against unscrupulous patients who are seeking an opportunity to start suit against their physicians. It was also felt that there should be filed in the secretary's office a complete confidential report of each malpractice suit in process and also a copy of the court record at the close of the case, thereby

making the legal conclusions from this material available to individual members who might find such material of value in defending themselves.

COUNCIL ON SCIENTIFIC WORK

W. S. Middleton, chairman, J. A. Evans, E. J. Carey, G. W. Krahn, C. J. Smiles

Your Council on Scientific Work has had an opportunity during the last year to observe the benefits to the profession generally of a carefully planned, coordinated, long-term program of graduate education. Since the inception of the Council on Scientific Work every effort has been directed to the end that each new phase of graduate education added to the program of the Council on Scientific Work would be one which would fill a distinct need and would round out the already existing graduate efforts.

Graduate Education

THE
COUNCIL ON
SCIENTIFIC WORK
OF
THE STATE MEDICAL
SOCIETY OF WISCONSIN

announces

POST
GRADUATE
CLINIC
DAYS

APPLETON
APRIL 18

MADISON
APRIL 19

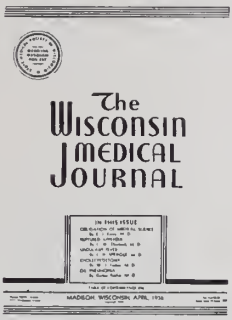
EAU CLAIRE
APRIL 20

As the Council on Scientific Work's additional contribution for the last year there was added to the long-term plan of graduate education a bridge in a gap that had been recognized for some time by the Council on Scientific Work, that is, a course of graduate education to be brought into the individual communities where members of the Society are practicing. The Council designated Dr. J. A. Evans to prepare, direct, and arrange for the execution of the actual program. Speakers from within and without the State were secured by Dr. Evans to present a graduate program on April 18, 19 and 20 in three selected communities in the State. The clinic days were held in Appleton, Madison, and Eau Claire. The morning sessions were devoted to dry clinics and afternoon and evening sessions were set aside for didactic lectures. The morning sessions began at 10:00 a.m. and carried through until 1:00 p.m. A luncheon recess was called until 2:00 p.m., when sessions were resumed and continued through until late afternoon. Dinner round-tables were held in surgery, pediatrics, gynecology, and medicine. Seven speakers appeared on the program.

A most satisfying attendance was obtained in each of the three communities. The warmth with which the clinic days were accepted was well demonstrated by the fact that 90 per cent of the registrants were in attendance when the meetings opened and remained throughout the sessions without interruption until the last address in the evening had been completed at about 10:30 p.m.

While a registration fee of $5 was charged and some financial assistance was received from the State Board of Health, an "operating loss" was experienced. However, the Council feels that the deficit need not be as marked in succeeding years and anticipates that in future years when the nature and extent of the clinic days are appreciated by the profession, registration will be large enough to make this program self-financing.

Wisconsin Medical Journal



The Council on Scientific Work takes this opportunity to commend Dr. P. F. Doege, the medical editor, for his signal contribution to the WISCONSIN MEDICAL JOURNAL. A review of the issues of the JOURNAL for the last year will disclose an effort on the part of the medical editor to secure articles from Wisconsin physicians which represent original clinical contributions to medical literature. The "editorial pencil" has been used freely by Dr. Doege to avoid appearance in the JOURNAL of articles that are simply digests of articles appearing elsewhere in the medical literature. Similarly a distinct effort was made to select only the outstanding manuscripts which were presented at the annual meeting, and to avoid the pitfall of printing papers simply because the author had participated in the program. The editor, too, has planned each issue of the WISCONSIN MEDICAL JOURNAL so that it had scientific articles of interest to all physicians and with periodic regularity he included articles of special interest to the several specialties. Our editor has secured for the JOURNAL outstanding editorials and has himself contributed liberally to the editorial columns.

Annual Meeting Program

The Council on Scientific Work has profited materially by its experiences in arranging annual meeting programs in prior years. Immediately after the close of the 1938 annual meeting the members met and apportioned among its members definite responsibilities for this year's program, and when assignments were made agreement was reached that immediate contacts would be made in order that outstanding speakers might be secured and the best possible exhibits obtained for the meeting. Dr. E. J. Carey of Milwaukee was assigned the preparation of the scientific program and Dr. J. A. Evans of La Crosse was named to arrange the scientific exhibits.

The preparation of the annual meeting program and the securing of outstanding scientific exhibits is a task entailing many hours of thought and effort that is difficult to appreciate unless one has intimate contact with the growth of a program and

the detailed correspondence its arrangement necessitates. The scientific program, which has been prepared by Dr. Carey, appears in this issue of the JOURNAL.

Assistance of Outside Agencies

During the year the Council on Scientific Work has collaborated jointly with the Committee on Maternal and Child Welfare of the State Medical Society and the Bureau of Maternal and Child Health of the Wisconsin State Board of Health in the presentation of graduate courses in the fields of obstetrics and pediatrics. Funds obtained through Social Security aids have made possible the presentation of a five weeks' course in five northern communities in the State. Reports from those communities indicate that the courses were well received by the profession and that another contribution was added to the graduate effort in Wisconsin to make Wisconsin physicians better able to assist in raising still higher the health standards in Wisconsin.

The assistance of the Bureau of Venereal Diseases of the State Board of Health was also given to the Council on Scientific Work in the presentation of the clinic days hereinbefore discussed.

Continuation Courses

The Council on Scientific Work has considered how continuation courses might be presented to physicians in Wisconsin. Continuation courses are a type of graduate effort in which a physician leaves his home community for a period of a week, enrolls in a course and attends regular classes, in much the same manner as a matriculated student. Such graduate education has been tried in other states and has been found to be a most effective means of graduate medical education. The Council is confronted with many problems which must be solved before such a desirable feature can be added to the graduate education program of the State Medical Society. Continued consideration will be given this question by the Council and if means can be found whereby it is possible to present them, such courses will be added to the graduate education program.

COMMITTEE ON GOITER

A. S. Jackson, chairman, J. M. Johnson, J. H. Armstrong, and ex officio members, E. L. Sevringhaus and C. N. Neupert

At the last meeting of the Committee on Goiter on January 8, 1939, all members were present and listened to a resume of the work of the committee during the three years of its existence. This summary was presented by the chairman to acquaint the new members with the results accomplished to date. Dr. Sevringhaus made a motion to incorporate this report in the permanent record for the benefit of new committee members until the time when the State Medical Society or other body would require it. This motion was carried.

It was decided to continue the plan of advocating iodine tablets for all Wisconsin school children as a goiter prophylaxis and to urge that pregnant women without goiter be given iodine tablets by their physician until parturition. The committee then resumed its study of the question of iodized salt and the major portion of the meeting was devoted to this subject. A statistical survey compiled on the iodine content and amount of iodized salt sold in Wisconsin was presented by Dr. Neupert. The study was made from nine districts represented by twenty-five cities and twenty-four counties. Twenty-one brands of salt, which had been on the shelves of the owners for from one week to two months, were found. About 55 per cent of the salt sold in Wisconsin is iodized. The salt analyzed was found on the whole to contain less iodine than advertised. This finding was similar to two previous studies made on the iodine content of salt sold in Wisconsin.

The committee feels that iodized salt is not harmful to children. Authorities are not in agreement upon its effect in certain cases of adenomatous goiter. The fact the committee wishes to ascertain is whether or not sufficient iodine is taken by a child using iodized salt to prevent goiter in Wisconsin. Dr. Armstrong voiced the opinion that the amount of salt an individual uses is variable and that it is not stable. Dr. Johnson felt that if iodized salt could be proved to be satisfactory, a gradual plan for its adoption should be developed.

Dr. Sevringhaus felt that for once and for all, the committee should attempt to settle the question as to whether or not the children get enough iodine by using iodized salt. He proposed putting a research worker on this problem to determine just what the natural intake of iodine is and what the output is in urine, thereby working out a correlation between intake and need and finally deciding upon, as a result, the necessary iodine content of salt. The committee then decided to request the Executive Committee of the Council to appropriate an unused fund of $150 previously allowed for study. This request was granted and this study is now being conducted.

The discussion of this subject is presented in some detail because of its importance. As a result of many years' work by the State Medical Society, its various component county medical societies, committees and members, the State Board of Health, and all its personnel, and by financial appropriations of county boards, approximately 220,000 children are now annually receiving iodine tablets for goiter prophylaxis. To accomplish this has required years of effort and considerable expense. To adopt the use of iodized salt and to advocate its use would at once bring about a cessation of the tablet method which would require special legislation by not only the State Medical Society, but the legislature as well and would possibly present a legal phase. As a consequence, the committee feels that this question must be investigated slowly and carefully and certain facts determined before any change of goiter prophylaxis is advocated.

ADVISORY COMMITTEE ON CARE OF CRIPPLED CHILDREN

J. B. MacLaren, chairman, H. L. Greene, J. O. Dieterle, H. H. Christensen, H. K. Tenney, John Huston

Several matters of importance to the welfare of crippled children of Wisconsin were considered by this committee this year; some were completed while others were still incomplete at the date of this report. All in all, progress directed toward the greater welfare of the crippled child and the interests of the family physician was accomplished. Four meetings were held, three in Madison and one in Milwaukee. All were with representatives of the Crippled Children Division of the Department of Public Instruction, and one included the orthopedic surgeons of the State.

Completed Activities

I. Legislation.—Three bills were presented to the legislature with the full support of the committee:

A. An act to provide the transportation of the crippled child to—
1. The orthopedic hospital in Madison,
2. Hospitals other than the state hospital which have a definitely organized orthopedic department.

B. An act to consolidate within the State Department of Public Instruction, the departments of crippled children, blind, deaf, speech defectives, and mentally subnormal in one department and under one directing head. This is to be known as the Bureau for Handicapped Children.

C. An act—
1. To authorize the Crippled Children Division to supervise commitments to the Wisconsin Orthopedic Hospital.
2. To provide supervision by the Crippled Children Division of those children of preschool age, and those denied by the court admission to the Orthopedic Hospital.
3. To provide for collection from those parents able to pay for their child's examination and care, and the deposit of receipts from such collections in the general fund of the State without diversion, half to be credited to the county.
4. To establish the Crippled Children Division as the supervisory agency of federal funds to be used in the interests of crippled children.
5. To enable the Crippled Children Division to coordinate further their activities with the family physicians by giving reports to the physicians and obtaining prescriptions from them for treatment of crippled children in orthopedic schools.

Through the personal appearance of members of this committee at legislative hearings, the bills were passed with little opposition, and after a conference with the Governor, these bills were signed and became laws on July 13, 1939.

II. X-ray Films.—Skiagrams of crippled children taken at field clinics formerly held by the laboratory taking them, now are immediately loaned to the orthopedic school most interested and there kept on file with the other clinical data. These films are to be returned to the owner as soon as their use is of no further value.

III. Orthodontic Cases.—The Crippled Children Division is to be concerned only with congenital deformities of the jaws which are unsightly

or interfere with nutrition and which can be treated in the plastic surgery department of the Orthopedic Hospital.

IV. Milwaukee County Advisory Committee of Crippled Children Service.—A question arose as to medical authority for the child in orthopedic schools in Milwaukee county. It was decided that—
   A. The Board of Health of Milwaukee County has the general health supervision of such children, and
   B. The specific care given in the schools and recommendations for discharge of the child remain the responsibility of the physician previously caring for the child and who signed his admission blank.

V. Field Clinics.—Certain evils of the present orthopedic field clinics were corrected by—
   A. Determination of patients who could pay at the time of the clinic,
   B. Permitting consultation of examining orthopedist with private physicians on private patients only after the completion of the field clinic examinations, and
   C. Furnishing the examiner with records of previous examinations of children which he acknowledges in his report.

VI. Yearly Meeting with the Orthopedic Surgeons of the State.—The committee met this year with orthopedic surgeons of the State. This has not previously been done.

Incompleted Activities

Primer on Amputation.—This matter, begun a year ago, is still incomplete. Letters addressed by this committee to a good many prosthetic manufacturers brought a paucity of information relative to their opinion. An article on amputations published in the WISCONSIN MEDICAL JOURNAL was found excellent, but was not exactly suitable for what the committee has in mind.

It is the hope of the committee, however, to issue the primer on amputation to the profession of the State before the end of this year. The expense of this publication will be borne by the Crippled Children Division. It is also hoped to coordinate this publication with programs on amputation through the Committee on Education.

ADVISORY COMMITTEE ON VISUAL AND HEARING DEFECTS

J. K. Trumbo, chairman, W. M. Nesbit, John Hitz

During the past year there has been considerable agitation by numerous factions to have eye, ear, nose and throat specialists handle visual tests in industrial plants. In accordance with the proposal of the Industrial Commission "that the scope of all periodic physical examinations of workers in Wisconsin industry shall be outlined by the Department of Hygiene in the State Department of Health" and that such a program be developed by conference between the State Medical Society of Wisconsin and the State of Wisconsin General Hospital staff, the Advisory Committee on Visual and Hearing Defects has held meetings of eye, ear, nose and throat specialists in which these matters have been discussed. Those specializing in this field have been circularized by the office of the State Medical Society and asked for constructive suggestions. After consideration the following conclusions were reached:

1. A program of visual examinations should be outlined, the proposal for such service to be through the State Medical Society to the industrial concerns or through the insurance carriers to the industrial concerns.

2. The State Medical Society should prepare a new panel of recognized physicians who limit their practice to eye, ear, nose and throat diseases and who indicate their desire to serve in this capacity.

3. The mechanism of the visual survey should be worked out locally by the employer, the panel specialist, and, if desired, the insurance carrier. There are several suggested methods, all of which have in common a visual test for near and far vision, and an eye-symptoms question chart. This examination is to be made by the specialist, the plant nurse under the specialist's instruction, or the nurse of the insurance carrier likewise so instructed. If the specialist himself performs the examination, he can perform it at the plant or in his office, as is most convenient to all concerned.

4. Persons found by the visual test to have either deficient vision or symptoms referable to their eyes, such as headaches or fatigue, are to be examined regularly by the oculist at his office. This examination should be complete, including the testing of intra-ocular tension, the charting of diametric fields, a complete ophthalmoscopic examination of the fundi, and a thorough refraction, either with or without a cycloplegic.

5. Employers should agree to make every possible effort to see that the recommendations of the examining specialist are carried out under his direction. The employer should be responsible for the fee, either deducting it from the worker's salary or paying it himself.

6. If industrial goggles are indicated they are to be secured under the Fair Trade Act of the State of Wisconsin. In the past the custom has been to purchase these glasses at the basic wholesale price, but oculists recognize this is not adequate or careful service and is bound to cause dissatisfaction with an otherwise good refraction. Due to the size and weight of these heavy lenses, they require extreme care in fitting so that the pupillary distance is accurate and the pads fit comfortably. These workers want, and should have, service to keep their glasses in adjustment. All this is necessary for proper service, but, of course, involves expense. If all the oculists of the State signify to the various optical houses that they are in favor of a Fair Trade price for industrial goggles, the committee

feels the various optical houses will cooperate, for they dislike selling at or below cost.

The main difficulty in any program that the medical profession submits is referable to the manner of payment. Almost since time immemorial, oculists themselves have disagreed as to the manner in which their fee shall be met. Some have insisted that all of the fee must be collected at the time of the original examination. Others, and they are by far in the majority, feel that the public prefers to have the fee divided, part at the oculist's office and part at the optical company. The amount paid totals the same, but it seems less to the patient. The most painless method of all is the one in which the oculist's fee is buried in the charge for the glasses.

As far as their private patients are concerned, oculists have solved the situation fairly well along one of these three methods of collection. We could handle the proposed industrial situation in the same fashion except for the fact that certain optical companies sell glasses at wholesale prices direct to industry following eye examinations performed without cycloplegics.

The committee feels that a price scale worked out by one of the optical houses under the Miller–Tydings Fair Trade Law would solve most of the difficulties. This would apply only to industrial goggles.

Summary.—To summarize, the suggested program would include:

1. A visual test survey.
2. A panel agreement.
3. Reference of patients found to have deficient vision or eye complaints to a physician on the panel.
4. A regular eye examination at the oculist's office, or, in exceptional circumstances, at the industrial plant if suitable equipment is available there. (This examination should include the testing of intra-ocular tension, charting of diametric fields, a complete ophthalmoscopic examination of the fundi and a thorough refraction either with or without a cycloplegic.)
5. Payment by the employer of the physician's fee, direct to the physician.
6. Sending of prescriptions for glasses to any participating optical concern under the Fair Trade agreement on the price basis submitted. (The price basis referred to provides for discounts on large quantities, which will reduce the cost. The total fee of the physician for all work done will average about $5 per patient, which is about one-half the fee usually charged in private practice.)

The committee feels this plan will give industrial workers adequate eye care, and enable oculists to give such care on a dignified and ethical basis. *This plan applies, of course, only to industrial examinations and industrial goggles.* Any glasses other than industrial goggles will be prescribed on the usual fee basis, the prescription in both the industrial and other cases to remain in the possession of the doctor as part of his office records.

WPA Hearing and Visual Defect Program

A very important work during the past year was that carried on by the state WPA survey for hearing impairment. The survey, conducted under the direction of Mr. Joseph Rohr, Jr., was sponsored by the State Department of Public Instruction and the University of Wisconsin and was endorsed by the Advisory Committee on Visual and Hearing Defects.

The city of Janesville was selected for the initial trial and the testing was done by speech pathologists trained in Dr. R. W. West's office at the University of Wisconsin. All children first were given a group audiometric test and those who failed were given a second group test. All who failed the second test were given an individual audiometric test. The audiograms were sent to Dr. West and the percentages were computed. Then his recommendations and the audiograms were turned over to the city nurses. A list of all otologists in Janesville was given the parents and they were asked to consult one of them. The otologists were sent a letter by the Advisory Committee on Visual and Hearing Defects and asked to cooperate not only by recommending and carrying out remedial measures but also by filling out the otological forms for the Department of Public Instruction so that the children could be put in special schools if the otologists thought this was indicated.

Mr. Rohr reports that in the Janesville survey 3,965 children were tested; 562 were found to have enough hearing loss to warrant consulting an otologist. This is roughly 14 per cent of the total number examined. The Department of Public Instruction realized that some of these children may prove to have no defect of significance when reexamined by the otologist, but preferred to err on the safe side and send them to the otologist. In many other states this type of program carried out faithfully has resulted in a marked drop in the percentage of children who are hard of hearing and in a distinct lowering in the number of children who have to repeat grades, as many of these children have been doing poor or failing work in school. Children who cannot be helped are placed in special classes where they are taught lip reading. Hearing aids are advised when indicated.

The committee feels that the otologists in every county, through their respective county medical societies, should see that the children in their communities are tested for hearing defects along the same lines as the Janesville survey. Special schools are maintained in some twenty-four cities of the State for the deaf and hard of hearing, in twenty-seven for speech correction, and in five for sight-saving. Miss Ward of the Department of Public Instruction informs us that the department hopes to have all speech correction teachers take over lip reading; that for the last two years the teaching of

lip reading has been included in the training of these teachers at the University of Wisconsin.

The visual program is well worked out; the children are given a visual survey at school and those found deficient in vision or having eye symptoms are sent home with a slip to that effect. The committee feels that if the oculists and otologists cooperate with the Department of Public Instruction in the present visual and proposed hearing defect program there should be on the reverse side of the slip sent home to the parents a list of the recognized panel specialists in the community, as was done in the Janesville hearing defect survey.

Summary.—From the information obtained in the Janesville and other surveys, it is evident that from 12 to 15 per cent of children in Wisconsin schools have hearing defects and need the advice of an otologist. In each community the recognized otologists should see to it that a survey is made along the lines of the Janesville survey. The Department of Public Instruction is the agency for us to consult and work with to achieve this program. A new panel should be prepared by the State Medical Society of recognized oculists, otologists, and those working in both fields, to whom children found deficient either in the hearing or visual surveys can be referred.

COMMITTEE ON NECROLOGY

The Council, as the Committee on Necrology, has the sad duty of reporting the deaths of the following physicians since the last anniversary meeting. Members of the Society are indicated by boldface type.

Armstrong, G. E. ____ Pound
Bachhuber, A. E., Sr. ____ Mayville
Berglund, S. A. ____ Marinette
Bertrand, J. H. ____ De Forest
Burdick, A. L. ____ Milton
Burdick, J. H. ____ Milton
Campbell, A. D. ____ Richland Center
Cavaney, J. J. ____ Milwaukee
Combs, C. J. ____ Oshkosh
Cumming, J. H. ____ Superior
Daniels, J. N. ____ Milwaukee
Dearholt, H. E. ____ Milwaukee
Delaney, H. O. ____ Beloit
Donnell, J. E. ____ Cuba City
Doyle, J. N. ____ Wausau
Droppers, J. M. ____ Milwaukee
Farrell, F. R. ____ Milwaukee
Fifield, G. W. ____ Janesville
Fletcher, W. T. ____ Salem
Flynn, L. H. ____ Eau Claire
Frisbie, R. L. ____ Rhinelander
Gill, W. W. ____ Madison
Gorton, F. T. ____ Portage
Gray, W. K. ____ Milwaukee
Gundersen, Adolf ____ La Crosse
Halsey, W. H. ____ Milwaukee
Hastings, J. F. ____ Kenosha
Holmes, B. H. ____ Racine
Kenny, H. F. ____ Waukesha
Keyes, T. B. ____ Butternut
Kriz, G. H. ____ Milwaukee
McComb, I. N. ____ Brillion
McCormick, Hugh ____ New Auburn
McDowell, A. J. ____ Soldiers Grove
McGrath, J. W. ____ Monches
Meacher, B. C. ____ Portage
Mitchell, G. R. ____ Madison
Morton, J. E. ____ Spring Valley
Myre, C. F. ____ Chippewa Falls
Nichols, W. T. ____ Milwaukee
Nixon, H. G. B. ____ Hartland
Palmer, J. A. ____ Arcadia
Parker, A. S. ____ Clinton
Peters, H. A. ____ Oconomowoc
Poppe, Frederick ____ Pulcifer
Powers, J. W. ____ Milwaukee
Pretts, W. W. ____ Wood
Ribenack, G. A. ____ Holcombe
Richmond, Frank ____ Madison
Ries, T. O. ____ Luck
Ryan, C. E. ____ Appleton
Salter, H. G. ____ Cascade
Schiedel, C. F. ____ Milwaukee
Schoenkerman, B. S. ____ Milwaukee
Shaw, B. W. ____ Waunakee
Shimek, A. J. ____ Manitowoc
Shinnick, T. F. ____ Beloit
Simones, V. L. ____ La Crosse
Smith, C. M. ____ Evansville
Smith, K. W. ____ Madison
Smith, R. C. ____ Superior
Stevens, J. V. ____ Janesville
Thompson, J. B. ____ Wittenberg
Thomson, B. V. ____ Oshkosh
Tisdale, L. C. ____ Milwaukee
Van Westrienen, Aart ____ Kenosha
Verbeck, S. F. ____ Mazomanie
Warfield, L. M. ____ Milwaukee
Wasielewski, S. F. ____ Milwaukee
Wittman, A. R. ____ Merrill
Yates, J. L. ____ Milwaukee
Zwickey, W. H. ____ Superior

4. REPORTS OF SPECIAL COMMITTEES

COMMITTEE ON INSTITUTIONAL CARE AND MENTAL HYGIENE

J. C. Hassall, chairman, R. E. Mitchell, A. W. Bryan

The last year has seen many changes in, and much discussion anent, the state management of the mentally ill in Wisconsin. For many years the institutions for the care of these persons were operated under the Board of Control. At present, they are managed by the Department of Mental Hygiene under the emergency legislation of 1937, that is, under the State Board of Mental Hygiene. This arrangement is challenged by Bill 270, A., which provides for a Department of Public Welfare to be headed by a commission of seven persons appointed by the Governor. They will choose directors for the following five departments: Mental Hygiene; Cor-

rections; Child Welfare; Public Assistance (including pensions and poor relief); and Administration. This plan would abolish the present Board of Control. It will probably be several weeks before the fate of the bill is known; if it is passed, the new organization is to be in operation sixty days after passage. The inclusion of the Department of Pensions is somewhat controversial. This committee feels that with good right it may question the inclusion of the Department of Mental Hygiene, and questions whether the public treatment of nervous and mental diseases and the custody of these patients may not properly be a function and responsibility of the State Department of Health. Why should not the prevention and treatment of mental disease become an activity of the Health Department, even as prevention and treatment of communicable and venereal diseases now is? Even at the present legislative session, we see the management of institutions for the treatment of tuberculosis transferred to the State Department of Health.

In the event of the passage of Bill 270, A., and another reorganization of the Department of Mental Hygiene, it is the judgment of this committee that a psychiatrist of rank should be appointed. In this connection, your committee at a meeting on June 27 petitioned the Council of this Society to write the Governor and ask him to place at the head of the Department of Mental Hygiene an outstanding psychiatrist, a diplomate of the American Board of Psychiatry and Neurology, Inc., at a salary of not less than $10,000 per year.

Your committee has observed with concern the reduction of the budget request of the Department of Mental Hygiene for the current biennium when, through several investigations, the needs of the mentally ill of the State were found to be so numerous. At a time when better care of the mentally ill is advocated as a good investment in human life, it is disconcerting to see such a backward step as was recently made by cutting appropriations and reducing the staff of the psychiatric field service. Personal communication with the director of mental hygiene indicates that this was done at the direct order of the incoming state executive, and that the funds allowed were approximately 9 per cent below the requested sum. In order to meet this reduction of the budget a patient survey of the state hospitals was made, and some 600 patients were either transferred to county institutions or paroled. Thus, the number of patients in the state hospitals was reduced to a point where Mendota (capacity 740) now has a patient load of 685, and Winnebago (capacity 790) now has a patient load of 730. This reduction permitted certain upper fire-trap wards to be closed. Funds were unavailable to maintain the same number of attendants for the reduced number of patients, but at Mendota six additional nurses and at Winnebago one additional physician have been authorized. Appropriations for medication have not been substantially reduced. The number of patients receiving shock therapy has been increased during the last two years; twenty-five such patients at Mendota and sixteen at Winnebago are receiving this treatment daily, and it is expected that an additional special team to carry on this work will soon be active. The present department is handling alcoholic patients at Mendota by providing a six weeks' course of treatment at the hospital, followed by six weeks of outdoor activity at Normandy Farm near Madison. If a patient requires four such courses, he may be regarded as a chronic alcoholic and a candidate for county asylum care.

It seems that progress is being made in medical care in county hospitals, and that managers of these institutions are vying with each other in an attempt to improve the medical care of their patients. At least four county hospitals now have nurses, and several of the newer hospitals are providing well-equipped medical dispensaries, physiotherapy, occupational therapy, and laboratory facilities. These facts are of particular satisfaction to your committee, as they indicate development along the line largely initiated by this committee at the time of its first report in 1936. We feel that encouragement to the managers of the institutions is more to be desired than additional investigation and harsh criticism.

In regard to the preventive aspects of mental hygiene, the Department of Mental Hygiene, since October 1, 1938, has had the services of Katherine W. Taylor, (Doctor of Education) and has been conducting an educational program. A number of two-day sessions and public clinics in mental hygiene have been conducted in the medium-sized towns of the State, such as Manitowoc, Fond du Lac, and Sheboygan. The Department of Mental Hygiene is also publishing a bulletin which appears to be creditable.

At present we have before us three reports of investigations of state care of the mentally ill in Wisconsin:

1. The report of this committee in 1936.
2. The reports of the Citizens' Committee on Public Welfare (1937) (which was published by your society at its own expense).
3. The survey of the National Committee for Mental Hygiene and associated societies, 1938. (It was impossible to obtain copies of this report from state offices, and it was necessary that this committee obtain its copy from the National Committee for Mental Hygiene.)

These reports are consistent in their recommendations that—

1. The minimum standards for mental hospitals as adopted by the American Psychiatric Association be adhered to more closely;
2. Personnel be increased, including physicians, nurses, and special technicians.

As a corollary to this, an improvement in service to patients and an elevation of scientific medical activity would occur. In the last-mentioned report, certain recommendations for the simplification of com-

mitment procedure were made, and in these your committee concurs.

Your committee feels that Wisconsin is making some progress in mental hygiene. We believe that before the next legislature convenes we should make a careful study of the reports named above, and give due consideration to the improvements which, in the meantime, shall have been made. We may then offer to the society and to the legislators information regarding the needs of our state and county mental hospitals and the cost of further necessary improvements. We feel also that some study should be made to determine the exact place in which the Department of Mental Hygiene may best be integrated in our state organization.

COMMITTEE ON MATERNAL AND CHILD WELFARE

A. B. Schwartz, chairman, J. W. Harris, J. Gurney Taylor, C. H. Falstad, Robert Krohn, Amy Louise Hunter

During the year the Committee on Maternal and Child Welfare approved and participated in arranging, together with the Council on Scientific Work, a graduate education program for the five weeks' circuit course in northern Wisconsin.

The committee feels that with the frequency of reference material received both in the field of pediatrics and maternal welfare, the House of Delegates may well consider dividing the committee into its component parts with the thought that both committees could meet jointly whenever joint programs arose.

PNEUMONIA CONTROL CONFERENCE COMMITTEE

A. J. Patek, chairman, T. J. Snodgrass, A. G. Koehler

Upon the request of the Wisconsin State Board of Health for the advice and counsel of the State Medical Society of Wisconsin on the question of pneumonia control, a special committee was authorized by the Council of our Society and appointed this year by the president. This committee has met twice with representatives of the State Board of Health and discussed several proposed means for the control of pneumonia in Wisconsin. While it was recognized at the outset by the Society that Wisconsin had an enviable pneumonia mortality rate, the committee was most anxious that every effort be exerted to reduce still further this rate and, if possible, reduce the incidence of the disease.

At the early conferences of the members of the Pneumonia Control Conference Committee their attention was directed to the possibility of making pneumonia serum more readily available to individual patients by the establishment of serum centers where the serum might be secured free of charge or at a reduced rate through partial or complete subsidies by the State Board of Health. A survey was made to ascertain how accessible pneumonia typing stations were in the State. The results of this survey disclosed that there were approximately 100 locations in the State where laboratory technicians were specially trained in the field of pneumonia typing. As the committee advanced in its consideration of the question of the distribution of pneumonia serum, word began to filter through of research work being done in the field of chemotherapy. Subsequently, material appeared in the medical literature indicating the revolutionary results that were being obtained in controlled experimentation with the use of sulfapyridine. When this information became available to this committee the future control of pneumonia was discussed with state officials and it was recommended that further thought to the possibility of wide distribution of pneumonia serum be discontinued until the experiments in chemotherapy were completed and announced. The committee did feel, however, that every possible avenue of making the members of the Society "pneumonia conscious" should be pursued. Consequently the committee recommended that:

1. Distribution of "Pneumonia and Serum Therapy" be made to all physicians in Wisconsin who indicated to the State Board of Health that they would like to have such publication. Announcement of the availability of this publication would be carried in the Wisconsin Medical Journal and would be communicated separately to individual physicians in Wisconsin by the State Board of Health.
2. There be published in the Wisconsin Medical Journal one or more articles on the subject of pneumonia control which might or might not embody a discussion of the subject of the use of pneumonia serums in the treatment of the disease.
3. The committee and State Society office encourage the county medical societies to have meetings devoted to the subject of pneumonia control.

The wisdom of the committee's action in recommending to the State Board of Health that action be withheld in the establishment of centers for the distribution of pneumonia serums by the State Board of Health, through the use of mass purchasing and perhaps state aid, have been evidenced by the dramatic results obtained in pneumonia control through the use of sulfapyridine. This is but another example of cooperative assistance of the profession resulting in a saving to the citizens of Wisconsin.

Your committee feels there still exists a need for continued effort in this field in order that the best means of control might be established. It may be that experience will lead the way to a combination of serum therapy and chemotherapy.

Due to lack of space in this issue the report of The Advisory Committee on Voluntary Sickness Insurance is being held for publication in the September issue of The Journal, which will be in the mail September 6.

COMMITTEE FOR THE REVISION OF STANDING ORDERS FOR INDUSTRIAL NURSES

W. P. Blount, chairman, E. L. Belknap, Ulrich Senn, R. P. Sproule

In 1932 there was compiled under the direction of the State Medical Society a pamphlet entitled "Standing Orders for Registered Nurses Employed in Industrial Plants," which pamphlet was distributed to nurses employed by industries throughout the State. These standing orders were not compiled with the thought of limiting the nurse's field of activity but of broadening her usefulness by suggesting those conditions which properly became a matter of first-aid treatment and indicating what constitutes adequate and timely treatment.

A new committee on this subject was appointed by Dr. J. C. Sargent during his term of office as president of the Society, and during the last year this pamphlet has been rewritten with the aid of members in various specialties throughout the State. It was published as a sixteen-page pamphlet under the title "Suggestions for the Guidance of the Nurse in Industry," and was distributed to all nurses employed in industry in Wisconsin.

It is of interest to note that this pamphlet again has met with such favorable reception that requests for copies of it have been received from many points in the nation. Its contents are to be reprinted in "Industrial Nursing," which is sent to more than 1,000 nurses in industry throughout the country under the auspices of the National Safety Council, Inc.

COMMITTEE ON SAFETY ON PUBLIC HIGHWAYS

E. L. Tharinger, chairman, A. G. Sullivan, Millard Tufts

The Committee on Safety on Public Highways commends to the House of Delegates for adoption that portion of the report of the similar committee of the American Medical Association of May, 1939 that concerns alcoholic intoxication. The committee submits this extract herewith to familiarize the physicians of this State with such significant material.

"The importance of alcohol as a factor in traffic accidents has been demonstrated further by the work of Holcomb in Evanston, Ill. Alcohol tests were made of the breath of 1,750 drivers chosen at random on the streets of Evanston, a legally dry community, and results were compared with the results of alcohol tests made on the urines of 270 drivers brought to Evanston hospitals after being involved in personal injury accidents. If alcohol were not a factor in accidents, it is obvious that the percentage of drivers in each of these two groups who had been drinking would be about the same. However, it was found that 47 per cent of those involved in personal injury accidents had alcohol in their blood, while only 12 per cent of the drivers selected at random were in the drinking class. The results are even more significant when a comparison is made of the percentages of drivers in each class whose blood contained 0.15 per cent of alcohol or more. Assuming that the chance of having an accident when no alcohol has been consumed is represented by the number one, then the chance of having an accident has been shown to be fifty-five times greater when the average person has a concentration of alcohol in his blood of 0.15 per cent or more. (Approximation by Committee on Tests for Intoxication, National Safety Council, in its 1938 Report.)

"Holcomb's survey confirms previous observations that alcoholic intoxication contributes materially to the peak of accidents, which occurs on Saturdays and Sundays. His study also confirms the belief of many that alcoholic intoxication, rather than darkness, is the major cause of the high proportion of personal injury accidents in the hours after midnight.

"The concentration of alcohol in the blood is one of the best criteria of intoxication because blood alcohol concentrations closely parallel detrimental effects noted in carefully conducted experimental tests. Although this relationship is not mathematically exact because of slight variations resulting from inherent differences in human beings, it is sufficiently accurate for practical purposes. The relationships between concentrations of alcohol in blood, urine, saliva and breath have been shown to be sufficiently definite so that chemical tests of any of these body materials can furnish a reliable measure of the degree of alcoholic influence.

"For medicolegal purposes, the committee recommends the following interpretation of chemical tests for alcohol:

"1. Although there is no minimal figure which can be set at which there will be absolutely no effect from alcohol, the committee recommends that persons with a concentration of alcohol of less than 0.05 per cent by weight in blood or its equivalent in urine, saliva or breath should not be prosecuted for driving while under the influence of alcoholic liquor.

"2. All persons show a definite loss of that clearness of intellect and control of themselves which they would ordinarily possess when the concentrations are above 0.15 per cent in the blood or its equivalent in other body fluids or breath and should therefore be considered as under the influence.

"3. When the alcohol concentrations are between 0.05 and 0.15 per cent in the blood, a great many of the persons will be under the influence of alcohol, but the committee recommends prosecution only when the circumstances and results of physical examination give definite confirmation of such influence.

"Chemical tests for intoxication are compulsory in Sweden and Germany after traffic accidents. These tests are used also in a number of other European countries. Results of chemical tests have been used as evidence in court in at least fourteen states in this country. Indiana is the first state to adopt

a law which defines borderline limits for alcoholic influence in terms of amount of alcohol in the defendant's blood. The limits set forth in this law conform essentially with those recommended in this report.

"Results of chemical tests of specimens which are obtained without compulsion and properly identified are almost always admitted as evidence in courts in this country. Chemical tests are usually employed to corroborate evidence obtained from observation of the accused. In cases involving injury from an accident, the evidence from chemical tests eliminates guesswork, even though the suspect is unconscious or displays symptoms which may be the result of injuries sustained in the accident.

"The tests exonerate the innocent as well as assist in convicting the guilty. Cities using chemical tests obtain a much higher proportion of guilty pleas and a much higher percentage of convictions of cases which go to trial. Use of chemical tests enable the prosecution to refute the usual "two bottles of beer" defense.

"When the defendant pleads guilty, it is not necessary to have an expert testify on the relationship between concentrations of alcohol in body materials and the probable degree of alcoholic influence. However, this expert testimony is necessary in all court cases in which the admissibility of chemical test evidence is questioned by the defense attorney. Physicians are often called on to give expert testimony on the meaning of the test results. Before attempting to present such expert testimony, physicians should become familiar with the literature on the subject and should preferably have some experimental background on the relationship between physical impairment and test results.

"In some states, courts will refuse to admit testimony of physicians who have treated an injured person at the time a physical examination is made or a specimen is obtained for chemical tests, holding that the treatment creates a physician-patient privilege. When there is a possibility of such a privileged relationship developing, the specimens for chemical tests should be taken by other persons.

"The medical profession is particularly fortunate in having these chemical tests at its disposal. They will enable the profession to avoid the well known "disagreements of experts." Their use is recommended whenever physicians are called on to diagnose degree of alcoholic influence for city and state enforcement departments."

Experiences of a Pioneer Physician in Northern Wisconsin*

By F. G. JOHNSON, M. D.
Iron River

Second and final installment of article begun in the July, 1939, issue of the WISCONSIN MEDICAL JOURNAL

FROM the beginning of State Board of Health regulations until about 1915 it was obligatory to fumigate by some poison gas following contagious diseases. There was an element of value in it if properly done. First sulphur fumes were used, later formaldehyde. On the whole it was an abominable practice and one can imagine the problem it was for country folks to find quarters for their families while a health officer fumigated their home. It required one or two days for the fumes to abate sufficiently for them to return. This practice savored of the old idea of driving out evil spirits by incantations and nauseous drugs. Its discontinuation marked the beginning of a more rational program.

When the sawmill was built at Lake Nebagamon in 1898 it was estimated that it would have a twenty-year run. But soon the price of lumber went up, and the profits became so large that a night crew was put on and the length of the season extended. By 1907 they had completed operations, and the long whistle was blown, a custom followed at the close of every sawmill's life. This was a death blow to Lake Nebagamon as a business center. The death of a town is a most depressing thing to witness but one that most sawmill towns experienced. Many close friendships had been established, and now for us all to have to seek new fields and the uncertainties that are inherent in all moves took the shine out of life for a while. Many of our neighbors and friends we would never see again. It was a sort of Arcadian movement. Property became valueless. Many buildings were torn down and a loneliness settled over the community.

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F. G. Johnson, M.D., Iron River, Wis., 1939.

Unfortunately, the mill closed at Lake Nebagamon just at the time the panic of 1907 struck the country, and those who had not been frugal enough to save some money were out of luck for a while. The panic stopped the business of this district almost to a standstill the entire winter of 1907 and 1908 but fortunately it did not last long.

At our neighboring village of Iron River twenty miles east, the Hines Lumber Company still had considerable standing timber and a fine plant. There were three physicians located there at the time: Dr. P. B. Stewart, Dr. J. W. Tartar, and Dr. J. A. Paterson. Dr. Paterson had arranged to care for the company men on the same plan I had followed with the Nebagamon Company. This was a sort of pioneer work in industrial insurance, and I was asked to enter a partnership with him. April 1, 1908, we moved to Iron River. Here we made the same arrangement: 1 per cent of the payroll was placed in a fund, the men received 50 per cent of their wages from one-half of the fund put aside for that purpose, and Dr. Paterson and I received 50 per cent for our work. The plan worked very successfully and was continued until the sawmill burned down in 1912.

We did not find it necessary to build and maintain a hospital of our own here as train service to Ashland was good and we arranged with St. Joseph's Hospital there to take our patients that needed hospitalization. A partnership arrangement such as we had made it much easier and better. For one physician to have contract work and a general practice often placed one in a position of being wanted at two places at the same time. With this arrangement one of us was in the office nearly all the time.

This plan of industrial insurance had the advantage over the present plan of having industries carry insurance in insurance companies in this way; it introduced no third party in the transaction, which generally is disastrous in all branches of medicine. The plan would, I am sure, always be applicable to the larger industries. For the smaller industries, perhaps the plan of insurance companies carrying the risk would be the better way.

Glancing ahead now (February, 1934) to unemployment insurance, it would appear that it could be successfully operated by some such simple plan especially with the larger industries. Smaller concerns could carry on through insurance companies.

Iron River proved to be a most enjoyable place to live. We had many of the conveniences of larger cities. Water works, electric lights, and sewers had been built in the late nineties and that was unusual for villages the size of Iron River. To the north of us all the territory between the Northern Pacific Railroad and Lake Superior is very productive and will perhaps some day be a wealthy district. At this time farm development went on at a very rapid pace and it was interesting to see a settler come in and clear a place large enough to build a shack, erect a small house and in a few years have a good farm developed. Had times continued as they were from 1908 to 1913, this would now have been a well built up farming country. The soil is a red clay that once was the bottom of Lake Superior. It is a natural dairy country. We

have a liberal rain fall, the summers are cool, and grass stays green all summer. Thirty-five years ago Professor Henry of the University of Wisconsin predicted that sometime this would be one of the greatest cheese producing districts of the State.

A surprise in the development of this district was to find that it is a natural fruit country. The Bayfield region was a leader in this development, and now as much as 40,000 crates of small fruits are trucked out of this district during the season, and all fall a line of trucks takes the apple crop in all directions. Soil and climatic conditions are perfect, and in time the district along the south shore of Lake Superior may be supplying the Mississippi Valley with small fruit in season. The hard surfaced roads have made these projects possible. Trucks are loaded in the evening, travel during the cool night, and easily reach the "Twin Cities" and other markets by morning with the fruit in good condition.

The people were much given to outdoor sports. Within driving distance of Iron River, that is with a team of horses, there are more than eighty lakes and rivers where one can spend the day and return in the evening. Many men had shacks and camp equipment and certainly had royal times. This produced a wonderful comradeship among the citizens, for there is something about these hunting and fishing parties that develops lasting friendships.

The lumber company encouraged baseball. A good baseball player could always get a good job in the mill and through these northern towns regular class D baseball was played. Here as elsewhere would be found red-hot baseball fans. I well remember at a game played between Iron River and Hayward one old gentleman during an exciting part of the game arose in the crowd and announced he would cover all bets against Iron River. He did not have a cent to his name but to make the bluff good he took a well filled tobacco pouch out of his pocket and pretending it was full of currency waved defiance at the crowd, calling for bets. We knew he was broke because the poor fellow had to walk back to Iron River the next day, a distance of thirty miles.

Changes in the practice of medicine were occurring rapidly. The State Board of Health, under the able directorship of Dr. C. A. Harper, extended its usefulness. Deputy state health officers were established and lent their aid in the more difficult problems. They also learned the reaction of the people to the different rules and thus a better understanding of objectives was obtained. Fumigation after contagious diseases was still required but it gave us a chance to protest and it finally was changed to a more rational plan of simply thorough cleaning.

Cooperative laboratories were established and they proved very valuable. When it was necessary to send a culture of suspected diphtheria to Madison, too much time elapsed before returns were obtained and suspected cases had to be quarantined until a positive diagnosis could be made. Quarantine is a real hardship and eventually a more rational procedure may be found. Our present system is surely inadequate to prevent the spread of contagious diseases, especially scarlet fever, for the reason that quarantine is raised long before the patient ceases to be free from the infection, and he returns to school a veritable carrier. Antitoxin in small doses was used as an immunizing agent to the children already exposed to diphtheria and good results were often obtained.

Medical meetings had a good attendance at this period. The county medical societies deserve unlimited credit for maintaining organized medicine. It was not easy to maintain harmony or interest in the county meetings. The papers were prepared and read by members of the society, and as we all knew each other's views pretty well not much that was new was brought out; and from too close contacts during the intervals between meetings, personal prejudices found their way into the discussions. The Douglas County Medical Society proved an exceptionally strong unit. The members who attended did so with the idea of having an evening of pleasure and profit and it was a valuable organization for the profession. In many places interest lagged and meetings were very infrequent. The reason for these conditions was the difficulty in travel. Meetings had to be reached by train, and to attend an evening

meeting necessitated being away all night, and a day meeting required a loss of a day at the office. I often wonder at the fact that they were maintained as well as they were. It soon became common to have men from nearby cities address us and eventually the university sent members of the faculty to any county meeting without expense to the local society. These programs proved very valuable, and with the introduction of moving pictures and slides real postgraduate work was taken to the medical profession. Recently the univerity has extended this work by dividing the state into districts and offering courses of lectures during the summer by specialists in some particular subject.

In 1932 this district was offered a very complete and valuable course in pediatrics. The meetings were held once a week, and part of the expense was borne by the University and part by members who elected to attend the courses. It was a splendid move in the right direction. It was a move toward adult education. It has always seemed to me that one of the greatest wastes in the world is the waste of opportunities for adult education that prevails everywhere.

A few years later medical education was stimulated by the organization of the Tri-State Medical Association. This organization originally included Illinois, Iowa, and Wisconsin. Their programs were wonderful; the foremost men in the world appeared on them. There were no politic or economic questions to consider; scientific questions only were discussed. Later the field was enlarged to include the entire central part of our country, and the institution has proved a splendid vehicle for postgraduate work.

Ease of transportation made not only postgraduate medical education possible but also the transportation of patients to hospitals any time. When train service was the only means of transportation, too long a period for the advantage of the patient often elapsed before it was possible to transport him.

Another very noticeable effect of travel could be noted in the laity. During the years when jobs were easily obtained in the Detroit district, the young men in this community kept in touch with friends and relatives in Detroit. When the demand for labor appeared four or five young men would take an old Ford car, go to Detroit or other industrial centers, work until the season closed, then return to the farms for the winter or closed season.

This connection with the farm home proved an advantage when the depression came. Scores of young people came home while they had no money. Food and fuel were cheap and they escaped the situation that so many people have had to face during the last five years. While cheap fuel, rent, and food are a certain advantage to the citizens of any given community there is also a disadvantage, for many families locate in the community for just that reason. They prove quite a burden as their other necessities must be furnished them, larger schools must be maintained, and they never get in a position to be truly self-supporting. It has not been uncommon during the last twenty years, in communities like this, to see many families moved back by compulsion to the place from which they came when it appeared that they would prove too heavy a burden for the community.

During this third of a century we who have been practicing medicine have witnessed the most marvelous changes and advancement ever witnessed in the history of medicine in the same length of time. The most spectacular addition to our armamentarium was without doubt the use of x-rays. The first demonstration of the x-ray machine to Rush Medical College students was made by Dr. Joseph Smith, now of Wausau, in 1899. A personal letter detailing his early experience follows:

From 1896 to 1897, following Roentgen's discovery of x-rays, I used an old carbon filament light bulb and when this was excited by the current from a small spark coil I had in a physical laboratory where I was then teaching, I was able to get pictures of keys, coins, etc., through pasteboard boxes, etc. Later a Mr. Bohm, a glass blower, of Chicago made me a small model of a Crook's tube through which could be seen bones of the hand, etc.

In 1897 I started to study medicine at Rush Medical College and during that college year I opened the first hospital x-ray laboratory in Chicago in connection with the Presbyterian Hospital. This I operated during my medical course, 1897–1898, 1898–1899, 1900 and on through the three succeeding

years that I served as interne and resident surgeon at the Presbyterian Hospital. In 1906 I gave up roentgenology and spent a year abroad after which I returned to Chicago for a short time and in 1908 located at Wausau, Wisconsin, where I have been practicing since, doing a surgical and consultation practice.

The machine shown by Dr. Smith was a static model of the Wenzel Holtz type and the electricity was developed by hand power. I purchased my first machine, which was also a Wenzel Holtz, in 1904. It was very valuable for fluoroscopic use but to take a picture of the femur required an exposure of ten minutes. It is a wonder we did not have more x-ray burns as neither the operator nor patient was protected at that time. Nearly all of us older men did damage our hands by the rays as we used always to place our hands in front of the tube to test it, little realizing the danger of repeated exposure. These old static machines gave us a start in roentgenology and they also were useful in treating many nerve conditions. Until this time galvanic and faradic electricity were the only electrical currents much in use. Static electricity and another force, light, constituted the first step in what has developed into the broad field of physiotherapy.

Shortly after Dr. Smith's demonstration to us, Dr. Christian Fenger in the clinic one afternoon casually predicted that the use of the x-ray would revolutionize the treatment of fractures. It not only revolutionized the treatment of fractures, but nearly revolutionized the entire practice of medicine. At the present time one would be decidedly handicapped in office work without the use of static electricity, and its use is only in its infancy.

The first fourteen years of this century were years of steady progress as I have tried to detail. Then came the World War. Immediately our neighboring city of Washburn, our county seat, changed from a lumber town that had seen its best days to an active city of over 6,000 people. This was due to the activity of the DuPont Powder Plant that is located at the edge of the city. All of our citizens who were foot-free found employment at splendid wages and times boomed. The automobile industry was calling for additional men all the time. There was no such thing as unemployment in those years.

Iron River men have a war record to be proud of; within three days after war was declared three Iron River boys had enlisted and by the time of the first draft in May, 1917, 80 per cent of our men of the ages covered by the draft had enlisted and were already in the service. A good part of those not in the service had been rejected on account of physical disability. At Gordon, a much smaller community, 100 per cent of the men of draft age had enlisted before the draft. These men were members of the famous thirty-second division and gave good account of themselves. Many of them never returned. Those who did, came back with good records, and we have always been proud of the part that northern Wisconsin took in the World War.

In 1918 we witnessed the terrible "flu" epidemic. Soon after the epidemic reached this locality, I had occasion to go to Rochester, Minnesota, and while there learned the details of the treatment by vaccine advocated by Dr. Rosenow. Upon my return to Iron River, my colleague, Dr. Tartar, and I arranged with the local board of health to give the treatment which consisted of an injection of 1 cc. of the solution once a week for three weeks to everyone who cared to take it. We gave the treatment Sunday afternoon, and were paid $5 an hour. It required about one hour to treat the applicants. I mention this incident as I believe it was the only place where a plan of this sort was worked out and one of the first attempts except smallpox vaccination that followed a wholesale plan.

The vaccine was a mixture of a number of organisms prepared by Dr. Rosenow and was distributed free of charge by him. It was impossible for us to obtain accurate data on the incidence of influenza cases occurring after the treatment, but we concluded that it did prevent it, as the disease did not develop in those who had received the three inoculations. We treated at least fifty applicants which made the cost per patient very small. There were no unpleasant or severe reactions from the vaccine. Just how much

value there was to the treatment was hard to determine as the epidemic appeared in waves and the occurrence of new cases might have been receding at that time.

At a meeting of the Tri-State Medical Society at Rockford in 1920, Dr. Rosenow presented a paper on the results of his work. It was treatment by a nonspecific protiode and was, with us, a forerunner of the plan we are now using to immunize all children against diphtheria. It is a practical plan and if thoroughly carried out will control diphtheria as thoroughly as vaccination has controlled smallpox and typhoid fever.

In October, 1918, Dr. Nathan Mills of Odanah died leaving that community without a physician. My colleague, Dr. Tartar, agreed to go there temporarily. He looked after that field until Dr. Sincock returned from the service in June, 1919. That left me to attend to this territory and it certainly was as much as any one man could do. That epidemic none of us will forget. There were scores of sick people with almost no one to do the nursing. It seemed as if a great black pall hung over the country. Added to that was the terribly depressing effect of the war, with only too often the report of the death of some of our boys. To add to the horror of the situation, those who died in the epidemic were mostly young and middle-aged men and women. Young mothers proved especially susceptible.

After calling on a family in the country and arranging for their care as best I could, many other details demanded attention. Often there would be but one person in the house well enough to keep the fires going and pass around some food and water. And in more than one family everyone would be so sick that they could not even do that. I would then have to go to a neighbor and arrange for someone to care for the stock, and see that fuel was made available. Winter and cold weather were well on before the fury of the epidemic subsided.

One interesting case showed the value of isolation. One of our citizens employed at the shipyards in Superior came to my office as sick with influenza as it would seem possible to be. He stated that he would prefer staying in town to returning to his home in the country as he dreaded taking it to his wife and family. It was impossible even to consider his staying here as no one would care for him. He was sent to his home with instructions to stay in his own room all the time. A sheet was hung over the door to his bed room and his wife instructed to wear a mask and large apron whenever she attended him. It was very satisfactory to learn that neither his wife nor his children took the "flu." I found it necessary to work each day from half past seven in the morning until three the next morning during the peak of the epidemic. It was a severe test for physicians and they made good. This epidemic was not followed by as high a percentage of pulmonary tuberculosis as was that of 1889.

The boom in land values following the war did not reach this territory. In 1920 I attended our class reunion in Chicago, and was surprised to learn how many of our class considered themselves well-to-do from their investments in farm lands. In a short space of time they had to take enormous losses when those prices dropped.

The problem of winter travel became a real one. The country was being cleared, and as this is a district of rather deep snow, every winter the roads were blown full more or less every day. The constant travel built the roads up so high that by spring the sleigh track was five and six feet above ground. One can imagine what it was like in the spring when the thaws came and the horses slumped through.

In 1923 the snowmobile appeared. I ordered one from the first advertisement that came to me. That solved to a considerable extent the difficulties of winter travel. I had driven in open rigs twenty-three winters and to be able to travel in comfort in a snowmobile was a great relief. It was cumbersome and travel was often beset with difficulties, particularly by the fact that if it slipped off from the sleigh track, it was a very difficult job to get it back. However, it took all of the dread out of our winter work and served a very useful purpose until the roads were kept open by the introduction of snow fences and plowing.

Country practice has now been relieved of the greater part of physical discomfort, a

great contrast to earlier days. I recall one night in Lake Nebagamon being called to a patient eight miles south. While there a call came from a patient living about five miles east. The roads to the second place were entirely blocked except to one who would drive back in almost a circle of twenty-five miles, but by using snow shoes for the five miles we could save the longer trip by team. We drove to the last place to which the roads were open and put our horses in a homesteader's barn. We had borrowed snowshoes and a lantern from the other patient and now set out across country. It was not easy to find our way or keep a straight course at night and we circled to the left and came back to the homesteader's shack three times. Finally on our fourth attempt we struck the trail of another homesteader that took us into a large ravine which led in the general direction of our destination. We had no trouble keeping in the ravine and made our place all right. The liveryman who was with me had sustained a broken leg a few years before, and the strain of the snowshoeing proved rather severe for him. Before we had completed the ten mile round trip, he was in distress but he was game and we made it back to our rig without mishap. The night was very dark and the wolves were numerous; while they did not come near us, they kept us from getting lonesome by their hideous howling.

The snowmobile also proved of value in transporting patients who needed emergency operations to the hospitals. To have to wait for train service especially in cases of strangulated hernia was too dangerous for the patient. During the few years the snowmobile was in use I transported two such patients in it. It is seldom needed now but there will be times during winters of deep snow when it will be useful.

During this third of a century one of the greatest pleasures of the practice of medicine has been the friendships and association with the fine men who have been in practice in this district. As young men they were pioneers in medicine and surgery. To Dr. W. E. Ground is credited the first abdominal section in St. Mary's Hospital in Superior. Dr. George Saunders installed the first x-ray outfit in Superior. All such procedures as intubation, skin grafting, and the scores of new operations and changes of technic have been worked out in accordance with the times and without the aid that close proximity to medical schools and centers gives to men located near them. In Ashland Dr. John M. Dodd's record as a pioneer in surgery will doubtless never be equalled. He was the first to perform a prostatectomy and scores of other surgical procedures common enough now; but when worked out for the first time, it required more than ordinary courage.

To Dr. W. T. Rinehart* of Ashland, a surgeon of unusual skill and executive ability, must be given the credit of being the first Wisconsin practitioner to maintain a private hospital successfully. A number of private hospitals have been started but the financial returns were insufficient to make them a success.

The Sisters of Charity have been, both in Ashland and Superior, a wonderful help in caring for the sick and injured. They, by their personal devotion and unremunerated labor, have maintained good modern hospitals and have taken a vital part in the development of the country. The Ashland General Hospital built by public spirited citizens of the community has taken a great part in caring for the people. It is an institution of which its founders may well be proud.

Dr. A. A. Axley* of Washburn had a well equipped private hospital that offered a splendid service to the city and surrounding country. He started a procedure that may become more generally adopted by patients living in the more remote areas, viz., in place of answering calls to their homes he has them bring the patient to his hospital whenever practical. The cost for a few days at the hospital is no greater than the fee for a long visit would be and such service is much more valuable.

The hospital problem is and has been demanding a better solution. The Sisters maintain their institutions by virtue of the fact that they give years of unremunerated labor. The Ashland General Hospital represents an investment of good citizens who will

* Now deceased.

never see any returns from their money and will have to make more contributions to keep it going. The whole hospital situation in the State is in a deplorable financial condition. Their bonded indebtedness equals one half their value.

Beloit had the first municipal hospital in the State. It has been in successful operation for about four years. We may find the solution of the hospital problem in municipally-owned institutions. Certain it is, to start a new hospital by public subscription any place no matter how intense the need for one would be out of the question. Even at the present time hospitals are reluctant to accept indigent patients even when the fee is guaranteed by the towns for they know that the town treasuries are so badly depleted that it may be years before they will be paid.

In 1930 I was elected Councilor for the Eleventh District of our State Medical Society. It was an honor unexpected and greatly appreciated. To be able to make the close contacts with the active men of the State and to be able to take a part in trying to solve the economic problems of our profession has been a great pleasure. It was especially pleasant to find three members of the Council — Drs. Beebe, Cunningham, and Smith—were fellow students either at the University of Wisconsin or at Rush Medical College. Our more than efficient lay secretary, George Crownhart, maintains his summer home but a few miles from here thus making him, in a way, a neighbor.

With the depression came a number of changes in the practice of medicine especially in the rural communities. Except for unusually serious conditions the indigents for generations have received neither aid nor attention from the town, state or county. It was taken for granted that the local doctors would take care of them in all but catastrophic situations. It can be said to the honor of the medical profession that they did carry the burden of medical care for the indigents alone and without complaint. Naturally the added enormous load that came with the depression could not be carried indefinitely by the physicians. A plan was devised whereby reduced fees were allowed

". . . every Thursday morning." (Picture taken at one of the "well baby clinics" held weekly in Dr. Johnson's office.)

for services rendered those on relief, on a basis that allowed free choice of physicians. Each case is investigated by a case worker and an order given for the physician to make the call. Each call requires an order except in an unusual emergency. The plan has been satisfactory and with very few exceptions physicians have endeavored to make available funds go as far as possible.

This third of a century is unique in showing the greatest progress ever known in a like period in the advancement of medical science. Resting as it does on the natural sciences for its foundation, still more advancement will be made as greater knowledge in sciences is developed. The x-ray machine has revolutionized our diagnostic methods, and its use is only in its infancy. More attention to economics will result in a better distribution of incomes and services and that is much needed. The automobile has taken much of the physical discomfort out of medical practice in both rural and city areas.

To have practiced medicine during this third of a century has been a wonderful adventure that I have surely enjoyed. It represented the most golden opportunities in the beginning. It is in its poorest condition at the present time, but better times will come and by honest lay and professional effort means will be devised for good care of the sick and just remuneration for physicians.

New Legislation Affecting Services for Crippled Children

By MARGUERITE LISON INGRAM

Director, Crippled Children Division, State Department of Public Instruction of Wisconsin, Madison

UNDER Bill 119, S. which recently has been enacted, a small appropriation has been granted to the Crippled Children Division with which to aid counties in defraying the cost of transportation of crippled children from their homes to hospitals. During the past few years it has been found increasingly difficult to arrange for the transportation of those crippled children who live in the northern counties and who must return at intervals for further hospital care. Counties having limited funds have not been able to advance the cash necessary for the fare for the child and an attendant to return to the hospital, with the result that necessary follow-up care was not being carried out.

The annual appropriation of $2,500 which has been granted to the Crippled Children Division for defraying the cost of transportation of crippled children between the hospitals and their homes, will necessarily be restricted to indigent children who must come long distances.

Bill 277, S. which also has been enacted into law, provides for the creation of a Bureau for Handicapped Children within the State Department of Public Instruction. This bureau will coordinate the services now being carried on within the department for the various groups of handicapped children, i. e., crippled children, children enrolled in nutrition centers, children having defective speech, sight or hearing and those having retarded mentality. The director of the bureau also will have supervision of the State School for the Blind and the State School for the Deaf which was recently transferred by law from the State Board of Control to the State Department of Public Instruction.

This legislation does not change the function of the Crippled Children Division but does provide for a closer coordination with the services provided children with other types of physical and mental handicaps. It is hoped that under this administrative plan the service which has been rendered the crippled children through the Advisory Committee appointed by the State Medical Society of Wisconsin, can be extended to include children with all types of handicaps.

The third bill affecting crippled children's services which has recently been enacted, is 294, S. This law provides that in admitting children to the Wisconsin Orthopedic Hospital for Children, the county court instead of committing the crippled child directly to the hospital, applies first to the Crippled Children Division for approval of hospital care before the child's admission is certified. Provision is made in the law for immediate admission of emergency cases.

The advantage to be derived from such routing of applications is that information regarding past medical care is on file in the Crippled Children Division and may be made available to the family physician and the Wisconsin Orthopedic Hospital for Children.

The Crippled Children Division now has in its active files, information regarding 8,500 of the estimated 9,000 crippled children under twenty-one years of age residing in this State. There are 6,500 of these children for whom past medical records have been assembled in the files of the Crippled Children Division.

It is also hoped that by routing the applications to the Wisconsin Orthopedic Hospital for Children through the Crippled Children Division, it will be possible to aid in regulating the patient load at this hospital. During the past year there was a wide fluctuation in the number of children admitted to the hospital during various seasons of the year. If a more normal load can be maintained at all times of the year, it will assist the hospital in carrying on its program.

This law also provides that Indian children living on reservations, whose hospital care would need to be paid through funds of the United States Office of Indian Affairs, should

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be charged the same rates for care at the orthopedic hospital as are charged for children admitted through the county courts.

Provision also is made in this law for repayment by the parents or guardian for any part of the hospital cost which they are able to pay. All funds received from the parents are to be transmitted to the Crippled Children Division for deposit in the General Fund of the State, half to be credited to the county responsible for the care of each child.

This law also provides that whatever cooperative procedures are developed between the Wisconsin Orthopedic Hospital for Children and the Crippled Children Division shall be according to a written agreement.

THE JOURNAL BOOKSHELF

BOOKS RECEIVED FOR REVIEW

Manual of the Diseases of the Eye for Students and General Practitioners. By Charles H. May, M.D., consulting ophthalmologist to Bellevue, Mt. Sinai and French Hospitals, New York City; formerly chief of clinic and instructor in ophthalmology, Medical Department of Columbia University, and director of the eye service, Bellevue Hospital, New York City. Ed. 16, revised, with the assistance of Charles A. Perera, M.D., instructor in ophthalmology, College of Physicians and Surgeons, Medical Department of Columbia University, New York City. Price, cloth, $4. Five hundred and fifteen pages with 387 illustrations including thirty-one plates and ninety-five colored figures. Baltimore: William Wood and Company, 1939.

An Introduction to Sociology and Social Problems: A Textbook for Nurses. By Deborah MacLurg Jensen, R.N., B. Sc., social service consultant to the Visiting Nurse Association, St. Louis; lecturer in nursing education, Washington University; formerly assistant director, School of Nursing, Washington University, St. Louis. Three hundred and forty-one pages. Price, cloth, $2.75. St. Louis: The C. V. Mosby Company, 1939.

A Textbook of Obstetrics with Special Reference to Nursing Care. By Charles B. Reed, M.D., F.A.C.S., associate professor of obstetrics, Northwestern University Medical School; head of obstetrical department, Wesley Memorial Hospital, Chicago. In collaboration with Bess I. Cooley, R.N., supervisor and instructor, department of obstetrics, Wesley Memorial Hospital, Chicago. Four hundred and seventy-six pages with 209 illustrations. Price, cloth, $3. St. Louis: The C. V. Mosby Company, 1939.

Priests of Lucina: The Story of Obstetrics. By Palmer Findley, M.D., F.A.C.S. Four hundred and twenty-one pages, illustrated. Price, cloth, $5. Boston: Little, Brown and Company, 1939.

Varicose Veins. By Alton Ochsner, B.A., M.D., D. Sc. (Hon.), F.A.C.S., William Henderson professor of surgery and director of the department of surgery, School of Medicine, Tulane University of Louisiana, New Orleans, La., and Howard Mahorner, B.A., M.D., M.S. (Surgery), F.A.C.S., assistant professor of surgery, School of Medicine, Tulane University of Louisiana, New Orleans, La. One hundred and forty-seven pages, with fifty text illustrations and two color plates. Price, cloth, $3. St. Louis: The C. V. Mosby Company, 1939.

Canned Food Reference Manual. Two hundred and forty-two pages, illustrated. Published by the American Can Company, 230 Park Avenue, New York City, 1939.

Medicolegal Phases of Occupational Diseases: An Outline of Theory and Practice. By C. O. Sappington, A.B., M.D., Dr. P.H., consultant, occupational diseases and industrial hygiene, formerly director of industrial health, National Safety Council; formerly special lecturer on industrial hygiene and occupational diseases, University of California, Stanford Medical School, University of Michigan, University of Illinois Medical School, and Rush Medical School. Four hundred and five pages, illustrated. Chicago: Industrial Health Book Company, 1939.

Headache and Head Pains: A Ready Reference Manual for Physicians. By Walton Forest Dutton, M.D., formerly medical director, Polyclinic and Medico-Chirurgical Hospitals, Graduate School of Medicine, University of Pennsylvania; visiting physician to the Northwest Texas Hospital; visiting physician to the St. Anthony's Hospital; director, Medical Research Laboratories, Amarillo, Texas. Three hundred and one pages. Price, cloth, $4.50. Philadelphia: F. A. Davis Company, 1939.

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understandable to the industrialist, engineer, lawyer and physician. The classifications and tables of the various agents which cause occupational diseases, will be found especially helpful. The author emphasizes that this is not to be considered a textbook on occupational diseases. Complete details and extensive information must be obtained from the standard works. Nevertheless, Dr. Sappington's publication serves a very useful purpose in presenting much of practical value regarding the diseases arising in certain industries. It is possible to recommend this book highly; the physician in general practice who has a modicum of contact with occupational diseases will find it especially helpful. O. O. M.

An Introduction to Sociology and Social Problems: A Textbook for Nurses. By Deborah MacLurg Jensen, R.N., B. Sc., social service consultant to the Visiting Nurse Association, St. Louis; lecturer in nursing education, Washington University; formerly assistant director, School of Nursing, Washington University, St. Louis. Three hundred and forty-one pages. Price, cloth, $2.75. St. Louis: The C. V. Mosby Company, 1939.

Mrs. Jensen gives an almost incredible amount of information in one short volume. There is adequate sociologic factual material for any beginning student plus a discussion of the social problems which are of particular interest to the student nurse. The author has quoted generously from the works of some of the outstanding sociologists, but also has given much of her own thoughtful knowledge and experience.

This book should be welcomed by schools of nursing because it makes a definite contribution toward the newer trend in nursing education which endeavors to prepare all nurses to meet more adequately the ever increasing demands of the community. J. A. D.

Health Officers' Manual. By J. C. Geiger, M.D., Dr. P.H., Sc.D., LL.D., director, department of public health, City and County of San Francisco, California. One hundred and forty-eight pages, illustrated. Price, cloth, $1.50. Philadelphia: W. B. Saunders Company, 1939.

This small volume of 138 pages outlines the organization required to control disease and promote its prevention in a large city such as San Francisco. Each chapter treats of a division or bureau of the health department. In the first chapter the general organization of the San Francisco department of health is briefly described and in each succeeding chapter the organization and function of the various bureaus and divisions are discussed. For example, one section is devoted to inspection and control services, another to medical services, another to records and statistics, and so on until the functions of all of the divisions are enumerated and defined. The book is a compend of public health administration in a large city organization. W. D. S.

A Textbook of Clinical Neurology. By Israel S Wechsler, M.D., professor of clinical neurology Columbia University, New York; neurologist, Mt Sinai Hospital; attending neurologist, Neurologica Institute; formerly attending neurologist, Montefiore Hospital, New York. Ed. 4, revised. Eighhundred and forty-four pages with 162 illustrations Price, cloth, $7. Philadelphia: W. B. Saunders Company, 1939.

The revisions in the fourth edition of Wechsler's *Clinical Neurology*, adequately summarize the progress made in neurology during the past three to four years. The previous clarity and simplicity of the text have been maintained as well as the author's adherence to the presentation of material primarily of clinical interest. Detailed material obtainable in texts of neuroanatomy, neuropathology, and neurophysiology has, as before, been omitted.

Throughout, changes, additions, and deletions have been made which enhance the accuracy and value of the text. In the field of neuritic or neuropathic disturbances, the increasing importance of intrinsic and extrinsic nutritional disorders is emphasized. A terminology (neuropathy) based upon the pathological changes in these conditions is proposed. Brief, but refreshingly clear discussions of the carotid sinus syndrome, petrositis, the quantitative smell tests of Elsberg, and the premotor syndrome have been added. The chapter dealing with diseases of muscle (myopathies) has been improved and includes a discussion of the use of quinine in myotonia and prostigmin in myasthenia gravis.

This distinctly up-to-date text is highly recommended to students of clinical neurology. M. J. M.

Endocrinology in Modern Practice. By William Wolf, M.D., M.S., Ph. D., endocrinologist to the French Hospital; attending endocrinologist, Misericordia Hospital, New York City; consulting endocrinologist, New York University Dental School. Ed. 2, completely revised. Ten hundred and seventy-seven pages with 176 illustrations. Price, cloth, $10. Philadelphia: W. B. Saunders Company, 1939.

This revised edition includes more material than the earlier first edition of 1936 and the work represents an attempt to present an abbreviated encyclopedia of all that has been said about the different glands of internal secretion and their probable or even possible relationship to human disorders. It is abundantly illustrated, but the illustrations are not selected to demonstrate crucial points and many of the drawings in the section on laboratory methods seem inconsequential and superfluous, adding unnecessarily to the cost of the book. Unfortunately the text matter shows a lack of discrimination in the choice of material, not only from the point of view of clinical readers, but also from the standpoint of scientific evidence. The volume, therefore, contains a mixture of facts, theories, speculations, and some things that are now well known to be untrue. One of the typical therapeutic recommendations is the use of x-rays in small doses to stimulate

reproduction from a newspaper of the notice of his marriage to Mrs. Deborah Platt (youngest daughter of Isreal Green), but the date, August 28, 1821, is not given. Immediately after his marriage, Beaumont and his wife left for Fort Mackinac, where the charming personality of Mrs. Beaumont soon made their home the social center of the Fort.

A recent photograph of the house shown on page 106 shows that it has undergone many alterations. It was in the basement of this house that St. Martin was wounded.

On page 133 there is a misstatement as to the time of Dr. Beaumont's arrival at Fort Crawford, Prairie du Chien, from Fort Howard, Green Bay. It should be August 10, 1828, *not 1826*.

The Black Hawk war, with the deplorable slaughter of the defenseless Indians, is a disgrace to the country. On page 142 it is stated that after "a complete cessation of hostilities was brought about, Beaumont returned with his regiment to Prairie du Chien." This has been shown to be a misstatement, and has led others, myself included, to believe that he took an active part in the campaign.

Did or did not cholera occur at Fort Crawford? On page 142 it is stated that "Troups marching from Chicago to the Mississippi, to aid those at Fort Crawford in the warfare against the Indians, carried the dreaded disease to Prairie du Chien and other points along the upper Mississippi." Like the statement in regard to Beaumont's going out with his regiment, this is incorrect, and has likewise misled others, as well as myself.

A letter from Beaumont to his cousin Andrew Beaumont, a member of Congress from Pennsylvania, appeared in the J.A.M.A. for August 22, 1925, the reply to which is found on page 240. A second letter to his cousin was published in the J.A.M.A., July 2, 1932. These should have found a place in this new issue.

On page 294 there is reproduced a copy of Beaumont's bill against the estate of General William Clark. General Clark, western explorer, Governor of Missouri Territory, superintendent of Indian affairs, was born in Virginia August 1, 1770, and died at St. Louis September 1, 1838. As an addition to the Appendix on page 298, four letters of Alexis St. Martin have been reproduced.

The book is issued in an attractive form and enclosed in a colored jacket which suggests Beaumont obtaining a sample of gastric juice from St. Martin. The type and illustrations are clearer than in my copy of the 1912 edition. The heading of each chapter is followed by a synopsis of its contents. Notwithstanding a few minor defects the "Life and Letters of Dr. William Beaumont" by Jesse S. Myer will continue to be, in the future as it has been in the past, the source book to which one must go for information. W. S. M.

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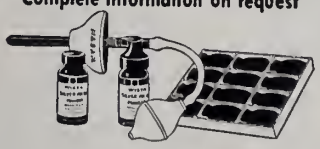

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- ☐ Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245—"Pharmacology of Inflammation: III. Influence of Hygroscopic Agents on Irritation From Cigarette Smoke."
- ☐ N. Y. State Jour. Med. 1935, 35-No. 11,590—"Irritating Properties of Cigarette Smoke as Influenced by Hygroscopic Agents."
- ☐ Laryngoscope, 1935, XLV, No. 2, 149-154—"Some Clinical Observations on the Influence of Certain Hygroscopic Agents in Cigarettes."
- ☐ Laryngoscope, 1937, XLVII, 58-60—"Further Clinical Observations on the Influence of Hygroscopic Agents in Cigarettes."

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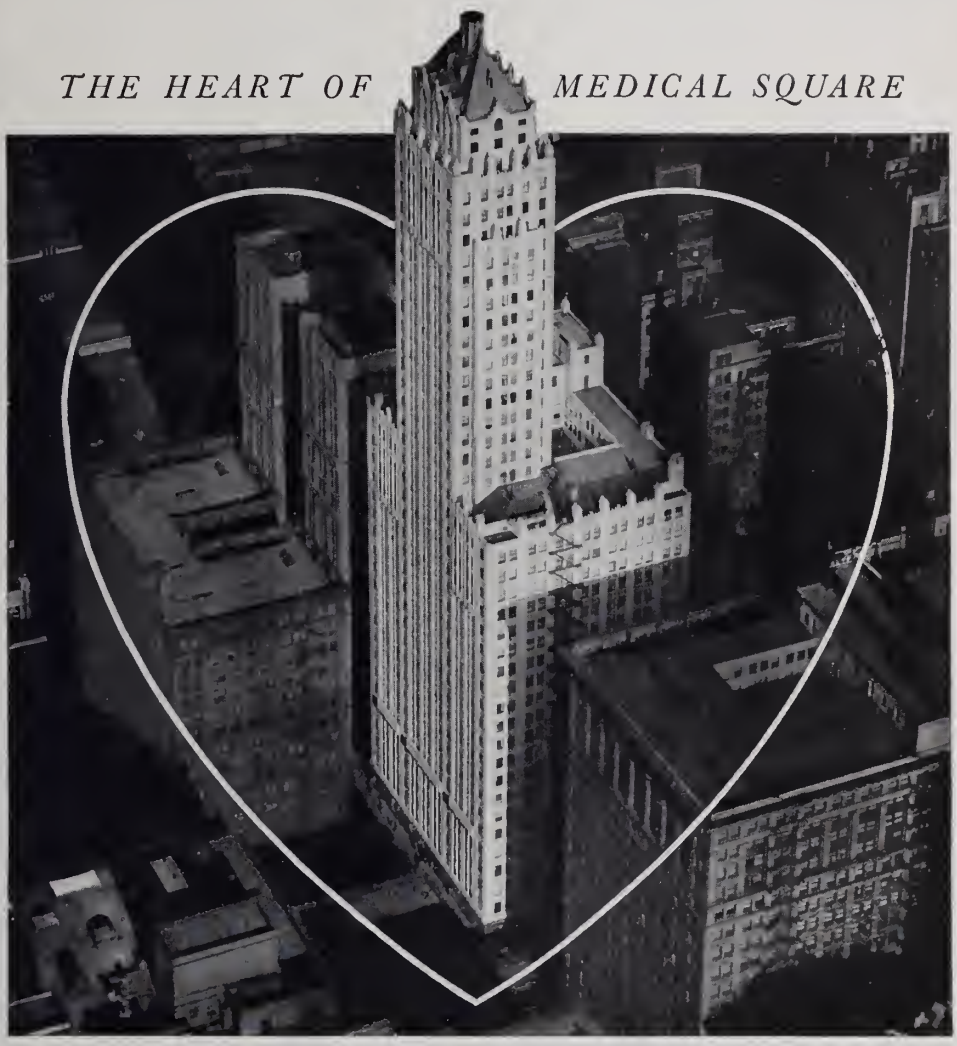

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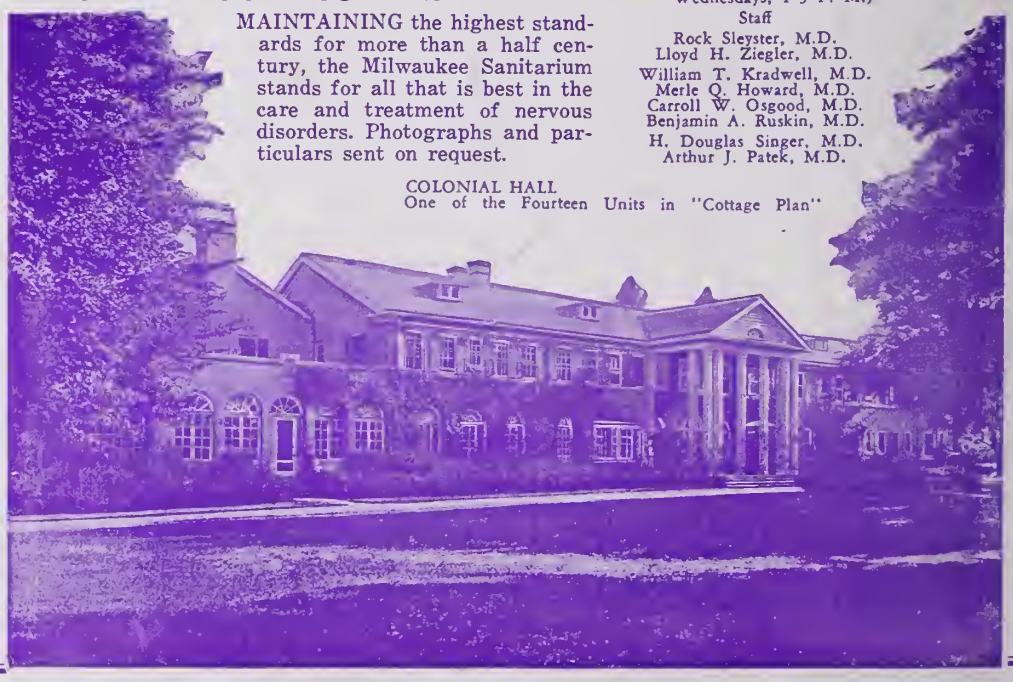

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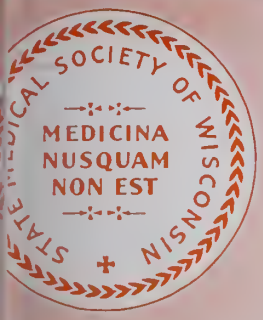

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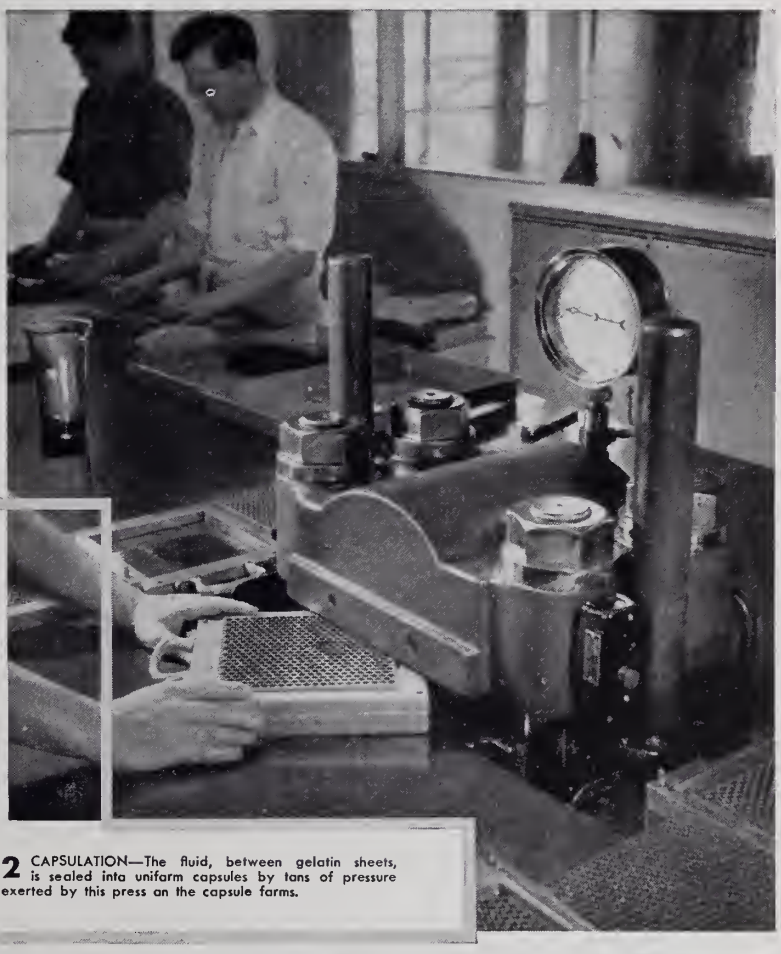

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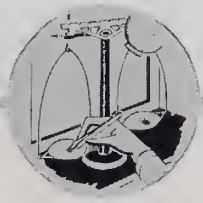

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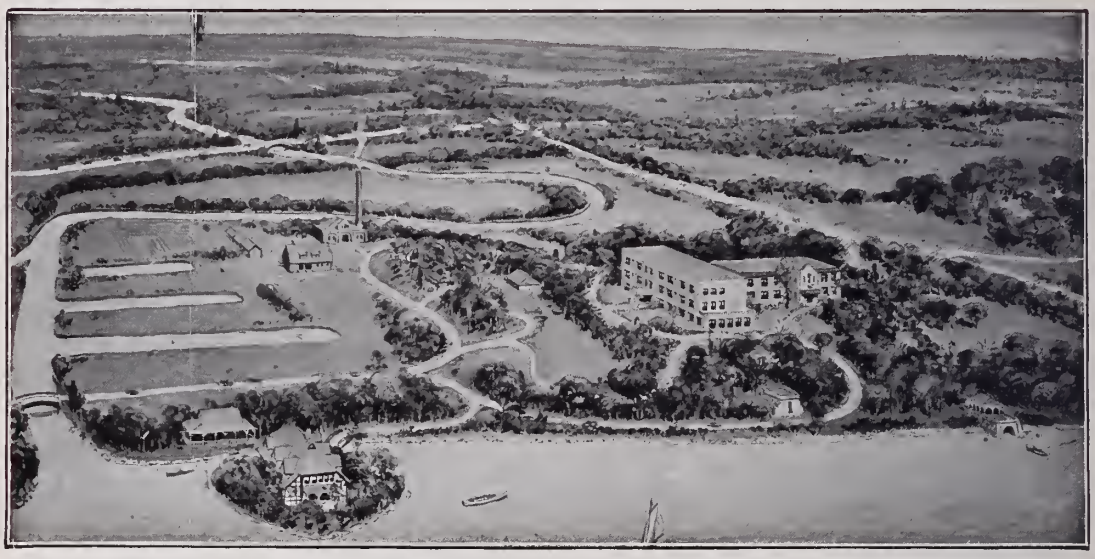

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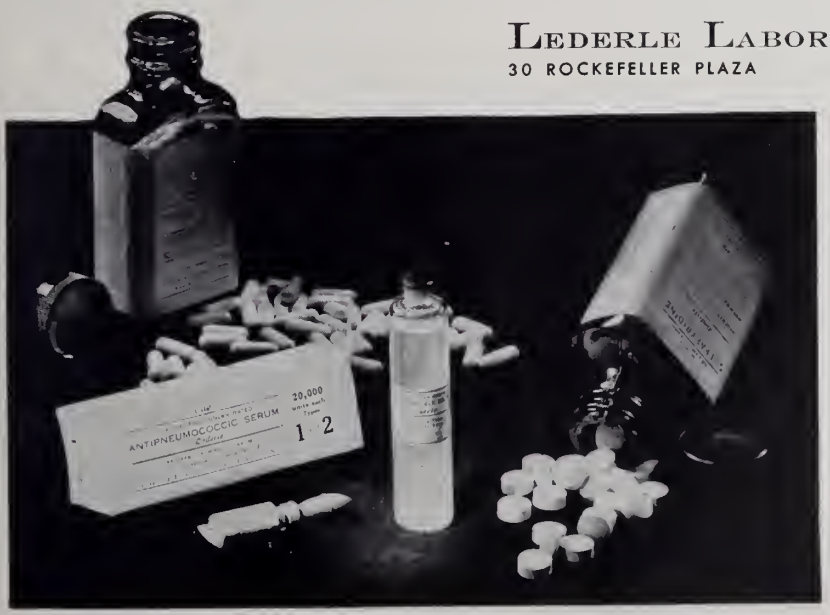

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The energy requirements of man and the caloric values of foods have long been fields of active investigation. Energy requirements are measured in terms of a heat unit, the calorie. Many researches (1) show that human caloric requirements are variable and influenced by a number of factors.

During periods such as infancy, childhood, pregnancy and lactation, or during convalescence from wasting illness, energy-yielding nutrients are required both for support of body activity and for tissue formation. However, for the average adult, food energy intake should balance energy expenditure. For adults, variation in activity is the chief factor influencing variation in energy requirement; age, sex, size and body build being comparable. Sedentary occupations may require a food energy intake of 2500 calories per day; 5000 calories might be necessary if the individual engaged in strenuous muscular activity. Close approximations are available for the probable food energy requirements of individuals during different stages of the life cycle and engaged in various activities (1, 2).

Experiments (3) have also demonstrated that oxidation of foodstuffs in the animal body—due allowance being made for the energy contents of the end-products of oxidation—yields the same number of calories as are produced by the oxidation of similar foodstuffs in the combustion type calorimeter. Since the potential food energy of foodstuffs resides in their contents of carbohydrates, fats and proteins, the available calorific value of any food may be readily calculated (4) by using the factors 4, 9 and 4 calories per gram of these respective nutrients. Of these food components, the carbohydrates and fats are those which contribute most towards attainment of our varied, food energy requirements. Reliable tables are available (5) which list the calorific contributions of most common foods.

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1. 1938. Nutrition Abstracts and Review. 7, 509.
2. 1933. U. S. Dept. Agr. Circular No. 296.
3. 1931. The Elements of the Science of Nutrition, Fourth Edition, Graham Lusk, Saunders Co., Philadelphia, pp. 61-74.
4. 1938. Chemistry of Food and Nutrition, Fifth Edition, Henry C. Sherman, Macmillan Co., New York, pp. 150.
5. 1931. U. S. Dept. Agr. Circular No. 146.
   1931. U. S. Dept. Agr. Circular No. 50.
   1935. Dietetics for the Clinician, Second Edition, M. A. Bridges, Lea & Febiger, Philadelphia.

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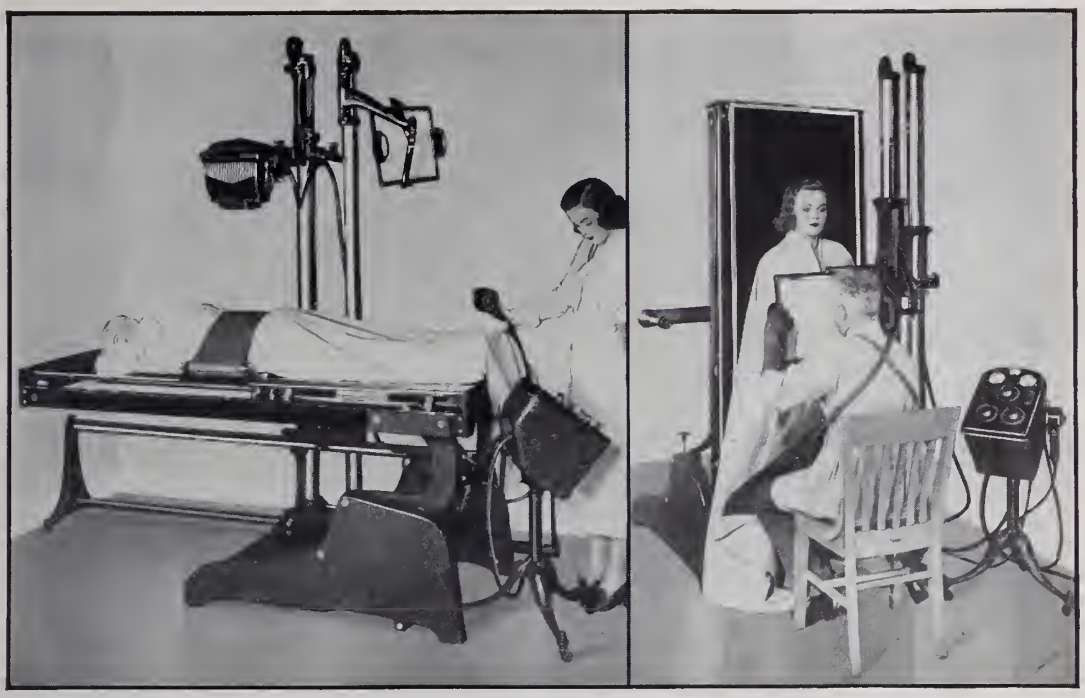

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BIBLIOGRAPHY

GUTTMANN, E.—The Effect of Benzedrine on Depressive States—*J. Ment. Sci.*, *82*:618, September, 1936.

MYERSON, A.—Effect of Benzedrine Sulfate on Mood and Fatigue in Normal and in Neurotic Persons—*Arch. Neurol. & Psychiat.*, *36*:816, October, 1936.

DAVIDOFF, E.—A Clinical Study of the Effect of Benzedrine Therapy on Self-Absorbed Patients—*Psychiatric Quart.*, *10*:652, October, 1936.

WILBUR, D. L.; MACLEAN, A. R. and ALLEN, E. V.—Clinical Observations on the Effect of Benzedrine Sulphate—*Proc. Staff Meet. Mayo Clin.*, *12*:97, February 17, 1937.

NATHANSON, M. H.—The Central Action of Beta-aminopropylbenzene (Benzedrine)—*J. A. M. A.*, *108*:528, February 13, 1937.

DAVIDOFF, E. AND REIFENSTEIN, E. C., JR.—The Stimulating Action of Benzedrine Sulfate—*J.A.M.A.*, *108*:1770, May 22, 1937.

GUTTMANN, E. AND SARGANT, W.—Observations on Benzedrine—*Brit. Med. J.*, *1*:1013, May 15, 1937.

WOOLLEY, L. F.—The Clinical Effects of Benzedrine Sulphate in Mental Patients with Retarded Activity—*Psychiatric Quart.*, *12*:66, January, 1938.

ANDERSON, E. W.—Further Observations on Benzedrine—*Brit. Med. J.*, 2:60, July 9, 1938.

BRINTON, D.—Nervous Diseases—Benzedrine Sulfate—*The Practitioner*, *139*:385, October, 1937.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY—The Present Status of Benzedrine Sulfate—*J. A. M. A.*, *109*:2064, December 18, 1937.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY (Announcement of Acceptance)—*J.A.M.A.*, *111*:27, July 2, 1938.

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Gastrointestinal Disturbances Among Infants and Children*

By ROGER L. J. KENNEDY, M. D.
Rochester, Minn.

DISTURBANCES of the gastrointestinal tract are second only to infections of the respiratory tract as a cause for summoning the physician for infants and children. These disturbances usually are manifested either by vomiting or diarrhea or by both vomiting and diarrhea. A consideration of these complaints in relation to the underlying causes, therefore, should be timely.

The significance of vomiting and diarrhea varies greatly according to the age of infants and children; thus, the age as well as the symptoms and objective findings must be kept in mind in making a differential diagnosis.

Vomiting in Newborn and Very Young Infants

Vomiting in the newborn.—If a small infant is brought to the physician with a complaint of vomiting, certain questions immediately arise. When did the vomiting begin? In case the answer is shortly after birth, or following the first feeding given the child, the possibility of congenital atresia becomes prominent. Either congenital atresia of the esophagus or tracheo-esophageal fistula is likely if the emesis takes place during or soon after the first feeding. If milk or water is retained as long as an hour or two, obstruction in the pyloric portion of the stomach or duodenum becomes likely. In both instances attempts to pass a stomach tube will be unsuccessful because of the stricture or stenosis of the esophagus, whereas if the obstruction is caused by a tracheo-esophageal fistula it may be found that the stomach is full of air. The probability that a congenital atresia or narrowing exists in such a case can be definitely established by the administration of a small amount of a thin solution of barium or of opaque oil, followed by roentgenologic study. In case the atresia is lower, that is, in the duodenum, the true state of affairs can be suspected from the presence of bile in the vomitus, by finding of distention of the upper part of the abdomen, and by failure of barium to pass the point of obstruction.

Perhaps the vomiting has begun at birth and has continued intermittently. Some of the feedings may be retained; others may be expelled in part or whole, a short time or some minutes or hours after feeding. Examination may reveal an infant who appears normal in all other respects, but careful percussion of the thorax may reveal some impairment of resonance on one side or the other. If, in addition to this, auscultation reveals gurgling sounds and sounds suggestive of intestinal peristalsis, the presence of a diaphragmatic hernia must be strongly suspected. Roentgenologic study after the ingestion of barium will usually reveal either a portion of the stomach or a segment of the small intestine in one or other thoracic cavity. If both the stomach and small intestine appear to be entirely below the level of the diaphragm, examination after administration of a barium enema becomes indicated, as sometimes the colon alone of the hollow abdominal viscera is intrathoracic.

The same story of persistent vomiting of most of the food and water ingested by a newborn infant may be elicited in cases in which the history of the events surrounding the birth of the infant indicates that the infant was subjected to unusual pressure or trauma. If, in addition, there is a story of undue inactivity or stupor, or of hyperirritability, twitching of muscles, convul-

* From the Section on Pediatrics, The Mayo Clinic. Presented before the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938.

sions or cyanosis lasting several hours or days after birth, the probability that the vomiting is based upon an injury to the brain becomes most prominent.

Vomiting in infants from two to eight weeks of age.—Perhaps the patient has attained the age of from two or three to seven or eight weeks before vomiting has appeared. The first questions to be answered have to do with the frequency, time and nature of the vomiting. If it occurs after every feeding, if it appears either soon after feeding or just before the time for the next feeding and if it is projectile in type, some obstruction to the passage of food from the stomach to the duodenum likely is responsible. As a result of the loss of food there may be infrequent stools or no stools and the child, instead of gaining weight, either makes no gain or, what is more usual, loses weight. Examination of such an infant necessitates careful observation of the abdomen. If there are seen on the surface of the abdomen peristaltic waves which travel from the left upper quadrant toward the right side of the middle of the abdomen and which at times cause a dumb-bell shaped pattern to stand out in strong relief against the rest of the abdominal wall the diagnosis of obstruction at the pyloric end of the stomach becomes practically certain. That such a condition exists may be further substantiated by the finding of a huge shadow of a gas-filled stomach on a roentgenogram of the abdomen or by failure of barium to pass into the intestine when observations are made with the roentgenoscope after the ingestion of an opaque medium.

Having determined that an obstruction exists it is of some advantage to learn the exact site of the obstruction. In the right upper part of the abdomen, just below the edge of the liver, there may be a firm olive-shaped mass with the consistency of cartilage; this may be made out between the tips of the palpating fingers and the posterior abdominal wall. If this cannot be felt, however, it should not weaken the diagnosis as it is a finding, the frequency of which is controversial.

The character of the vomitus may be of importance. If the vomitus consists only of food or only of food and mucus, it becomes probable that the obstruction is at the pylorus and, since the most frequent cause of pyloric obstruction in infants of the age under consideration is hypertrophic pyloric stenosis, that diagnosis becomes almost certain. If the vomitus contains bile, the probability is great that the point of obstruction is at some point shortly beyond the pylorus and that the condition is due to so-called congenital bands, that is, bands of fibrous tissue running from the mesentery to the region of the hilus of the liver in such a manner as to decrease or obliterate the lumen of the small bowel.

When vomiting is sudden in onset in an otherwise healthy infant of a few months to two years of age and is accompanied by evidence of pain, other conditions must be considered. If the pain appears to be general throughout the abdomen but distinctly intermittent in type, as evidenced by alternate periods of rest and of crying or screaming, it is safe to assume that it is due to colic, that is, to the characteristically slow contraction and relaxation of smooth muscle. Careful examination of the abdomen is then indicated to determine the presence of a mass. If this examination results in the finding of the characteristic sausage-shaped mass in the position of the ascending colon or the ascending and transverse colon, intussusception of the ileocolic or cecocolic type is obvious. Rarely, the mass may be elsewhere in the abdomen and may be accounted for by the presence of the much less frequent ileo-ileal type of intussusception, in which the ileum is invaginated into itself. If, in addition to evidence of colicky pain and the finding of a mass, there is the characteristic replacement of normal bowel movements by the passage of bloody discharge and if rectal examination reveals a mass presenting in the portion of the lower bowel accessible to the examining finger, the diagnosis of advanced intussusception becomes evident.

If in addition to vomiting the patient also has fever, the presence of infection should at once be suspected; a painstaking history should be obtained and a careful examination should be performed. The pres-

ence of an acute cold, as evidenced by the history of sneezing, nasal discharge, irritability and anorexia, the existence of acute pharyngitis or tonsillitis, as demonstrated by examination of the pharynx, and the discovery of acute bronchitis or even pneumonia by examination of the thorax offer adequate explanation for the gastric upset in many cases. Vomiting and fever, without any other complaints, are frequently explainable on the basis of the onset of one of the acute contagious diseases. Foremost among these is scarlet fever, which should be looked for in any case in which these are the presenting complaints. It is surprising how frequently there may be seen a red pharynx and anterior pillars, a coated tongue and a palate with the characteristic small hemorrhagic lesions of scarlet fever in cases in which these symptoms are present. Less frequently, vomiting, fever and abdominal pain may suggest acute appendicitis in cases in which examination fails to reveal local tenderness but may disclose the pathognomonic Koplik spots of measles.

Vomiting as a Symptom

Vomiting and fever, in an infant or child of any age, may be the only evidence of illness. Complete and thorough physical examination may be entirely negative, although it may be clear to the physician that the symptoms have some acute infection as their basis. If the physician will examine a drop of urine obtained by catheterization, the diagnosis may be evident. Not only may pus cells, singly or in clumps, be found, but by properly adjusting the amount of light, myriads of bacteria may be seen which indicate beyond any question the presence of an infection of the urinary tract.

If the vomiting and fever are not explainable on the basis of one of the aforementioned infectious processes, if the temperature is elevated only a degree or two and particularly if there is a complaint of abdominal pain, examination of the abdomen may supply conclusive evidence of the cause. If tenderness to firm pressure over McBurney's point can be elicited, appendicitis (or mesenteric adenitis, from which it cannot be distinguished) is almost surely present. One must remember that if the patient is very young, vomiting and fever may be accompanied by the evidence or complaint of abdominal pain although the results of examination of the abdomen may be entirely negative. It is necessary in such instances to rule out a red ear drum, an inflamed pharynx, acutely inflamed tonsils, or early pneumonia. If pneumonia is developing, examination may reveal superficial tenderness or tenderness to light palpation over the right side of the abdomen without eliciting any deep tenderness or muscle spasm. A roentgenogram of the thorax and a careful examination of the pharynx and tonsils have not infrequently saved young patients from being submitted to appendectomy.

Perhaps the young patient has begun to vomit and to complain of abdominal pain. The temperature is found to be elevated to from 102 to 105 F. The information may be elicited that other children of the family or other children or adults in the community have had similar trouble. The probability that the condition is one of so-called stomach flu, or in case there is diarrhea also, one of "stomach and intestinal flu" becomes very likely. Our responsibility as physicians, however, cannot be discharged by jumping to such a conclusion. Examination may prove that the patient in question may have very definite local tenderness in the region of McBurney's point as well as tenderness in the right side of the pelvis, as revealed by digital examination of the rectum. Recently a girl, aged ten years, was admitted to the hospital because of abdominal pain and discomfort on voiding. Her illness began while "stomach flu" was prevalent in the family and in the community. The parents decided that the vomiting, fever and abdominal pain were due to the prevailing disturbance and did not summon a physician. Unlike the other members of the family and community she failed to recover completely and on the eleventh day she was brought to the hospital. Her temperature was 101 F. and in the right iliac fossa was a rather firm tender mass which represented an appendiceal abscess. Of all epidemic disturbances none is so liable to cover up true appendicitis as is "intestinal

flu;" it therefore is important that patients with the complaints of vomiting, abdominal pain and fever have the advantage of a complete examination, regardless of the presence of less serious diseases in the community.

Recurrent Vomiting

In case the child is taken to the physician with the complaint of vomiting which has occurred in attacks over a period of months or years, the problem becomes one of ruling out certain organic diseases. Peptic ulcer seldom causes the same symptoms as are seen in adults, that is, epigastric pain that is relieved by eating and by the ingestion of bicarbonate of soda, increase of pain with the ingestion of certain foods, pain which appears an hour or two after eating, and vomiting of retained food in case there is pyloric or duodenal obstruction. Improper eating habits usually can be eliminated if there is no history of forced feeding, eating at irregular times, improper selection of food or vomiting during or immediately after eating. If the history reveals that the attacks start without preceding illness, continue for a day to several days and consist of vomiting everything, even water, the condition is probably, but not always, cyclic, periodic or acidotic vomiting. If the child is seen during an attack he will be pale, the eyes will be sunken and he will be hypotonic and sometimes even stuporous.

Roentgenologic examination of the stomach and duodenum should be made if there is any doubt as to the diagnosis. Even this procedure may not help to discover lesions which intermittently cause partial or complete obstruction of the upper part of the gastrointestinal tract. Recently, a boy, aged three years, was admitted to the hospital because of vomiting which was characteristic of cyclic vomiting. He recovered from the attack and was about to be dismissed from the hospital when he had a recurrence of severe vomiting. Roentgenologic study of the stomach and duodenum had been made but no evidence of obstruction had been found. At the time of the recurrence, peristaltic waves were observed in the upper part of the abdomen. Exploratory laparotomy disclosed that the duodenum pursued an anomalous course through the mesentery of the transverse colon, thus accounting for the intermittent periods of obstruction.

If vomiting has been present nearly every day for several weeks, even without headache or obvious signs of physical impairment, examination of the ocular fundi, roentgenographic examination of the skull and a complete neurologic examination must be carried out to eliminate the possibility of increased intracranial pressure, which, in the case of children, usually is caused by a tumor of the brain. In one case which came under my observation, unexplained vomiting had persisted for only five days before neurologic examination revealed the presence of a tumor of the brain and operation was carried out in an effort to remove the neoplasm.

Diarrhea

The necessity for complete physical examination and sometimes for laboratory study is no less important in cases of diarrhea than it is in cases of vomiting. The young infant may be brought to the physician because of frequent loose stools. If the child's general condition is good, attention must first be accorded to the feeding history. Overfeeding, too frequent feeding and feeding at irregular intervals may be evident from the history. In cases in which infants have been fed artificially, the nature of the formula which they have received may be at fault.

If the diarrhea has just recently begun, examination may reveal otitis media, an infection of the upper part of the respiratory tract or evidence of some other acute parenteral infection. The intestinal tract of the infant is especially sensitive to such infections and they must be eliminated in every case.

If the infant is obviously very ill, if the presence of parenteral infection has been eliminated by examination, if there are many thin, loose watery stools and marked dehydration, and if the child has an ashen gray pallor and breathes slowly and deeply, the serious disturbance which formerly was called "cholera infantum" and which now is

generally designated as "intestinal intoxication" or "toxicosis" is probably present. This seldom affects infants past two years of age; therefore, if the child is older than two years and particularly if there is much blood or pus and mucus casts of the intestinal tract in the stools, bacillary dysentery may be diagnosed with reasonable certainty. Cultures of freshly evacuated stools may reveal the presence of Shigella dysenteriae and if this is found the diagnosis can be said to be established.

Although comparatively rare at the present time, typhoid fever must be kept in mind as a possible explanation of a diarrhea which has lasted for several days or longer. The fact that typhoid fever has become rare should not be reason for failure to examine for sustained fever, slow pulse, rose spots, splenomegaly, positive agglutination test, and the presence of Eberthella typhi in the blood and stools.

In cases in which infants and children have had diarrhea which has lasted weeks, months or even years, several conditions must be considered. If the history reveals that the diarrhea began in early life, consisted of six to ten or twelve large, light colored, frothy stools having a very offensive odor, and if there has been retarded physical growth, celiac disease or chronic intestinal indigestion is the most likely cause. If examination reveals a small stunted child who has a large protuberant abdomen, and if the stools are found to contain large amounts of fat, the diagnosis becomes conclusive. Tuberculous peritonitis occasionally may be suspected but the characteristic history, physical appearance of the patient and the absence of a positive tuberculin reaction should be sufficient evidence upon which to base the diagnosis.

In case the history reveals that the diarrhea is of long standing and that the passages from the bowel contain blood and mucus, examination of the stools as well as proctoscopic and roentgenologic examination of the colon must be carried out. If repeated examination of the stools fails to disclose the presence of Endamoeba histolytica, proctoscopic examination may reveal the changes in the mucosa of the rectum and sigmoid colon which are characteristic of chronic ulcerative colitis. A roentgenogram of the colon will show that part or all of the colon is involved in a process which eventually narrows the lumen of the large intestine and destroys the normal markings or haustra, giving to that part of the bowel the characteristic lead pipe appearance. Rarely, in cases of chronic diarrhea in which there have not been more than two or three stools a day and in which the stools contain blood but relatively little mucus, digital examination of the rectum will reveal numerous small pea to acorn sized masses projecting from the mucosa of the bowel. Proctoscopic examination will show these to be polyps and a roentgenologic examination of the colon with the aid of a contrast medium will show that these are a part of a general condition called "polypoidosis" of the colon.

Summary

Vomiting and diarrhea are of very frequent occurrence among infants and children. A complete history, a thorough physical examination and knowledge of the possible causes will usually enable the physician to make a diagnosis of the underlying condition.

DISCUSSION

W. B. Rydell, M.D., Rice Lake: Dr. Kennedy has presented such a complete resume of the conditions causing intestinal upsets in infants and children that there is little to be added. However, a few points—or rather methods—which are applicable in the commoner illnesses of children seen in the home, who cannot be hospitalized or need not be, may not be amiss.

The commonest cause of vomiting in older children, it seems to me, is "stomach flu." Usually associated with a diarrhea, the vomiting stops quite shortly as a rule, but the diarrhea continues. I have found that, if the child is seen early, complete starvation for a period of twelve to twenty-four hours in older children and a laxative (preferably castor oil) will usually stop the numerous loose bowel movements. Water is allowed from twelve to twenty-four hours after the onset and the diet gradually is increased. In younger children and infants, who can become dehydrated so easily, I believe it advisable to give water from the start. The use of paregoric, with or without bismuth, to check the excessive number of stools in the subacute stage is of distinct value. Recently I have been using the raw apple diet for this purpose in infants and have found it very successful. The greatest disadvantage

to this diet seems to be the difficulty of overcoming the mother's prejudice to it.

Dr. Kennedy has mentioned the frequency of vomiting in extra-gastric diseases. However, gastrointestinal disease must be kept in mind and excluded.

A not uncommon cause of vomiting (usually acute in type) in children is the swallowing of toxic or foreign substances. These substances include practically everything a child can get his hands on, ranging from grass to kerosene. The immediate evacuation of the stomach, easily accomplished by means of a large catheter which most physicians carry in their bags; the instilling of a copious dose of magnesium sulphate; and, if indicated, specific treatment or antidotes, are sufficient in most cases to stop the vomiting.

Dr. Kennedy has mentioned the masking of appendicitis by the coincidental prevalence of intestinal influenza. Usually the disorder turns out to be intestinal influenza, but appendicitis is exceedingly common in childhood and it must be ruled out in every case. In the usual case of appendicitis, the patient already has had castor oil, enemas and whatnot, because these remedies have worked before in what seemed to the mother a similar condition. Parents need to be cautioned never to give laxatives to a child with abdominal pain. Sometimes, however, even when given such advice they disregard it.

Gastrointestinal disturbances in children are, fortunately, usually amenable to treatment when seen early. If the disease does not respond to treatment or becomes worse, more elaborate studies are necessary, usually in a hospital. However, when seen in the home or country, especially when the parents are unwilling or unable to hospitalize the child, the principal line of attack must be the combination of a good history, careful examination (especially to rule out extra-gastric causes of the upset) and proper therapy.

PEDIATRIC QUESTION BOX DISCUSSION

Question 1: "In an excessively mentally and physically active child seven years old, may a persistent temperature of over 99 F. be considered a normal temperature?"

Answer of R. L. J. Kennedy, M.D., Rochester, Minn.: That is a very good question. Not infrequently children are brought to the physician because of a temperature ranging from 99 to 99.8 F. for which they sometimes have been kept in bed for weeks or months. Most of them are the healthiest-looking individuals one can imagine.

I think it is our duty first to rule out every possible source of infection. This is necessary not only from the standpoint of locating causative factors but from the standpoint of being able to reassure the anxious parent that frequently children may carry a temperature of 99 F. or thereabouts, which for them may be considered a normal temperature. That is not a personal opinion; it is one which has been substantiated by very careful surveys of groups of otherwise apparently normal children.

Question 2: "In what order and at what age should diphtheria immunization be carried out?"

Answer of Dr. Kennedy: Diphtheria in children beyond pre-school age has been reduced considerably in incidence. The disease is more serious and has a greater incidence now in younger children, that is, in children from one year of age on up to school age. So the need for immunization at an early age is apparent. It is our practice at the Mayo Clinic to immunize children between the ages of six months and a year.

Toxin antitoxin was the most effective of the three substances we used for immunization, but its reactions were undesirable. The formalinized preparation seemed to give fewer reactions, with some increase in effectiveness. The material we use at present, that is, alum precipitate, gives fewer reactions, but surveys made on results of its use in the last two or three years indicate that it is not a "one-shot" preparation. Probably the procedure must be changed so that one injection will be given between six months and a year and other injections given later on if the Schick test shows that further immunization is indicated.

Question 3. "Do statistics thus far warrant immunization against whooping cough in small districts?"

Answer of Dr. Kennedy: In a recent report made by the Committee on Immunization Procedure of the American Academy of Pediatrics, it was stated that at the present time there is no agency which has been effective, either passively or actively, in preventing whooping cough. On the other hand, I do not think we can overlook the reports of Faber, Kendrick and others made at a recent round table discussion of the Academy on the West Coast, in which they pointed out a relatively high percentage of protection. According to some physicians, protection against whooping cough should be given before smallpox and diphtheria protection. At the present time immunization against whooping cough is a highly controversial subject.

Question 5: "What is the status of the use of ether in the treatment of whooping cough, given either intramuscularly or in oil per rectum?"

Answer of Dr. Kennedy: There are enough treatments for whooping cough so that the treatment may be changed three times a day during the entire course of the disease which, in spite of most treatments, tends to last the usual five, six or seven weeks. I think of all the treatments advocated possibly ether in oil is one of the most justifiable, because it is an anesthetic and at times the condition becomes so severe that the use of an anesthetic of some sort is indicated. Ether in oil is used rather generally without any very marked contraindications being noted.

Angina Pectoris and Tobacco Smoking

Presentation of Three Cases With Electrocardiographic Records

By B. J. BIRK, M. D. and H. H. HUBER, M. D.
Milwaukee

MEDICAL literature during the last ten years has contained quite extensive reports on the relationship between the syndrome of angina pectoris and tobacco smoking.

Moschcowitz[1] feels that in patients who have once had tobacco heart there is a sensitization to tobacco and that symptoms resembling angina pectoris may be due to the constrictor action of nicotine. In his four cases, reported in 1928, anginoid pain ceased when smoking was stopped.

Laubry, Walser and Deglaude[2] concluded from their observations that in the anginal crises associated with tobacco intoxication the coronary vasoconstrictor element is nil or negligible, and that the toxic action on the nerves of the cardiac plexus is of primary importance.

White and Sharber,[3] in a study of 750 patients with angina pectoris, whose ages ranged from thirty to ninety years, and a similar control series, found a somewhat lower incidence of angina pectoris in heavy smokers than in abstainers, but found the frequency of attacks was lessened and, rarely, a total cessation of the attacks occurred on abstinence from smoking.

Glendy, Levine and White,[4] in a recent article stated that in individuals under forty years of age suffering from coronary disease 93.3 per cent were smokers.

Whether or not tobacco leads to permanent changes in coronary vessels has been a matter of controversy. Pawinski[5] discusses experimental evidence in rabbits for the assumption that tobacco and especially nicotine has a toxic effect on the heart and circulatory system and that pathologically there is thickening of the intima, atrophy of elastica, and swelling of endothelial lining.

Plenge[6] expresses the belief that nicotine has an effect on the intima and media of peripheral blood vessels as well as coronary arteries. Lewis[7] states: "It is suspected, but not proved, that heavy tobacco-smoking can lead to degeneration of arteries including the coronary vessels."

White[8] says in his recent book that in certain individuals with coronary disease the use of tobacco has been known to precipitate or aggravate angina pectoris. He reports that in one healthy young man the inhalation of tobacco smoke was observed temporarily to cause dizziness and inversion of the T waves in leads 1 and 2 of the electrocardiogram so that they resembled for a few beats the T waves of coronary disease. While admitting the presence of a condition known as "tobacco heart," White believes it to be a functional derangement of the heart and not organic heart disease.

Golston,[9] in reviewing the literature, finds that tobacco lowers cardiac efficiency; that its continued use by adults may lead to permanent organic changes; and that it causes vasoconstriction of all blood vessels especially those sensitive to nicotine. He quotes Cornwall who expressed the opinion that a "functional condition continuously abused through abnormal physiology may result in permanent structural changes."

Case Reports

Three cases exhibiting the syndrome of angina pectoris are cited below. Electrocardiograms were obtained when the patients sought relief from their symptoms and again when the underlying offending factor was removed. The changes noted in the electrocardiograms were, in our opinion, so definite as to warrant their presentation. Of unusual interest, of course, is the case of angina pectoris caused by tobacco-smoking in a woman. Until recent years the discussion of such cases was confined almost entirely to men.

Case 1.—A. S., a married, white male, was seen on January 17, 1935. He complained of pain in his chest on bowling, which radiated to the left arm, a fast pulse and "sweats" on the slightest exertion. He smoked four packages of cigarettes daily. The blood pressure was 142 systolic and 90 diastolic; the white blood count was 13,000. All other findings were negative. An electrocardiogram showed the T wave in lead 2 to be diphasic and in lead 3 inverted (fig. 1).

On February 7, 1935, the patient felt better although he suffered two attacks after rapid eating. He stated that after smoking three to five cigarettes he became "light-headed." The temperature in the extremities dropped to 0.4 C. after smoking one cigarette. The white blood count when the patient was not smoking was 9,200. An electrocardiogram taken after twenty-four hours of no smoking showed nothing abnormal (see fig. 2). Lead 2 remained normal after the patient smoked one cigarette.

On February 28, 1935, the electrocardiogram was normal and the patient stated he felt fine and had had no further attacks. He was then smoking five cigarettes daily.

Case 2.—B. A., a married woman, aged forty years, presented herself for examination on September 24, 1936. She gave a history of drinking three cups of coffee daily and a moderate amount of liquor. She smoked one and one-half packages of cigarettes daily. After smoking one cigarette in the morning she stated she felt "light-headed" and weak. She was anxious and feared that something might happen to her when she was alone. There was numbness in the arms and legs, dizziness on change of posture and some precordial pain. She suffered from shortness of breath and tachycardia on climbing steps. Her blood pressure was 120 systolic and 60–0 diastolic. The pulse was 104 and the basal metabolic rate –5. The skin reaction to nicotine was negative. An electrocardiogram showed evidence of myocardial damage (fig. 3).

Tobacco was prohibited. On November 3, 1936, the electrocardiogram (fig. 4) was normal and the patient felt greatly improved.

Case 3.—E. J., a married man, aged thirty-eight years, prior to October, 1933, worked very hard and smoked from three to four packages of cigarettes daily. In October, 1933, after a night of good sleep, he awakened with fluttering in the throat and marked palpitation. The pulse was 160 and he felt that the heart beat was irregular. The attack was unaccompanied by sweating. He dressed, took amytal and quinidine (6 grains in twenty-four hours). The attack lasted four hours and the patient felt well after it.

A physician diagnosed the condition as myocardial disease and advised two weeks in bed. There were no other positive findings and no fever. The electrocardiogram showed inverted T waves in leads 2 and 3. Two weeks later, the patient went back to work and felt well.

In January, 1934, he commenced smoking again and six weeks later awakened with a similar attack. The electrocardiogram at this time, he was told, was normal. Between these two attacks he had extra systoles after meals.

After the second attack he had pain in his left shoulder, left nipple and left hand which was not related to meals, excitement, worry or walking against cold blasts of air. The physical findings were negative except for arcus senilis. An electrocardiogram (fig. 5) showed inversion of the T wave in lead 3 and a deep Q wave, but was essentially negative.

After cessation of smoking, taking moderate exercise and losing some weight, he felt fine. Fig. 6 shows the effect of smoking; in lead 2 there are changes in the T and R waves. Even after the patient stated he felt fine (ten minutes later), the R, S and T waves are still not normal. An electrocardiogram taken on January 17, 1938, showed nothing abnormal.

Conclusions

1. A brief review of the literature on the relation of angina pectoris and tobacco smoking is presented.
2. Three cases of angina pectoris caused by tobacco smoking (one in a woman) are cited.
3. Definitely abnormal electrocardiographic changes were found prior to cessation of smoking.
4. The electrocardiograms reverted to normal when the causative factor was removed.

BIBLIOGRAPHY

1. Moschcowitz, E.. Tobacco angina pectoris. J.A.M.A. 90: 733–737 (March 10) 1928.
2. Laubry, C., Walser, J. and Deglaude, L.: Action of tobacco and nicotine on coronary output. Bull. Acad. de méd., Paris 109: 595–598 (Apr. 25) 1933.
3. White, P. D., and Sharber, T.: Tobacco, alcohol and angina pectoris. J.A.M.A. 102: 655–657 (March 3) 1934.
4. Glendy, R. E., Levine, S. A., and White, P. D.: Coronary disease in youth: Comparison of 100 patients under 40 with 300 persons past 80. J.A.M.A. 109: 1775–1781 (Nov. 27) 1938.
5. Pawinski, J.: Ueber den Einfluss unmässigen Rauchens (des Nikotin) auf die Gefässe und das Herz. Ztschr. f. klin. Med. 80: 284, 1914.
6. Plenge, K.: Tobakabusus und Koronarsklerose. Deutsche med. Wchnschr. 56: 1947–1948 (Nov. 14) 1930.
7. Lewis, T.: Diseases of the heart. New York: The Macmillan Company, 1937. Pp. 59–60.
8. White, P. D.: Heart disease. Ed. 2. New York: The Macmillan Company, 1937. P. 386.
9. Goldston, H.: The tobacco heart. Virginia M. Monthly 64: 319–325 (Sept.) 1937.

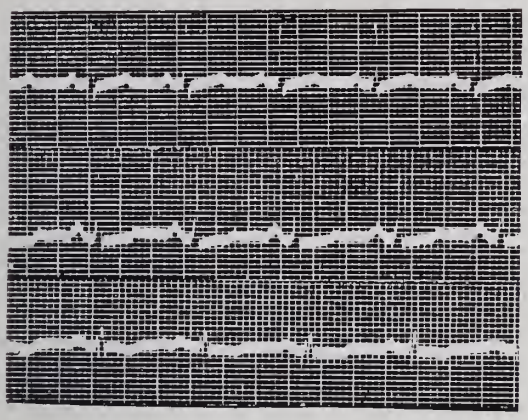


Fig. 1.

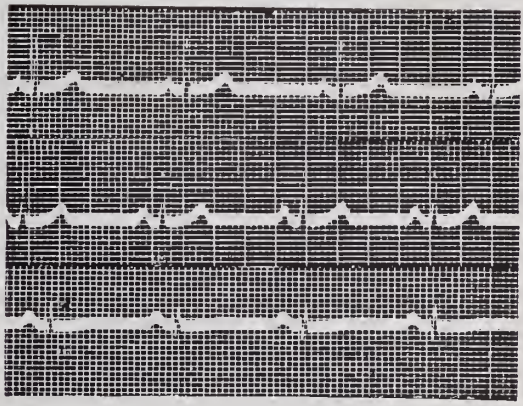


Fig. 2.

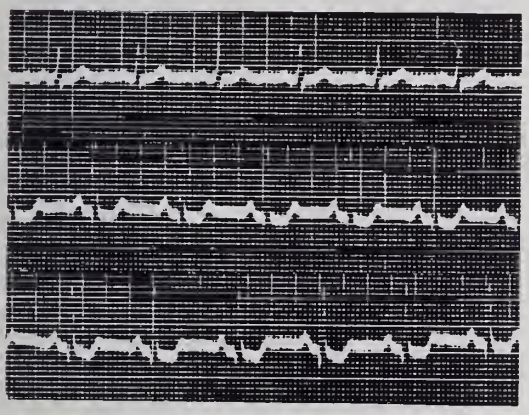
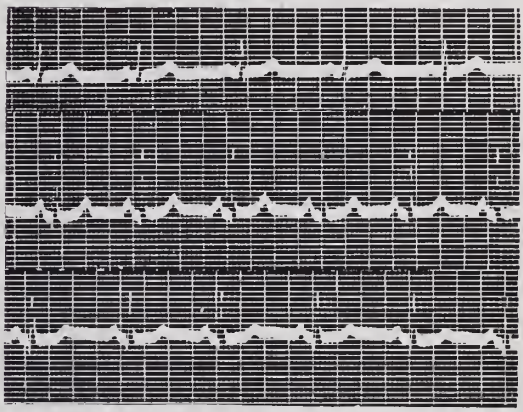


Fig. 3.



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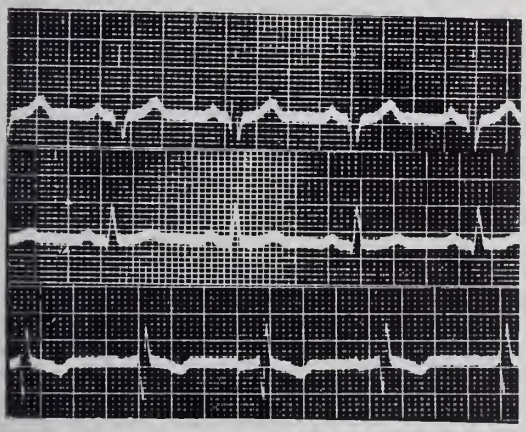

Fig. 5.

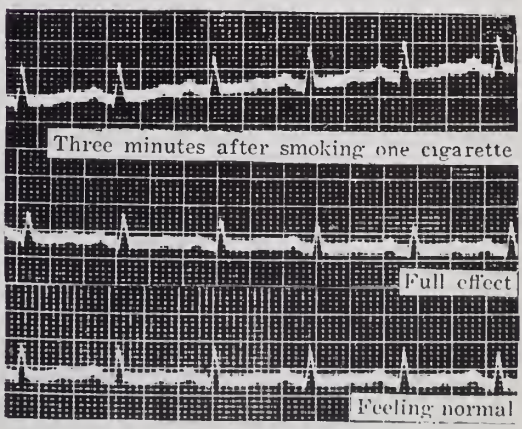

Fig. 6.

Perforating Hemorrhagic (Chocolate) Cysts of the Ovary*

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PERFORATING hemorrhagic (chocolate) cysts of the ovary are endometrial in type and are classifiable under chronic endometriosis, which is defined as "the presence of endometrial tissue in abnormal situations."

Sampson's work in 1921 and 1922[1,2] on the etiology and physiologic activity of these cysts is most convincing. He believes that they are due to retrograde menstruation and cellular spill. In other words, his theory is that during menstruation some of the menstrual blood with its endometrial cells passes backward through the tubal ostia and allows the implantation of endometrial cells on the ovaries and other pelvic structures.

These implanted endometrial cells begin to grow in their new location, growth probably being influenced by such factors as trauma, chronic irritation and excessive hormone secretion. They menstruate in the regular cycle like normally placed endometrium in the uterus and thus cause the formation of a blood clot in the small tumor.

In the next menstrual period this process is repeated and the blood clot becomes larger. This blood changes to a chocolate-like material and a cyst is formed which has an endometrial lining. As the process continues, the cyst grows and finally it perforates. The escape of the chocolate-like material and endometrial cells into the pelvic cavity gives rise to secondary implants, a common site of which is the rectovaginal space. In this location they cause the rectal wall to become adherent to the back of the uterus, and usually there is a nodule. Perforations of these cysts immediately become sealed by adhesions to neighboring structures.

Meigs,[3] in an editorial in the August, 1938, issue of *Surgery, Gynecology and Obstetrics,* states that the incidence of endometriosis seems to be increasing. He believes the reason lies in the fact that women today have smaller families and thus many more years of menstruation. He concludes—

> "It is generally conceded that the peritoneal covering of the ovaries and uterus and the pelvic peritoneum are derived from the celomic epithelium. The muellerian ducts arise from the celomic epithelium and form the tubes, uterus, and cervix. In the course of such formation cells of muellerian epithelium and areas of primitive celomic epithelium may not be utilized. Under too prolonged and uninterrupted stimulation of the hormones, estrin and progestin, unutilized cells of the celom may become muellerian or uterine and thus produce endometriosis . . ."

Perforating hemorrhagic cysts of the ovary usually occur in women between the age of thirty years and the time of the menopause. There are probably a considerable number of unrecognized small cysts which rupture and cure themselves. About 10 per cent of all surgery on the female pelvic organs is performed for the removal of these endometrial cysts. The ratio of the incidence of endometrial cyst to uterine fibroid has been given as 1:4.

Symptomatology and Diagnosis

The principal symptoms of endometrial cyst are abdominal pain, menorrhagia, dysmenorrhea and dyspareunia. With the advent of rupture of the cyst, the pain is more intense and there may be symptoms of shock. The size of the cyst largely governs the character of the symptoms at the time of perforation. The symptoms are generally chronic but progressive in character. They usually begin not at the time of adolescence but after the age of twenty years.

The pain, which is not characteristic and may be of any type, is located in the lower abdomen and may radiate to the sacral region and the iliac fossa. Occasionally the pain is worse about two weeks after menstruation. This may be due to early perforation of the cyst. There may be menorrhagia and irregular bleeding; this occurs in about 50 per cent of the cases.

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

Dysmenorrhea is probably the most important symptom, especially if of recent origin and occurring past the age of twenty years. During some of the menstrual periods, the pain is much more intense than in others and has a tendency to become progressively worse. Dyspareunia is another important symptom, particularly when of recent origin. More frequently it is present when there is an adhesion and nodule in the rectovaginal space.

Some patients complain of constipation and painful defecation. Most of my patients have given a history of fainting spells during menstruation over a period of several years.

Physical signs may vary greatly, depending on the size of the cyst, the duration of perforation and the amount of fluid that has escaped from the cyst. Usually if the cyst is of any size it can be palpated in the pelvis and is quite tender. The uterus is often retroverted and adherent. In two of my patients the cyst was immediately behind the cervix and simulated a retroverted uterus, although the uterus was in normal position.

An important finding is induration or a nodule behind the cervix or just back of the uterus, attached to the adjacent rectal wall or to a so-called "adenomyoma." When such an induration or nodule is felt and the patient has other characteristic symptoms, an endometrial cyst is usually present.

If the examination is made immediately after rupture of the cyst there will be considerable tenderness and muscular rigidity of the abdomen. The pulse will be fast and the patient in partial collapse due to the irritation of the chocolate-like material from the ruptured cyst in the peritoneal cavity. Usually the material escaping from the cyst is small in quantity and the symptoms of collapse pass away in a short time but the pain continues.

Laboratory findings are not especially helpful in the diagnosis of these chocolate cysts. At the time of perforation, the leukocyte count is usually above normal. The sedimentation rate generally is within normal limits.

Some of the most likely pathologic conditions to be differentiated from perforating hemorrhagic cysts of the ovary are: (1) ruptured ectopic pregnancy; (2) cysts of the ovary with a twisted pedicle; (3) rupture of ovarian cysts of other types; (4) acute salpingitis; (5) carcinoma of the ovaries.

1. *Ruptured ectopic pregnancy.*—Ectopic pregnancy always must be ruled out in patients of child-bearing age who complain of abdominal pain and irregular menstruation. In ruptured ectopic pregnancy the abdominal pain is sudden and usually occurs in a formerly healthy individual. There may be other symptoms of pregnancy, even amenorrhea. The attacks as a whole may be more severe than in the case of perforating hemorrhagic cyst, and the patient in a more serious collapse. Colpotomy will clinch the diagnosis, but, if a nodule can be felt back of the cervix, there is danger of rupturing the bowel in doing a colpotomy. If time permits, the Aschheim–Zondek test should be utilized in diagnosis.

2. *Cysts of the ovary with a twisted pedicle.*—In ovarian cyst with torsion of the pedicle there is usually pain on the side of the twisted pedicle and a tender mass on the same side of the pelvis. The symptoms usually occur in a previously healthy individual and their severity depends on how much the pedicle is twisted and how long it remains twisted.

3. *Rupture of ovarian cysts of other types.*—The symptoms following rupture of ovarian cysts other than hemorrhagic ovarian cysts occur suddenly and their severity depends on the size of the cyst and the quality of the cystic contents. The pain is sudden and the abdomen, which may have been prominent from the tumor, becomes flattened. There may be evidence of free fluid in the abdominal cavity.

4. *Acute salpingitis.* — Acute salpingitis may simulate perforating hemorrhagic cyst of the ovary, but in salpingitis the pain is usually on both sides of the abdomen and is more constant and dull. Menorrhagia, frequent urination and elevated temperature are usually present. There may be tenderness in the cul-de-sac and a feeling of fixation of the cervix. A test for gonorrhea should be made as an aid in the diagnosis of this condition.

Carcinoma of the ovaries.—Carcinoma of the ovaries is very difficult to differentiate from perforating hemorrhagic cyst. The findings and symptoms in this condition simulate those in all other diseases of the ovary. Prompt surgical treatment usually is indicated for any ovarian mass which is increasing in size and causing pressure symptoms.

Treatment

Having made the diagnosis of perforating hemorrhagic cyst or acute pelvic disease, the treatment is surgical,—the type of surgery depending on the findings within the pelvis. If both ovaries are involved and there is evidence of endometriosis of the uterus, a subtotal hysterectomy including both appendages is probably the operation of choice. If both ovaries are removed and menopause brought on, there will be no more activity in any endometrial tumor or cyst that may be left in the pelvis because there will be complete atrophy of the endometrial cells.

If one ovary is completely involved and the other is not involved or only partially involved and the patient is under thirty-five years of age, I feel the surgeon should conserve the good ovary or part of it. It may seem advisable in some of these cases to remove both ovaries, but this takes more courage than I have had when treating women under the age of thirty-five years. By leaving one ovary or a part of it, menstruation will continue normally. If there are any nodules or foci of endometriosis left in the pelvis, there probably will be a recurrence of tumor masses and symptoms due to the activity of the endometrial cells. It is rather easy, however, to give deep x-ray therapy to the remaining ovary, thus producing menopause and curing the endometriosis. This was done in cases 1 and 2 described herein.

In patients who have had previous surgical treatment for some type of ovarian cyst and are suffering from a recurrence of symptoms similar to those which I have described in perforating hemorrhagic cysts, I think it most important to have in mind the possibility of recurrence of these chocolate cysts since the operation. For these patients, deep x-ray therapy is indicated to induce artificial menopause.

In operative procedures for these cysts one should be very careful with adhesions, which are real tissue in-growths, for it is easy to tear into the bowel. The question of drainage is a controversial one. In my cases I have not used drainage, but some surgeons feel that postoperative peritonitis is a common enough occurrence to warrant drainage. In my experience, however, the postoperative course of these patients usually is uneventful.

Report of Cases

Case 1.—Mrs. B. C., thirty-two years of age, complained of severe attacks of pain in the lower abdomen, radiating to the back and right shoulder. She had one child five years old. For two years before presenting herself for examination she had had similar attacks, the last one occurring in April, 1934, some five months previously. The attacks usually came on about two weeks after menstruation, stopped abruptly and were followed by violent bowel movements. The pain described was similar to that in acute intussusception. There was a large painful mass back of the cervix which simulated a retroverted uterus.

The patient was subjected to surgery on September 12, 1934. The abdominal cavity was found to contain a free chocolate-like fluid. The right ovary was replaced by a dark-colored cyst about 6 cm. in diameter. It had perforated but was adherent to the cul-de-sac. It was found posterior to the uterus. The left ovary was about one-half replaced by the chocolate cyst. The right ovary was removed and the cystic part of the left ovary was resected, leaving a normal ovary.

The pathologic examination by Dr. W. D. Stovall, Madison, was "hemorrhagic cyst of the ovary." The patient made an uneventful postoperative recovery.

In June, 1935, she suffered a recurrence of attacks with pain similar to that suffered in the attacks before her operation in September, 1934. A small tumor could be felt in the region of the left ovary. The diagnosis was "recurrence of endometriosis." She was given deep x-ray treatment over the region of the left ovary by Dr. Ernst Pohle, Madison. Artificial menopause was thus induced, all of her symptoms disappeared, and she made an uneventful recovery.

Case 2.—Mrs. E. E., thirty-nine years of age, complained of severe pains in the lower abdomen and fainting spells. She had had these attacks for about two years. They usually came on two weeks after menstruation and were getting progressively worse. She had two children, aged four and eight years, respectively. When examined following an attack she was found to be in mild shock. There was some rigidity of the abdominal muscles and a tender mass was felt in the region of the left ovary.

The patient was subjected to surgery on December 10, 1934. The abdominal cavity was found to contain

a free fluid of chocolate-like material. The left ovary was about 8 cm. in diameter, perforated but sealed over again. A left ovarian cyst was removed.

The pathologic report made by Dr. C. H. Bunting, Madison, showed that the cyst contained endometrial cells. The patient made an uneventful postoperative recovery but in May, 1935, she suffered a recurrence of pain in the abdomen and fainting spells. A small nodule was felt at the posterior surface of the cervix in the cul-de-sac, and a diagnosis made of recurrence of endometriosis. Dr. Ernst Pohle, Madison, applied deep x-ray treatment to the right ovary, bringing on artificial menopause. The patient made an uneventful recovery.

Case 3.—Miss C. S., twenty-four years of age, single, complained of sudden severe pain in the abdomen following a bowel movement. The patient was in moderate shock when examined. She gave a history of dysmenorrhea with fainting spells over a period of several years. Examination of the blood showed 49,000 leukocytes and 89 per cent neutrophiles.

The patient was operated on two hours after the attack of pain began. A considerable amount of free chocolate-like fluid was found in the abdominal cavity, and also a left ovarian cyst about 12 cm. in diameter, which had perforated and sealed itself over again. The left ovary was removed. The right ovary, which was normal, was undisturbed. The microscopic report by Dr. W. D. Stovall was "endometriosis of the ovary." The patient made an uneventful recovery and has suffered no recurrence of her symptoms to date.

Case 4.—Mrs. W. C., thirty-one years of age, complained of attacks of pain in the lower abdomen and faintness. She gave a history of having attacks of pain and faintness about two weeks after menstruation over a period of two years and of dyspareunia for a similar period. She had a child ten years of age.

The patient was subjected to surgery on May 17, 1938. Many adhesions were found between the uterus, tubes and ovaries. On lifting up the uterus, the left ovary was found to be somewhat enlarged and cystic. Due to the patient's age, I did not wish to remove both ovaries. The left ovary and tube were removed and three-fourths of the right ovary was dissected. There was some puckering of the rectal wall toward the posterior wall of the uterus. The cysts contained chocolate-like material. The diagnosis was endometrial cyst. The patient made an uneventful recovery and has not suffered a recurrence of her symptoms to date.

Case 5.—Mrs. H. J., forty-five years of age, became ill suddenly from severe pain in the lower abdomen. The abdominal muscles were rather rigid and the pulse fast. She also complained of feeling faint. The patient had had two children who at the time of her illness were thirteen and fifteen years of age, respectively. She gave a history of painful menstruation over a period of several years. Vaginal examination revealed two rather large tumors in the pelvis.

The patient at first refused surgery, but, finally, three weeks after the attack she consented to surgical treatment. The operation was performed in December of 1935. Chocolate-like material, covering the intestines and pelvic organs, was found in the abdominal cavity. Two "chocolate" cysts were found, which were bound down by adhesions and showed evidence of previous perforation. One cyst was about 15 cm. in diameter and the other was 12 cm. in diameter. Both cysts were removed and the patient made an uneventful recovery.

Pathologic examination by Dr. W. D. Stovall, Madison, did not reveal any endometrial cells in the cyst, but the cysts were so large that the endometrial lining was probably thrown off in an earlier perforation. The patient entered the menopause and made an uneventful recovery.

Conclusions

Symptoms of increasing dysmenorrhea and dyspareunia of recent origin with attacks of faintness, tumor of the ovary, and a nodular swelling behind the cervix are usually convincing evidence of ruptured endometrial cyst.

When the patient is under thirty-five years of age the cyst and affected parts should be removed and the normal ovary or normal parts of the ovary left intact. If there is a recurrence of symptoms, the application of deep x-ray therapy will induce artificial menopause and relieve the patient. In patients past the age of thirty-five years, both ovaries should be removed and, if there is any evidence of endometriosis in the uterus, hysterectomy should be performed.

The physician always should be watchful for endometrial cysts in patients who have had previous pelvic surgery and a recurrence of symptoms. These patients are treated best by roentgen rays. Without the influence of the ovary and its secretions, atrophy of the cysts and nodules of endometriosis will occur.

BIBLIOGRAPHY

1. Sampson, J. A.: Perforating hemorrhagic (chocolate) cysts of the ovary. Arch. Surg. 3: 245–323 (Sept.) 1921.
2. Sampson, J. A.: The life history of ovarian hematomas (hemorrhagic cysts) of endometrial (müllerian) type. Am. J. Obst. & Gynec. 4: 451–512 (Nov.) 1922.
3. Meigs, J. V.: Endometriosis—A possible etiological factor. Editorial in Surg., Gynec. & Obst. 67: 253–255 (Aug.) 1938.

Results of Routine Examinations of Candidates For Teachers' Certificates at the University of Wisconsin, 1937-1938*

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A STUDY of the results of routine examinations of candidates for teachers' certificates at the University of Wisconsin for the year 1936–1937 was reported by one of us (L.R.C.) in the Journal–Lancet, October, 1937. In this study the value of such examinations was clearly demonstrated, both from remedial and prophylactic standpoints.

In 1937–1938 the survey was augmented and included a neuropsychiatric evaluation of each candidate as well as a thorough physical inventory. The physical examinations were done by one of us (P.H.S.) and the neuropsychiatric interviews were conducted by Drs. Annette C. Washburne and Edward R. Hodgson of the university's neuropsychiatric department.

In cooperation with Dean C. J. Anderson of the School of Education, the health service was able—in addition to regular departmental duties—to conduct examinations and interviews regularly over a period of months until the entire group of senior candidates had been studied. The 1937–1938 survey covered 271 individuals — 173 females and ninety-eight males.

The physical inventory included examination of the eyes, ears, nose, throat, heart, lungs, etc. Each candidate was given the opportunity to be vaccinated against smallpox and have the Mantoux test repeated (in the event of a previous negative reaction). In all new as well as past positive reactors, chest roentgenograms were made. Urinalyses and blood Wassermann tests were a part of the routine studies of each student. All indicated laboratory procedures also were carried out.

Results of Examinations

Tuberculosis.—The tuberculin tests indicated that 46.5 per cent of the 271 students had positive reactions as contrasted to 28–29 per cent positive reactions at the beginning of their college careers. Active tuberculosis was discovered in one of the group and advice to enter a sanatorium was given because of positive reaction to tests of the sputum and gastric contents.

Cardiovascular disease. — In the routine investigation of the cardiovascular systems, nine students showed evidence of rheumatic heart disease, and, in this group of nine, four persons were found to have moderate degrees of hypertension. It is of decided advantage to call attention to the proper prophylaxis of heart disease and hypertension in the senior year, and to give reliable advice regarding future attention necessary to prolong life and increase future usefulness. Freshmen entering the university for the first time often do not have the sense of values that develops during four years of college and, as a consequence, the physician's advice and explanation concerning these diseases are of considerably more value to the senior student.

Advice is given in each case to have yearly cardiac examinations by a physician in the locality in which the teacher is located. We offer to furnish the local physician, at the teacher's request, information regarding our findings. This provides an excellent opportunity to practice preventive and prophylactic medicine.

Vaccination.—Smallpox vaccination is encouraged and urged. Old vaccination scars were found in 252 of the 271 students. All students who had not had successful vaccinations during the preceding five years were

* From the Department of Student Health, University of Wisconsin.

advised to be revaccinated, and forty-five students were either vaccinated for the first time or revaccinated. (It should be noted that all new university students are offered vaccination upon matriculation and, in addition, a large number of this group had been vaccinated in 1935 when the city of Madison had an epidemic of smallpox.) Nine of the candidates refused vaccination, mostly for religious or personal reasons, and six persons reported having had smallpox at an earlier date.

Vision. — Investigation of visual acuity revealed evidence of myopia, hyperopia or astigmatism in ninety-nine students. Of this number seventy-eight had adequate correction with glasses and the remaining twenty-one were urged to have refractions.

Psychiatric status.—The neuropsychiatric evaluations were given in letter grades; i.e., A, B, C and D. Those in the A group included students of apparent exceptional ability and personality, and numbered thirty-three persons, or approximately 12.5 per cent. The B group was the largest and included 204 individuals, or about 75 per cent. This division was made up of students who possessed average or slightly greater than average ability as estimated by the neuropsychiatrists, but not exceptional talent or personality as judged by relative standards. The C group included thirty-two students, or slightly less than 12 per cent and into it were placed those students of less than average psychologic adaptability for teaching. One student was classified D because it was the opinion of the neuropsychiatric interviewer that success in teaching was practically impossible due to personality and character conflicts. Any student given a D is asked to return for further conference with the examiner in order to receive the benefit of re-evaluation. It is sometimes possible to give such a student advice as to his future and fields of endeavor other than teaching for which he may be better adapted.

This particular aspect of the examination offers great possibilities for the future, and as time passes this feature will manifest its increasing value to education in the proper selection of individuals who plan to make teaching their life pursuit. It will assist materially in the prevention of the wrong choice of profession by individuals psychologically unsuited for teaching.

Laboratory data. — As has been stated, each student studied had routine urine analyses and serologic blood tests. In addition to these procedures, blood counts, basal metabolism tests, blood chemistry determinations and gastric washings for tubercle bacilli were carried out when indicated.

In the urinalyses, albumin was found in twelve cases and glucose in one. Casts of one kind or another were noted in the urine of nine students. In the event glucose was found in the urine, blood sugar and nonprotein nitrogen determinations were requested.

Basal metabolism studies were made on eight students. One showed both clinical and laboratory evidence of hypothyroidism.

One student had both clinical and laboratory evidence of tuberculosis; physical and roentgenographic examinations as well as sputum and gastric washings all indicated the presence of the disease.

In the serologic survey one student showed a moderately positive reaction, but no clinical or historical evidence of spirochetal invasion could be discovered.

Summary and Conclusions

1. All senior candidates for teachers' certificates at the University of Wisconsin are required to have thorough physical and psychiatric studies before being awarded that certificate. The 1937–1938 survey included 271 students—173 females and ninety-eight males.

2. The psychiatric investigation proved to be of considerable value in classifying individuals so far as their psychologic fitness for teaching was concerned, and it is predicted that the value of this particular procedure will manifest itself more and more as time passes.

3. Remedial defects can be pointed out to students and suggestions as well as recommendations for future care can be given. This has value for the candidate as an individual and has educational value for others.

4. Tests for tuberculosis aid in discovering the disease, thus avoiding the possibility

of its spread to the school children with whom the future teacher may come in contact. The tests are also of great assistance to the candidate in protecting or preserving health at a time when the disease is in its incipiency and the prognosis for future good health is excellent. One case of active tuberculosis was discovered in this group.

5. Heart disease, refractive errors and a multitude of other pathologic states can be explained in the course of these required examinations of senior students with a greater degree of understanding and value to the student and assurance to the physician that his advice will be followed.

It is our strong personal feeling and conviction that thorough physical and psychological inventories, such as the one here described, are essential to the best interests of education. However, we believe that the psychiatric evaluations should be made at a time prior to the senior year in college (probably early in the junior year) and during the present year this practice is being adopted. The physical examination gives each candidate the opportunity to take stock of his or her physical equipment before going out to teach, and in the event of correctible defects may re-establish a state of good health in most cases. The second advantage lies in the educational value of such a procedure to the individual. The student is taught the worth of regular routine physical examinations as well as the value of preventive medical measures. This will ultimately be reflected in the improved average of health of primary and secondary school students who are under the direct influence of these teachers.

The Significance of Hematuria*

By HERMAN L. KRETSCHMER, M. D.
Chicago, Ill.

EVERY physician should adopt the slogan that blood in the urine means the presence of serious organic disease, until serious organic disease has been excluded as a factor in the disorder. This would lead to the commendable practice of subjecting patients with hematuria to a complete and prompt urologic examination and allow for early diagnosis and immediate institution of proper treatment.

Too frequently, when a patient has a symptomless and painless hematuria, some type of drug treatment is instituted, and, if the bleeding stops, as it always does, then the merits of the drug used are heralded as a sure cure for hematuria. Hematuria is always intermittent in character. Long before the bleeding would cause the death of the patient, nature stops it, and without drugs. This phenomenon is most unfortunate because it often lulls both the patient and physician into a sense of security. A policy of medical procrastination is instituted rather than one calling for a complete examination. This is especially true in cases of hematuria unassociated with pain, renal colic or urinary symptoms. As a generalization it can be stated that nothing is more costly than procrastination, especially in hematuria.

Every case of hematuria presents two important questions that must be answered: (1) What is the origin of the bleeding? (2) What is the nature of the underlying disorder that is responsible for the bleeding? In searching for the answer to these questions a complete history should be taken, a physical examination—including laboratory tests—should be made, and a complete and careful examination of the genitourinary tract carried out. Nothing short of these procedures should satisfy.

At this point, I should like to call attention to the fact that we never should be content with such descriptive terms as "essential hematuria," "idiopathic renal bleeding," "bleeding from normal kidneys," etc. Fortunately for the patient these terms are rapidly falling into disrepute.

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* Clinical professor of surgery, Rush Medical College, University of Chicago; urologist to the Presbyterian Hospital and the Children's Memorial Hospital, Chicago. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

Hematuria of Undetermined Origin

There is a very small group of cases in which the patient has had an attack of hematuria several weeks or perhaps several months before he presents himself for urologic study and the most complete and painstaking examination fails to reveal the presence of organic disease. It would seem that in these cases the diagnosis of "essential hematuria" is the only one possible. In my opinion, however, it would be better practice to make the diagnosis of "hematuria of undetermined origin."

In some cases the factor responsible for the bleeding may have disappeared before the patient comes under observation. For example, the bleeding may be due to the presence of a small stone in the kidney or ureter, and during the profuse bleeding it may have been passed unknowingly. The color of the urine or the presence of clots may have masked the stone so that it could not be found. Occasionally the stone may not be recognized because of its chemical composition, its location over bone, or the poor quality of roentgenograms.

In other cases the infection responsible for the bleeding, such as a colon bacillus infection in the kidney, may have run its course; hence, when the patient is examined, the urine is found to be sterile on culture. In a small percentage of cases the lesion may be of such a character that it cannot be demonstrated even when a complete urologic study has been carried out. Reference is here made to pyelitis follicularis, angioma of the renal papillae, etc., conditions which are relatively rare.

The small percentage of cases in which the lesion cannot be demonstrated and the rare type of lesion responsible for hematuria stand out in marked contrast to the overwhelming number of cases in which serious organic disease is found.

The point to emphasize is not the fact that in a limited number of instances no accurate diagnosis can be made, but to call attention to and stress the fact that in most cases a diagnosis is possible by reason of the fact that serious lesions are found, lesions that can be corrected before vital organs are damaged. On the other hand, procrastination may lead to complete destruction of an important organ, as in cases of renal stone, hydronephrosis, etc. Under these unfortunate circumstances surgery has little to offer.

It might be well to call attention to the fact that our failure to recognize the causative factor in a specific case may not be due to the limits of our diagnostic armamentarium, but to our failure to interpret correctly the evidence obtained.

At times it may be necessary to repeat the examination, because it may happen that when one examination fails to give the desired information, subsequent examinations may reveal the cause of the bleeding.

As previously stated, in most cases careful study will reveal the presence of serious organic disease.

Causes, History, Examination

The causes of hematuria are many, and, in the space allotted for this paper, it will be impossible to discuss all of them. However, I thought it might be instructive to list some of them. (See Table 1.)

The nature of the lesions responsible for most cases of hematuria are serious; therefore, it is imperative that patients with hematuria be given the advantage of a complete history, physical examination and urologic investigation.

History.—Needless to say, a carefully elicited history often gives a good deal of valuable information. The presence of hematuria after recurring attacks of acute tonsillitis is most significant. The statement that the patient has been under treatment for high blood pressure, or that kidney disease runs in his or her family, must be given due consideration. It is not at all uncommon, in cases of congenital polycystic disease of the kidneys, to have the patient tell us that members of his family died of kidney disease in their late forties or early fifties. Again, the fact that the patient spent some time in a sanatorium for tuberculosis or had fluid removed from his chest may have a direct bearing on his present trouble.

Physical examination.—Although the physical examination may be entirely negative, many important points of clinical evidence often are revealed which have a direct

TABLE 1.—*Some of the Causes of Hematuria*

General Causes

A. Acute infections
1. Scarlet fever
2. Tonsillitis
(a) Acute
(b) Chronic
3. Diphtheria
4. Typhoid fever
5. Yellow fever
6. Typhus
7. Root abscess
8. Smallpox
9. Erysipelas
10. Plague
11. Influenza
12. Septicemia
13. Malignant endocarditis

B. Parasitic diseases
1. Malaria
2. Bilharziasis
3. Echinococcus

C. Mycoses
1. Actinomycosis

D. Chemical intoxicants
1. Urotropin
2. Alcohol
3. Turpentine
4. Phenol
5. Cantharides
6. Mercury
7. Benzine
8. Arsenic

E. Animal intoxicants
1. Rattlesnake venom

F. Changes in the blood
1. Improper transfusions
2. Hemophilia
3. Purpura
4. Leukemia

G. Deficiency diseases
1. Scurvy

H. Conditions of the vascular system
1. Hypertension
2. Chronic passive congestion
3. Periarteritis nodosa of the renal artery

Lesions in Adjacent Organs

1. Rectum
(a) Carcinoma
2. Colon
(a) Diverticulitis
(b) Carcinoma
3. Uterus
(a) Carcinoma of cervix
(b) Carcinoma of body
(c) Endometriosis
4. Carcinoma of ovary
5. Appendicitis
6. Perforation by foreign bodies
(a) Forceps
(b) Sponges
(c) Bone
(d) Wood splinters

Local Causes

A. Renal disease
1. Calculus
2. Tuberculosis
3. Tumors of the kidney
(a) Benign
(b) Malignant
4. Pyelitis
(a) Acute
(b) Chronic
(c) Pyelitis follicularis
(d) Pyelitis cystica

Local Causes—continued

5. Nephritis
(a) Acute
(b) Chronic
6. Hydronephrosis
7. Pyelonephritis
(a) Acute
(b) Chronic
8. Atrophic pyelonephritis
9. Trauma
(a) Accidental
(b) Instrumental
10. Movable kidney
11. Hyperemia
(a) Active
(b) Passive
12. Pyonephrosis
13. Aneurysm of renal artery
14. Thrombosis of renal vein
15. Emboli and infarcts
16. Solitary cyst
17. Polycystic disease
18. Oxaluria
19. Cause unknown

B. Lesions of the ureter
1. Trauma
(a) Accidental
(b) Instrumental
2. Tumors
(a) Papilloma
(b) Papillary carcinoma
3. Calculus
4. Tuberculosis
5. Ureteritis
(a) Acute
(b) Chronic
(c) Follicularis
(d) Cystica
6. Stricture
7. Bilharziasis

C. Lesions of the bladder
1. Trauma
(a) Accidental
(b) Instrumental
2. Cystitis
(a) Acute
(b) Chronic (rare)
(c) Follicularis
(d) Cystica
3. Tumors
(a) Benign (papilloma, angioma, fibroma, etc.)
(b) Malignant (carcinoma)
4. Calculus
5. Varices
6. Tuberculosis
7. Bilharziasis
8. Foreign bodies
9. Endometriosis
10. Elusive ulcer
11. Over distention

D. Lesions of the prostate
1. Carcinoma
2. Benign hypertrophy
3. Acute prostatitis
4. Prostatic calculi
5. Trauma
(a) Instrumental

E. Lesions of the urethra
1. Trauma
(a) Instrumental
(b) Accidental
Fracture of the pelvis
2. Acute urethritis
3. Tumors
(a) Benign
(b) Malignant
4. Stone
5. Caruncle
6. Prolapse

bearing on the cause of hematuria. The presence of enlarged glands in the neck and evidence of badly infected teeth and tonsils should be evaluated carefully. Pulmonary tuberculosis, active or stationary, or a mitral murmur may be of great help in directing the investigation. Palpation of the abdomen may reveal the presence of two large masses about the same size in the right and left upper quadrant. This should immediately arouse suspicion of bilateral polycystic disease of the kidneys.

The rectal examination may show an extensive carcinoma of the prostate, indicating that extension to the bladder may be the cause of the hematuria. A hard nodule in the epididymis with a thickening in the vas deferens may direct our thoughts toward the possibility of renal tuberculosis. In women a vaginal examination never should be omitted. On several occasions, I have had women referred to me with an alleged hematuria when the real trouble was a carcinoma of the cervix.

Many more examples, illustrating the value of a careful history and physical examination, might be given. However, it seems to me those already mentioned should suffice to emphasize the fact that in each case a close and unremitting study is imperative.

Urologic examination.—After the history has been obtained and the physical examination carried out, a urologic examination is in order. The urine should be examined for the presence of sugar, albumin and blood, and special attention directed toward the sediment, because this often yields important information. The examination must be routine in each and every case and attention given to the presence of red blood cells, pus cells, casts, crystals and bacteria.

Every urologist has his own routine in making urologic examinations, and it makes little difference what routine is used so long as the examination proceeds in a logical and orderly fashion. My personal preference is as follows: Roentgen ray examination; intravenous pyelographic examination; cystoscopic examination; and ureteral catheterization with complete bacteriologic examination of the urine from each kidney, consisting of examination for casts, pus cells, etc., the making of gram stains and routine cultures, and examination for tubercle bacilli—including smears, cultures on special media and guinea pig inoculations, functional tests and retrograde pyelograms. Retrograde pyelograms are not made if a diagnosis of renal tuberculosis has been made by finding tubercle bacilli in the urine.

It is not within the province of this paper to discuss the various sources of error which may occur in the interpretation of the evidence after it has been obtained, except to say that the evaluation of the data obtained is most important, lest we draw wrong conclusions and hence give our patients incorrect advice, or institute the wrong line of treatment. It is surprising to see how often wrong conclusions are drawn from evidence so obtained.

Summary

In the early part of this paper, I discussed the rare cases in which findings are negative and also emphasized the fact that they form a very small percentage in any large series of cases of hematuria.

A list is given of the many different lesions, all of them more or less serious, which may cause the hematuria. It might be well to remember that in practice there are five common causes of hematuria. They are stone, tumor, tuberculosis, infection and nephritis.

There is no specific treatment for blood in the urine. Treatment should be directed toward the underlying pathologic condition responsible for the hematuria in each individual case. In the few instances in which the findings are negative and the bleeding persists, silver nitrate may be injected in the kidney pelvis.

DISCUSSION

J. H. J. Upham, M. D., Columbus, Ohio: I can add nothing to what Dr. Kretschmer has said, but I should like to mention some simple rules I learned forty years ago which have remained with me and have been a great help and guide in cases in which I have found evidence of blood in the urine. Our quiz master used to say: "Passage of blood is abnormal, always pathologic. No matter where it is from, at least seven things should be kept in mind and excluded: traumatism, congestion—acute or chronic, ulceration, malignancy, blood dyscrasias, rupture of a blood vessel, and scurvy." He used to say: "You can recognize traumatism from the history; glomerulonephritis, typhoid fever, etc., or chronic congestion from the condition; blood dyscrasias from the blood examination; and usually, scurvy from the history. If you eliminate those four conditions, the other three call for the immediate aid of a specialist. If you can't eliminate by examination those four conditions, it is not a case for you; it is a case for a specialist."

Comments on Treatment

EDITORS
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and
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Hemorrhagic Disease of the Newborn

Hemorrhage in the newborn, although relatively infrequent, is nevertheless a dreaded disease. Not only is it an important cause of death, but there is reason to believe that cerebral hemorrhage is one manifestation of this bleeding diathesis. Until recently no specific treatment was known, and the effectiveness of the therapeutic measures was at best unsatisfactory, when one considers that in the majority of cases the disease was self-limited.

As the result of recent work on prothrombin and vitamin K, a new understanding of hemorrhagic disease of the newborn has been obtained, which makes it possible to outline a specific, rational, and effective treatment. It appears that the infant is born with practically a normal concentration of prothrombin in the blood, but for some unknown reason this clotting factor often drops abruptly and then spontaneously rises to normal usually before the fifth and often even on the third day. During the time that the prothrombin is low, the baby is potentially in danger of hemorrhage. Fortunately this period is short, and the baby usually passes through it without any ill effects.

If bleeding does occur, the prothrombin is further exhausted, and a vicious circle is formed. To stop the hemorrhage, the prothrombin must be restored, and that can be done by administering vitamin K. Therefore any baby with abnormal oozing of the umbilical stump, blood in the stool or urine, or any other signs of hemorrhage should be given a concentrate of vitamin K such as Klotogen (Abbott). An initial dose of 0.5 cc. of Klotogen in oil may be administered with a medicine dropper. In six hours the same dose should be repeated, and thereafter every twelve hours until the hemorrhage has stopped.

In any difficult case of labor, especially a forceps delivery, in which intracranial injury is suspected, it seems advisable to administer vitamin K prophylactically. Fortunately vitamin K acts very promptly, and a rapid rise in prothrombin occurs. Unless the baby has lost much blood and is in danger of going into shock a transfusion of blood is not necessary. In regard to the intramuscular injection of whole blood, it is doubtful if it has any real therapeutic value in the disease. In addition to vitamin K, the baby should be given general supportive therapy such as warmth and fluids. In addition to breast milk, the baby can be given additional fluids by mouth. Any external hemorrhage should receive local treatment.

If laboratory facilities are available it is desirable to make a quantitative determination of prothrombin. Only 1 or 2 cc. of blood are required for this test. A very low prothrombin establishes the diagnosis of the disease. It should be emphasized, however, that treatment with vitamin K should be begun as soon as possible, and should not be delayed on account of lack of laboratory data.

It is very probable that vitamin K is synthesized by intestinal bacteria and that this is the source on which the newborn baby depends for producing its prothrombin. It seems rational therefore to encourage putting the baby to the mother's breast as soon as possible, for in that way the baby infects its alimentary tract with harmless but useful bacteria.

In summary vitamin K is indicated (1) if the newborn baby shows any abnormal bleeding either internally or externally, (2) if intracranial injury is suspected as the result of a difficult delivery, (3) if an emergency operation has to be undertaken before the baby is a week old. A. J. Q.

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« « « EDITORIALS » » »

Postmortem Misconceptions

CANDID clarification of professional ethics and usages at this time would do much to correct many an erroneous impression fomenting in the brain of the layman. Shackled as the physician is by the exigencies of an ethical decorum he has been able to contribute little to the enlightenment of the laity. Overly conscientious as regards his limitations to expound on one phase or another of medicine, he has become positively reticent as regards his public and has unwittingly enshrouded himself in a cloak of mystery. Many a periodical in this very modern age has ventured forth with an advisory article related to the field of medicine but generally labelled with layman authorship.

The doctor makes a diagnosis with little or no amplification. The patient accepts it—sometimes with the same air of finality with which it was given—sometimes with skepticism demanding some elucidation. The doctor's response is seldom as illuminating as it might be. Whether he is governed by a "you wouldn't understand anyway" attitude or by a fear of commitment is not always clear. What *is* clear, however, is the fact that the laity does not understand us as it should. When we run into antagonism or skepticism we might do well to ascertain if it is not the direct result of failure on our part to establish perfect understanding with the patient.

Now take the matter of postmortems. What manner of presentation has the professional man given this subject? Has it not been emphasized as a way to advance scientific knowledge, or suggested as a generous concession to a conscientious and curious doctor, or possibly urged as a method without equal in maintaining staff efficiency in hospitals? Is it any wonder that the layman either refuses or concedes to the performance but almost never demands it as HIS moral right? Has the layman ever been made to realize that it is a tangible safeguard, an assurance that he will get the best from his doctor, and that as such it is an invaluable protection for him?

Prudent consultation might replace proud isolation in the handling of a patient if the doctor knew that an autopsy would surely follow the demise of his patient. Since we know that the postmortem is the terror of the haphazard guesser, that it is a reward

to an eager and honest doctor even though it may be a corrective, and that it increases our competence, why do we hesitate to implant the importance of the procedure in the minds of laymen? Experience has shown the performance of postmortems to be of value to the doctor and to the laity. Let us publicize its importance from this convincing angle, through a medium if necessary, even as we have stressed the importance of early diagnosis in cancer, prenatal care, and the like. P. F. D.

A Memorable Event

MANY chapters of memorable events have been written in Wisconsin's history. These events have meant much to our State and have had a far-reaching effect in national progress in many instances.

In our present turmoil, with some people truly striving to solve our problems, many others are seeking special privileges, regardless of the cost to society. Many of our government leaders and their aids are being charged with graft and foul duplicities, to an extent that many people justly wonder whom to trust.

Recently in Manitowoc a ceremony took place that will continue as an outstanding mark in Wisconsin's history. On that day there came together in Manitowoc a large group of young people who had reached the age of twenty-one years. Their time to assume the right to vote and come into full citizenship had arrived and they gathered together to discuss their privileges and responsibilities. At their closing assembly meeting they were grouped together before an enormous crowd of friends and citizens and took the oath of allegiance to our State and government. In accepting their privileges, they did so with the added vow that with these privileges they would accept their duties and responsibilities and give full aid in maintaining a just government. They viewed service and duty as a privilege.

The thought occurs that a large part of our people today seem to be exceedingly willing to accept any privilege but hesitate on the imposed duties that accompany privileges. On this day of impressive ceremonies, however, this young group solemnly pledged themselves to "Duty," and after this pledge, their chairman, twenty-one year old Jerome Mahlberg, made the following statement for these young citizens:

> "We accept the challenge—the challenge to put our best thought and our best effort into the serving of our country, our State, and our nation. We recognize that we are in noble company. These veterans of public service have preserved for us our liberties and our democratic institutions through the most trying circumstances—circumstances which caused other nations to surrender to the tyranny and drive of dictators. Our answer is loud and clear. We accept the challenge. We will carry on."

The theme of medicine for centuries has been "Service and Duty," and we have accepted it as a privilege. With this new inspiration in mind, let us see to it that the medical profession, by precept and example, assists our new citizens in their pledge, to the end that they may maintain faith in themselves and their older associates in government.

. . . And the Doctors Were Busy

"FRANTIC men pounded on the doors of the doctors; *and the doctors were busy.* And sad men left word at county stores for the coroner to send a car. The coroners were not too busy. The coroners' wagons backed up through the mud and took out the dead." Thus does John Steinbeck in his "Grapes of Wrath" describe the trials of the "Okies" in obtaining medical care and, like many another in recent times, place a question in the reader's mind as to the charity and ideals of physicians.

A few days before we read this we were visiting with an executive of one of the largest and most reputable banking houses in the United States, urging him to advertise the services of his institution to the more than 2,400 readers of the WISCONSIN MEDICAL JOURNAL. But what did he say?

"We are not interested in advertising our services to physicians. Doctors as a group are not rich. Large fortunes are seldom found among them,—they give too much free service to make big money and, when they do, they usually give it away."

. . . . THE PRESIDENT'S PAGE . . . .

It Is Not Enough . . .

WE HAVE repeatedly written on these pages, and stated in our discussion with groups of the Society in various parts of the State, that the medical profession has duties and responsibilities to the general public outside of the field of medical practice and research. It is not enough to be a good doctor; one must be also a good citizen.

It is becoming more and more important that individually, in accepting these responsibilities, we increasingly broaden our field of thought in subjects pertaining to public affairs. That may sound burdensome but there is diversion and stimulation in it. In seeking the desired information we will contact new individuals, groups and writers and we may take from their work and thought much that will be helpful if properly applied in our own field.

Parallel to the medical profession is the profession of law. As the medical profession serves the public in the protection of health, so the legal profession serves in the protection of public rights and possession under the laws and Constitution of the country.

Two of the most powerful agencies for good in a community should be the doctor and the lawyer for they, in their professional capacity, come into closer relationship and deeper understanding of the ordinary man and woman than the members of any other profession or business. Because of their contacts the public looks to and expects leadership by word and example from the members of these professions.

The conduct of government of our country should be and is of profound interest to all of us. We cannot have a good government unless the great majority of the citizens are informed and interested in the process of government. And if those who, by education and experience are best fitted to undertake the responsibilities of leadership, shirk the task, they cannot complain if the results are not to their liking.

Following in line with the movement of your Committee on Health and Public Instruction, your Society this year brings to you the privilege (at our Annual Dinner, September 14) of gaining further enlightenment on the great problems of the American people today. Our speaker on that occasion will be the Hon. Arthur T. Vanderbilt of Newark, N. J.,—president of the American Bar Association, 1937–1938, now president of the American Judicature Society, and a lifetime student of government without the political ambitions so often observed. His keen interest in public affairs is evidenced by many public records. Realizing the interest of the Wisconsin Bar in Mr. Vanderbilt's appearance in Wisconsin, we hope to obtain ample banquet facilities that we may invite a considerable group of our leading legal friends.

It will be a privilege to be remembered if you are permitted to attend the Annual Dinner of the 98th anniversary meeting of the State Medical Society of Wisconsin.

A E Rector

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Robert E. Fitzgerald, Wauwatosa, President
Mrs. Frank W. Pope, Racine, President Elect
Mrs. George H. Ewell, Madison, Vice President
Mrs. Walter A. Ford, Sheboygan, Recording Secretary
Mrs. Irwin Schulz, Wauwatosa, Corresponding Secretary
Mrs. Arthur J. McCarey, Green Bay, Treasurer
Mrs. Fred J. Pfeifer, New London, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. Edward C. Pfeifer, Racine

Convention—
Mrs. William C. Liefert, Milwaukee

Finance—
Mrs. Frank W. Pope, Racine

Hygeia—
Mrs. Harry J. Heeb, Milwaukee

Organization—
Mrs. Ernst S. Schmidt, Green Bay

Press and Publicity—
Mrs. George H. Ewell, Madison

Program—
Mrs. J. Gurney Taylor, Milwaukee

Public Relations—
Mrs. Raymond B. Dryer, Poynette

Philanthropic—
Mrs. Oliver M. Layton, Fond du Lac

Final Plans For Annual Auxiliary Meeting Are Announced

UPWARD of 500 members of the Woman's Auxiliary to the State Medical Society of Wisconsin are expected to register at the eleventh annual meeting in Milwaukee on September 12, 13, and 14. Assisting the Woman's Auxiliary to the Medical Society of Milwaukee County in the arrangements are the Racine and Washington–Ozaukee Auxiliaries. The annual meeting committees, headed by Mrs. William C. Liefert, as convention chairman, appear in the publicity bulletin sent to all members on September 6.

Besides the regular business sessions on Wednesday and Thursday mornings, the program includes the annual meeting of the Board of Directors on Tuesday evening. Mrs. Fitzgerald, retiring president, has invited to this dinner all past-presidents of the Auxiliary.

On Wednesday noon the Racine Auxiliary will act as hostess at luncheon and bridge at the Wisconsin Club, and that evening the program will include old time movies, music, and refreshments at the Hotel Schroeder by courtesy of the State Medical Society. At the luncheon on Thursday noon, at which the Washington–Ozaukee Auxiliary will be hostess, Dr. Rock Sleyster, president of the American Medical Association, will speak on the subject of "The Doctor's Wife."

The annual meeting will close with a dinner on Thursday evening for the physicians and their wives in the Crystal Ballroom of the Schroeder Hotel, followed by a reception in honor of Dr. and Mrs. Rock Sleyster. The speaker at the dinner will be the Honorable Arthur T. Vanderbilt, president of the American Judicature Society.

Mrs. Robt. E. Fitzgerald, Wauwatosa, President State Auxiliary.

Women's Auxiliary Final Program

Tuesday, September 12, 1939

P. M.

7:00 Board of Directors' Dinner—Hotel Schroeder
Mrs. Robert E. Fitzgerald, president, presiding
Music—Miss Esther Gruhn, cello; Mrs. Arno Fromm, piano; Mrs. Benjamin Liebermann, violin

Wednesday, September 13, 1939

A. M.

10:00 General Meeting—Hotel Schroeder
Call to Order—Mrs. Robert E. Fitzgerald, president
Invocation—Reverend William P. O'Connor
Introduction of Mrs. William C. Liefert, convention chairman
Address of Welcome—Mrs. Robert E. McDonald, president, Woman's Auxiliary to the Medical Society of Milwaukee County
Response—Mrs. M. H. Fuller, president-elect, Woman's Auxiliary, Brown-Kewaunee-Door County Medical Society
In Memoriam
Convention Rules and Procedure—Mrs. Fred J. Pfeifer, parliamentarian
Minutes of Annual Meeting, 1938—Mrs. Walter A. Ford, recording secretary
Reports of Officers
President—Mrs. Robert E. Fitzgerald
Treasurer—Mrs. Arthur J. McCarey
Corresponding Secretary—Mrs. Irwin Schulz
Recording Secretary—Mrs. Walter A. Ford
Reports of Chairmen
Archives—Mrs. Edward C. Pfeifer
Finance—Mrs. Frank W. Pope
Hygeia—Mrs. Harry J. Heeb
Organization—Mrs. Ernst S. Schmidt
Philanthropic—Mrs. Oliver M. Layton
Press and Publicity—Mrs. George H. Ewell
Program—Mrs. J. Gurney Taylor
Public Relations—Mrs. Raymond B. Dryer
Report of Committee on Credentials and Registration
Announcements

P. M.

1:00 Luncheon and Bridge—Wisconsin Club
Tickets $1.35
Chairman—Mrs. Charles E. Constantine, Racine
Mrs. Harold B. Keland, Racine, co-chairman
Mrs. William A. Joseph, Milwaukee, co-chairman

Wednesday—continued

P. M. Luncheon and Bridge Committee—continued

Mrs. John J. McGovern, Milwaukee, co-chairman
Mrs. Walter C. Roth, Racine
Mrs. Carl O. Schaefer, Racine
Mrs. William C. Hanson, Racine
Mrs. John C. Docter, Racine
Hostess: Woman's Auxiliary to the Racine County Medical Society

8:30 Old Time Movies—Hotel Schroeder
Music—Marimbaphones
Miss Betty Lou Ackerman
Miss Marian Anderson
Refreshments

Thursday, September 14, 1939

A. M.

9:30 General Meeting—Hotel Schroeder
Call to Order—Mrs. Robert E. Fitzgerald, president
Minutes of Wednesday Session
Report of Convention Chairman
Reports of County Presidents
Report of Resolutions Committee
Report of Nominating Committee
Election of Officers
Installation of Officers
Presentation of pin to president, Mrs. Frank W. Pope
Final Report of Committee on Credentials and Registration
Announcements
Adjournment

11:30 Post-Convention Meeting of Board of Directors—Club Rooms, Hotel Schroeder
Mrs. Frank W. Pope, president, presiding

P. M.

1:00 Luncheon—Milwaukee Athletic Club
Tickets $1.00
Music—Genevieve Langley, contralto
Mrs. Paul Ringler, accompanist
Speaker—Dr. Rock Sleyster, President, American Medical Association, "The Doctor's Wife" (by request)
Chairman—Mrs. Maurice Monroe, Hartford
Co-chairmen:
Mrs. William F. Grotjan, Milwaukee, co-chairman
Mrs. Armond J. Ruppenthal, Milwaukee, co-chairman
Mrs. Herman M. Lynch, West Bend
Mrs. A. H. C. Carthaus, Thiensville
Mrs. Richard F. Raney, Milwaukee
Hostess—Woman's Auxiliary to the Washington-Ozaukee County Medical Society

6:45 Annual Dinner — Crystal Ballroom, Hotel Schroeder

Mrs. Frank W. Pope, Racine, President Elect, State Auxiliary.

Mrs. Wm. C. Liefert, Milwaukee, Convention Chairman, State Auxiliary.

La Crosse

The annual meeting of the Woman's Auxiliary to the La Crosse County Medical Society was held recently on Grand Dad Bluff in the form of a one o'clock picnic. The arrangements were made by the social chairman, Mrs. Gunnar Gundersen. The following officers were elected:

Mrs. E. H. Townsend, La Crosse, president
Mrs. F. A. Douglas, La Crosse, president-elect
Mrs. J. C. Harman, La Crosse, secretary-treasurer

The retiring president, Mrs. S. A. Montgomery, reviewed the work of the last year, the climax of which was the Child Health Week program. This included two radio programs and nine talks to mothers' clubs by physicians. Posters were placed in libraries, schools, and stores, and the cost of these was defrayed by the La Crosse County Medical Society.

A rising vote of thanks was given the retiring president and her committees for so ably carrying the Auxiliary through the first year of organization.

Walworth

A benefit card party was held at Lake Lawn, Delavan Lake, on Thursday, August 17 under the sponsorship of the Woman's Auxiliary to the Walworth County Medical Society. The purpose of the party was to raise funds for equipment for the new Walworth county hospital. There were approximately 500 persons present, and the gross income was almost $500. Over 100 valuable and practical prizes were given at 125 tables, prizes which merchants and friends throughout the county had generously donated.

Waupaca—Shawano

The Woman's Auxiliary of the medical societies of Waupaca and Shawano counties met at the new home of Mrs. R. C. Cantwell at Shawano on Tuesday, August 1. A 12:30 luncheon was served by the members from Shawano, after which contract bridge was played at four tables. Prizes were awarded to Mrs. Sam Salan and Mrs. M. O. Boudry of Waupaca.

A short business meeting was also held. Nineteen members were present from Manawa, Marion, New London, Waupaca, Clintonville and Shawano.

Delegates and Alternate Delegates to Eleventh Annual Meeting of Woman's Auxiliary to State Medical Society of Wisconsin

County	*President or Delegate*	*Alternate Delegate*
Brown–Kewaunee–Door	Mrs. R. W. Kispert	Mrs. E. S. McNevins
	Mrs. M. H. Fuller	Mrs. E. S. Knox
Columbia–Marquette–Adams	Mrs. H. E. Gillette	
	Mrs. H. M. Caldwell	
Dane	Mrs. W. Homer Krehl	Mrs. B. I. Brindley
	Mrs. W. E. Sullivan	Mrs. F. W. Kundert
	Mrs. S. J. Briggs	Mrs. C. W. Aageson
Dodge	Mrs. A. A Hoyer	Mrs. A. W. Hammond
	Mrs. R. R. Roberts	Mrs. G. H. C. Hoyer
Douglas	Mrs. G. J. Hathaway	
Fond du Lac	Mrs. H. E. Twohig	Mrs. A. M. Hutter
	Mrs. S. E. Gavin	Mrs. H. K. Guth
Grant County	Mrs. J. D. Glynn	Mrs. M. A. Bailey
	Mrs. W. J. Kelly	Mrs. H. L. Doeringsfeld
Green Lake–Waushara	Mrs. H. C. Koch	Mrs. Orvil O'Neal
	Mrs. A. A. Beck	Mrs. L. J. Seward
Kenosha	Mrs. G. C. Schulte	Mrs. Theodore Sokow
	Mrs. P. E. Pifer	Mrs. L. H. Lokvam
La Crosse	Mrs. E. H. Townsend	Mrs. F. A. Douglas
	Mrs. B. W. Mast	Mrs. Gunnar Gundersen
Manitowoc	Mrs. R. W. Hammond	Mrs. L. W. Gregory
	Mrs. T. H. Rees	Mrs. W. H. Scherping
Marinette–Florence	No report	
Milwaukee	Mrs. R. E. McDonald	Mrs. C. D. Partridge
	Mrs. J. J. McGovern	Mrs. Joseph Lettenberger
	Mrs. R. G. Washburn	Mrs. J. J. Cannon
	Mrs. S. M. Markson	Mrs. G. H. Friedman
	Mrs. W. F. Grotjan	Mrs. E. P. Bickler
	Mrs. R. P. Gingrass	Mrs. Robert W. Blumenthal
	Mrs. G. J. Pugh	Mrs. A. S. Kult
	Mrs D. E. W. Wenstrand	Mrs. W. A. Joseph
Oconto	Mrs. R. J. Goggins	Mrs. G. W. Krahn
	Mrs. C. R. Kwapy	Mrs. A. N. Tousignant
Outagamie	Mrs. D. W. Curtin	Mrs. W. S. Marshall
	Mrs. E. F. McGrath	Mrs. C. D. Neidhold
Polk	Mrs. Esther Andrews	Mrs. L. O. Simenstad
Portage	Mrs. E. E. Kidder	Mrs. A. G. Dunn
Racine	Mrs. W. E. Buckley	Mrs. R. D. Jamieson
	Mrs. A. S. Pfeiffer	Mrs. F. B. Marek
Rock	No report	
Sheboygan	Mrs. P. B. Mason	Mrs. C. J. Weber
	Mrs. W. A. Ford	Mrs. G. J. Hildebrand
Trempealeau–Jackson–Buffalo	Mrs. H. A. Jegi	Mrs. F. C. Skemp
	Mrs. R. L. MacCornack	Mrs. R. R. Richards
Walworth	Mrs. S. G. Meany	
	Mrs. D. H. Jeffers	
Washington–Ozaukee	Mrs. F. W. Lehmann	Mrs. A. H. Barr
	Mrs. R. H. Fisher	Mrs. H. M. Lynch
Waukesha	No report	
Waupaca–Shawano	Mrs. R. C. Cantwell	Mrs. L. W. Peterson
	Mrs. W. J. Irvine	Mrs. F. M. Mulvaney
Winnebago	Mrs. R. H. Bitter	Mrs. M. N. Pitz
	Mrs. J. F. Stein	Mrs. R. C. Lowe
Wood	No report	

RADIO PROGRAMS OF STATE SOCIETY

Radio programs of the State Medical Society of Wisconsin can be heard over the following stations on the days and at the hours named:

WHA, Madison—9:00 a.m., Tuesday, Wednesday and Thursday

WEAU, Eau Claire—1:45 p.m., Monday, Wednesday and Friday

WHBY, Green Bay—7:30 p.m., Monday; 7:15 p.m., Wednesday; 7:15 p.m., Friday.

WLBL, Stevens Point—11:15 a.m., Wednesday

WEMP, Milwaukee—2:30 p.m., Monday, Wednesday and Friday

WIBU, Poynette—8:30 p.m., Monday and Friday

News Items and Personals

"All I Had Was Two Beers" was the title of an address given by Dr. Herman A. Heise, Milwaukee, before the Wisconsin District Attorneys' Association on August 5. Dr. Heise is chairman of the American Medical Association's Committee to Study Problems of Motor Vehicle Accidents, which has recommended the use of chemical tests for intoxication whenever physicians are called on to diagnose degree of alcoholic influence for city and state enforcement departments.

Another speaker before the District Attorneys' Association of the State, which held a two-day convention in Milwaukee, August 5–6, was Dr. Edward Tharinger, Milwaukee pathologist. Dr. Tharinger's subject was "Death by Criminal Violence."

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Eau Claire and Chippewa county physicians, cooperating with state and county health officials, staged a large educational health exhibit at the Northern Wisconsin district fair. Continuous motion pictures dealing with venereal disease, tuberculosis, child care, dental hygiene and sanitation were shown. Many other health topics were explained by means of posters, moulages and x-ray films. Plaster models showing various types of cancer and information on cancer control were furnished by the Women's Field Army. The committee in charge of health exhibit—of which Dr. R. S. Rodgers of Chippewa Falls was chairman—arranged to have a physician in almost constant attendance to act as guide to the more than 6,000 people who saw the display daily.

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About 100 sanatorium superintendents, physicians and others in Wisconsin interested in modern methods of treating tuberculosis met at the Pureair Sanatorium on August 5. Dr. John K. Shumate, medical supervisor of the Pureair Sanatorium, presided at the meeting. Speakers on the program included Drs. E. E. Carpenter, Superior; H. M. Coon, Statesan; W. C. Reineking, Madison; and A. A. Pleyte, Milwaukee.

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A bronze plate bearing the inscription "Doyle Park" was unveiled in Little Chute on August 6 and a program and picnic held in honor of Dr. Joseph H. Doyle, who has practiced medicine in that village since 1897. A parade featuring thirty-five floats was held, music being furnished by the Little Chute community band. Dr. A. E. Rector, Appleton, president of the State Medical Society, was a speaker on the program. Mr. Thomas Cavanaugh of Green Bay, in addressing the 3,500 people who participated in the activities, said "You honor yourselves in honoring a man like Dr. Doyle."

Dr. A. S. Thompson, Mount Horeb, has been appointed camp physician to the CCC camp near Mount Horeb.

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Dr. John P. Koehler, health commissioner of Milwaukee, and a committee of the Medical Society of Milwaukee County are planning a survey of the incidence of syphilis in Milwaukee.

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The lawyers, doctors and dentists of Walworth county held a picnic at Lake Lawn on August 17. The lawyers were in charge of the affair, which featured a golf tournament, swimming, and a ball game.

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Dr. Louis W. Nowack has become associated in practice with his father, Dr. Louis H. Nowack, and his brother-in-law, Dr. A. C. Hahn, at 519 Main Street, Watertown. Young Dr. Nowack, a graduate of Northwestern University Medical School, Chicago, recently completed a course in gynecology and obstetrics at the State of Wisconsin General Hospital, Madison.

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"How Medical Practice Helps the Sportsman" was the subject of a talk given by Dr. Leland C. Pomainville of Wisconsin Rapids at a meeting of the Wood County Conservation League on August 22. He discussed first aid treatment for various accidents and diseases from which sportsmen commonly suffer.

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The publishing house of P. Blakiston's Son and Company, Inc., specializing in scientific and medical books, has been purchased by Horace G. White from the executors of the estate of Kenneth M. Blakiston. The company was established by Presley Blakiston in 1843 and remained continuously in the Blakiston family until the death of Kenneth M. Blakiston in 1937.

Mr. White, who has been connected with the company for over twenty-eight years, plans to carry on its policies under the name, The Blakiston Company.

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Over 5,000 people attended the "open house" program at Walworth county's recently completed $255,000 hospital on August 5–6. The hospital has a bed capacity of 100.

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Dr. W. G. Bear, Monroe, has been elected chief of medical staff of the recently opened $350,000 St. Clare Hospital erected in Monroe by the Sisters of St. Agnes, Fond du Lac. Dr. C. E. Baumle, Monroe, was elected secretary of the staff.

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Dr. Francis D. Murphy, Milwaukee, was one of the speakers on the annual convention program of the Upper Peninsula Medical Society, held in Escanaba, Michigan, August 23–24.

MARRIAGES

Dr. David F. Cole, Ripon, and Miss Ruth French, Chicago, on August 5.

Dr. M. A. Bussewitz, Milwaukee, and Miss Mary Bieneke, Fort Wayne, Indiana, on May 13.

Dr. B. J. Malnekoff, Milwaukee, and Miss E. Patricia Weller, Milwaukee, on May 28.

BIRTHS

A son to Dr. and Mrs. Leo M. Peters, Milwaukee, on June 23.

A son to Dr. and Mrs. Clifford R. Schneider, Milwaukee, on July 11.

A daughter to Dr. and Mrs. E. T. Harrington, Milwaukee, on July 15.

DEATHS

Dr. C. O. Hertzman, Ashland, died on July 25 at an Ashland hospital from the effects of a prolonged heart ailment.

Dr. Hertzman was born in Scania, Sweden, in 1867, coming to the United States at the age of sixteen years. He received his medical degree from the College of Physicians and Surgeons of Baltimore in 1900 and practiced medicine for six years in Lindstrom, Minnesota, before moving to Ashland where he remained in active practice until shortly before his death—a period of thirty-three years. He was health commissioner of Ashland for sixteen years and is credited with the establishment of Ashland's system of "school permits" under which students must obtain permits vouching for their good health before they can return to school after illness.

The doctor was a member of the Ashland–Bayfield–Iron County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, a daughter and a son—Dr. Alrick Hertzman, professor of physiology at the University of St. Louis, Missouri.

Dr. J. H. Hackett, Milwaukee, died on July 23 in a Milwaukee hospital after a long illness.

The doctor, who was a native Milwaukeean, was born in 1865. He attended the United States Military Academy at West Point for two years, being a classmate of Gen. John J. Pershing. He received his medical education at Rush Medical College, Chicago, and the New York University Medical College, New York City, receiving his medical degree from the latter institution in 1894. After serving as intern and house surgeon at Bellevue Hospital, New York City, for two years, he entered practice in Milwaukee and remained active in medical circles until ill health forced his retirement.

Dr. Hackett served on the staff of St. Mary's Hospital, Milwaukee, from 1898 until his last illness. He was medical examiner of the Milwaukee fire department from 1900 to 1918 and assistant health commissioner from 1900 to 1912. During the period of the World War he held the office of medical examiner and chairman of the Milwaukee draft board. He was director of St. Rose's orphanage and the Milwaukee Catholic Home for the Aged, where he was house physician for more than twenty years.

Dr. Hackett was a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association.

Dr. W. H. Palmer, Janesville, died on July 29. He was seventy-eight years of age.

Dr. Palmer was graduated from the Northwestern University Medical School, Chicago, in 1882. He served as surgeon for the Chicago and Northwestern Railway Company from 1895 to 1916 and was one of the founders of the Mercy Hospital of Janesville.

In recent years Dr. Palmer had maintained a winter residence in St. Petersburg, Florida. He was a member of the Rock County Medical Society, the State Medical Society of Wisconsin and the American Medical Association.

Dr. Edgar P. Peake, Oshkosh, died on July 27 at his home, after a brief illness. He was sixty-four years of age.

Dr. Peake, who was born in England, received his medical education at McGill University, Montreal, Canada. He was graduated in 1900. Later he did graduate work in dermatology in New York City and Chicago. He began his practice in Sheboygan county, Wisconsin, but moved in 1912 to Oshkosh where he remained in active practice until a short time before his death.

During the World War, Dr. Peake served with the Canadian forces for three years and with the British for two years, holding the rank of captain. He was, as a young man, a runner of some note, setting records for the mile, half-mile and quarter-mile. This spring, while on a visit to Canada, he returned to the University of New Brunswick a silver trophy he had won there for running and this trophy is to be returned to competition in honor of Dr. Peake.

The doctor was a member of the Winnebago County Medical Society, the State Medical Society of Wisconsin and the American Medical Association.

SOCIETY RECORDS

New Members

R. J. Inman, Montello.
C. R. Brillman, Avoca.
E. J. McGinn, Marshfield.
J. S. Goodman, 735 North Water Street, Milwaukee.
E. R. Hodgson, 1300 University Avenue, Madison.
A. W. Burek, 400½ Third Street, Wausau.
E. B. Brick, 520 Third Street, Wausau.

Changes in Address

G. E. Howe, Superior, Wyoming, to R. F. D. Manitowoc.

W. S. Phillips, Marathon, to 1905 Laguna Street, Apt. 307, San Francisco, California.

Francis Paul, Milwaukee, to Delaware State Hospital, Farnhurst, Delaware.

B. D. Packer, Milwaukee, to Iowa City, Iowa.

Final Program
98th Anniversary Meeting

Upwards of 1,500 members of the State Medical Society of Wisconsin will attend the 98th anniversary meeting of the Society in Milwaukee, September 13-15. Over 500 members are expected to register for sessions of the Woman's Auxiliary. The scientific sessions on Wednesday, Thursday and Friday will be preceded by the annual golf tournament on Tuesday, September 12, and the initial session of the House of Delegates on Tuesday evening.

Emphasizing the problems of the "man in the field," the 1939 program has been characterized by Dean Eben J. Carey, Marquette University School of Medicine, member of the Council on Scientific Work in charge of program arrangements, as one that will "stress the importance of the role of the general practitioner and open new avenues for cooperative effort."

"The family doctor must be alert to many problems," Dr. Carey declared. "Great progress has been made in the past through the various specialties in medicine; greater progress in the future will be made by a better appreciation of the work of the general practitioner and emphasizing his importance in all deliberations of the State Medical Society in problems of disease and health."

STATE MEDICAL SOCIETY OF WISCONSIN
MEDICINA NUSQUAM NON EST

Milwaukee
Wednesday, Thursday, Friday
September 13-15

General Session, Wednesday afternoon, continued

2:40 Otolaryngological Aspects of Diseases of the Blood Forming Organs
William E. Grove, professor of clinical otolaryngology, Marquette University School of Medicine, Milwaukee

3:00 The President's Address
R. G. Arveson, Frederic

3:35 Recess to view exhibits

3:50 Announcements

3:55 Development of the New Drugs—Atabrin, Sulfanilamide, Sulfapyridine
Harry Beckman, professor of pharmacology, Marquette University School of Medicine, Milwaukee

4:35 MENTAL MEDICINE IN 1939 (a consideration of the forces at work to produce mental disorder within and without the individual—physical, emotional, and socio-economic—together with a discussion of the present status of prevention and treatment in this field of medicine). (Rogers Memorial Lecture)
Charles F. Read, superintendent, Elgin State Hospital, Elgin, Illinois

SECTION ON OTOLARYNGOLOGY

Engelmann Hall

John B. Hitz, Milwaukee, chairman

P. M.

2:00 Acute Infective Laryngo-Tracheo Bronchitis
L. C. Gardner, Fond du Lac

2:30 Discussion

2:40 Acute Cervical Cellulitis
Samuel J. Pearlman, associate clinical professor of otology, rhinology, and laryngology, Loyola University School of Medicine, Chicago, Illinois

3:30 Discussion

3:40 Regeneration of the Ciliated Nasal Epithelium
Arthur W. Proetz, professor of clinical otolaryngology, Washington University School of Medicine, St. Louis, Missouri

4:30 Discussion

4:40 Sinus Thrombosis Complicating Chronic Mastoiditis
Leon H. Guerin, Milwaukee

5:10 Discussion

6:45 House of Delegates—Crystal Ballroom, Schroeder Hotel

8:20 Smoker—Crystal Ballroom, Schroeder Hotel
Speaker: William A. O'Brien, associate professor of pathology and preventive medicine and public health, University of Minnesota Medical School, Minneapolis

THURSDAY MORNING, SEPTEMBER 14

8:00 House of Delegates—Crystal Ballroom, Schroeder Hotel

SECTION MEETINGS

SECTION ON OPHTHALMOLOGY

Market Hall—B

John B. Hitz, Milwaukee, chairman

A. M.

8:30 Amblyopia
Walter A. Ford, Sheboygan

9:00 Discussion

9:10 Errors in Glaucoma That I Have Made and That I Have Seen
Harry S. Gradle, chief of staff, Illinois Eye and Ear Infirmary, and extramural professor of ophthalmology, University of Illinois College of Medicine, Chicago, Illinois

10:00 Discussion

10:10 The Significance of Retinal Vascular Lesions in Chronic Glomerulonephritis
Henry P. Wagener, associate professor of ophthalmology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota

11:00 Discussion

11:10 Non-Suppurative Disease of the Cornea
Edward R. Ryan, clinical instructor of ophthalmology, Marquette University School of Medicine, Milwaukee

11:40 Discussion

SECTION ON RADIOLOGY

Committee Room A

Ivan G. Ellis, Madison, chairman

A. M.

9:00 Bone Cyst
H. W. Hefke, clinical instructor in roentgenology, Marquette University School of Medicine, Milwaukee

9:15 Congenital Deformities of Spine
S. A. Morton, clinical instructor in roentgenology, Marquette University School of Medicine, Milwaukee

9:30 Fluorophotography of the Chest
Irving I. Cowan, clinical instructor in roentgenology, Marquette University School of Medicine, Milwaukee

9:45 Tuberculosis and Silicosis Simulating Neoplasm of Lung
E. A. Pohle, professor of radiology, University of Wisconsin Medical School, Madison

10:00 Cyst of the Lung
J. Newton Sisk, Madison

10:15 Gastrointestinal Case
L. V. Littig, Madison

10:30 Gastric Lesion
Wayne A. Johnston, Dubuque, Iowa

10:45 Extensive Polyposis of Colon
Ivan G. Ellis, Madison

11:00 Case Report
Frank W. Mackoy, clinical professor of roentgenology, Marquette University School of Medicine, Milwaukee

11:15 Hypernephroma
R. P. Potter, Marshfield

11:30 Tumor Mass in the Left Upper Abdomen
J. E. Habbe, assistant clinical professor of roentgenology, Marquette University School of Medicine, Milwaukee

11:45 Effect of X-ray Sterilization of the Ovaries on Lung Metastasis Secondary to Carcinoma of the Breast
E. A. Pohle, professor of radiology, University of Wisconsin Medical School, Madison

SECTION ON MEDICINE

Plankinton Hall

Karl H. Doege, Marshfield, chairman

A. M.

9:00 The Recognition and Management of Gastrointestinal Allergy
Theodore L. Squier, associate clinical professor of medicine, Marquette University School of Medicine, Milwaukee
Discussant:
9:20 Fred W. Madison, assistant clinical professor of medicine, Marquette University School of Medicine, Milwaukee

9:30 Fat and Carbohydrate Ratios of the Diet and Insulin Requirements in Diabetes Mellitus
R. S. Baldwin, Marshfield
Discussant:
9:50 M. Meredith Baumgartner, Janesville

10:00 Nicotinic Acid in Nutrition
C. A. Elvehjem, Ph.D., professor of biochemistry, University of Wisconsin, Madison
Discussant:
10:20 Edgar S. Gordon, Madison

10:30 Recess to view exhibits

11:00 An Adequate Dietary in Later Life
E. L. Tuohy, past president, Minnesota Society of Internal Medicine, Duluth, Minnesota
Discussant:
11:20 W. C. Sheehan, Stevens Point

11:30 The Danger of Causing Edema by the Forcing of Fluids in Malnourished Medical and Surgical Patients with True or Suspected Dehydration
James A. Evans, University of Wisconsin Medical School Extramural and Preceptorial Medical Service, La Crosse
Discussant:
11:50 O. O. Meyer, associate professor of medicine, University of Wisconsin Medical School, Madison

SECTION ON OBSTETRICS AND GYNECOLOGY

Market Hall—A

David M. Gallaher, Appleton, chairman

A. M.

9:00 The General Practitioner's Role in the Prevention of Eclampsia
Joseph M. Freeman, Wausau

9:25 Trichomonas Vaginalis; Its Symptoms and Treatment
John D. Owen, clinical instructor in obstetrics and gynecology, Marquette University School of Medicine, Milwaukee

9:50 Functional Dysmenorrhea and Its Treatment
Joseph W. Lambert, Antigo

10:10 Intermission

10:20 Retroversion of the Uterus
Carl S. Harper, assistant clinical professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison

10:45 Improved Technic in the Use of the Kielland Forceps (with motion pictures)
James B. Vedder, Marshfield

11:10 Special Features in Anatomy and Operative Procedure in Surgically Difficult Growths of the Female Pelvic Viscera (with lantern slides)
Arthur H. Curtis, professor of obstetrics and gynecology, Northwestern University Medical School; president, Institute of Medicine, Chicago, Illinois

SECTION ON SURGERY

Engelmann Hall

Erwin R. Schmidt, professor of surgery, University of Wisconsin Medical School, Madison, chairman

A. M.

9:00 Sulfanilamide in Surgery
Thomas J. Snodgrass, Janesville
Discussant:
9:20 Irwin Schulz, Milwaukee

9:25 Cholecystostomy Versus Cholecystectomy and Instrumental Dilatation of the Papilla of Vater
A. L. Mayfield, Kenosha
Discussants:
9:40 O. R. Lillie, assistant clinical professor of surgery, Marquette University School of Medicine, Milwaukee
9:45 Carl W. Eberbach, assistant clinical professor of surgery, Marquette University School of Medicine, Milwaukee

9:50 Vertebral Variations
Walter Sullivan, professor of anatomy, University of Wisconsin Medical School, Madison
Discussants:
10:05 Herman W. Wirka, assistant professor of orthopedic surgery, University of Wisconsin Medical School, Madison
10:10 H. W. Virgin, Madison

10:15 Treatment of Cranial Injuries
William J. Bleckwenn, professor of neuropsychiatry, University of Wisconsin Medical School, Madison
Discussants:
10:30 Merritt L. Jones, Wausau
10:35 Erwin R. Schmidt, professor of surgery, University of Wisconsin Medical School, Madison

10:40 Evaluation of Disability in Injury Cases
Merritt L. Jones, Wausau
Discussants:
11:05 Chester C. Schneider, Milwaukee
11:10 Robert E. Burns, professor of orthopedic surgery, University of Wisconsin Medical School, Madison

11:15 Some Congenital Abnormalities of Infants and Their Treatment
Albert H. Montgomery, clinical professor of surgery, Rush Medical College, University of Chicago, Chicago, Illinois
Discussant:
11:35 Stanley J. Seeger, chief of staff, Columbia Hospital and Milwaukee Children's Hospital, Milwaukee

SECTION ON PEDIATRICS

Committee Room—D

A. B. Schwartz, assistant clinical professor of public health, Marquette University School of Medicine, Milwaukee, chairman

A. M.

9:15 The Practical Problems of the Physician Doing a Combined Obstetric and Pediatric Practice
Henry A. Sincock, chief of pediatrics, St. Mary's Hospital, Superior
Discussant:
9:40 Homer McC. Carter, obstetric and pediatric staff, Madison General Hospital, Madison

9:45 Significant Details of Routine Health Examination
9:45 Eye: F. Herbert Haessler, department of ophthalmology, Milwaukee Children's Hospital, Milwaukee
9:50 Ear: John E. Mulsow, assistant clinical professor of otolaryngology, Marquette University School of Medicine, Milwaukee
9:55 Nose and Throat: Lyman A. Copps, Marshfield Clinic, Marshfield
10:00 Orthopedic: Walter P. Blount, clinical instructor in orthopedic surgery, Marquette University School of Medicine, Milwaukee
10:05 General Considerations: Roy M. Greenthal, head of medical department, Milwaukee Children's Hospital, Milwaukee

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10:15 Recent Advances in Pediatric Therapy
Harry Beckman, professor of pharmacology, Marquette University School of Medicine, Milwaukee
Discussant:
10:35 John E. Gonce, Jr., professor of pediatrics, University of Wisconsin Medical School, Madison

10:45 The Treatment of Respiratory Diseases in Children
H. Kent Tenney, Jr., associate professor of pediatrics, University of Wisconsin Medical School, Madison
Discussant:
11:05 Stephen A. Theisen, Fond du Lac

11:15 Experiences with Immunization Procedures in Home and Office Practice
Francis R. Janney, assistant clinical professor of pediatrics, Marquette University School of Medicine, Milwaukee
Discussant:
11:35 Raymond P. Schowalter, assistant clinical professor of medicine, Marquette University School of Medicine, Milwaukee

12:10 ROUND TABLE LUNCHEONS
Schroeder Hotel

1. Sulfanilamide, Neoprontosil and Sulfapyridine and Their Clinical Application
A. E. Brown, assistant professor of medicine, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota
Parlor A, Fourth Floor
2. Bedside Medicine and Newer Drugs
William S. Middleton, dean, University of Wisconsin Medical School, Madison
Parlor B, Fourth Floor
3. Modern Trends in the Treatment of Pneumonia
Francis D. Murphy, clinical professor and director of medicine, Marquette University School of Medicine, Milwaukee
Parlor C, Fourth Floor
4. Transvaginal X-ray Treatment of Cervical Cancer
Arthur W. Erskine, roentgenologist, St. Luke's Hospital; president, Iowa State Medical Society, Cedar Rapids, Iowa
Parlor D, Fourth Floor
5. The Rationale of Various Practices in Nasal Treatment on the Basis of Nasal Physiology
Arthur W. Proetz, professor of clinical otolaryngology, Washington University School of Medicine, St. Louis, Missouri
Parlor E, Fourth Floor

6. Surgery of the Gallbladder and Bile Passageways
   O. R. Lillie, assistant clinical professor of surgery, Marquette University School of Medicine, Milwaukee
   Parlor F, Fourth Floor
7. Problems in Children's Surgery
   Stanley J. Seeger, chief of staff, Columbia Hospital and Milwaukee Children's Hospital, Milwaukee
   Parlor G, Fourth Floor
8. Management of Prolonged Labor
   John W. Harris, professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison
   Parlor H, Fourth Floor
9. Management of Communicable Diseases
   Edward R. Krumbiegel, medical director, Bureau of Communicable Diseases and School Hygiene, Milwaukee Health Department, Milwaukee
   Parlor I, Fourth Floor
10. Where May We Suspect Nutritional Deficiencies in Adults?
    E. L. Tuohy, past president, Minnesota Society of Internal Medicine, Duluth, Minnesota
    Committee Room, Fifth Floor
11. The Cure of Hernia by Radical and Conservative Treatment
    M. A. McGarty, La Crosse
    Pere Marquette Room, Fifth Floor
12. Past Presidents' Luncheon
    Room 619
13. Chronic Ulcerative Colitis
    A. G. Schutte, clinical instructor in proctology, Marquette University School of Medicine, Milwaukee
    English Room, Fifth Floor
14. Relation of Vitamin Deficiency to Ocular Disease
    Henry P. Wagener, associate professor of ophthalmology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota
    Pine Room, Fifth Floor
15. Use of Forceps
    James B. Vedder, Marshfield
    Room B, Fifth Floor
16. Convulsions in Childhood
    M. G. Peterman, Milwaukee
    Room C, Fifth Floor
17. Practical Aspects of Glaucoma
    Harry S. Gradle, chief of staff, Illinois Eye and Ear Infirmary, and extramural professor of ophthalmology, University of Illinois College of Medicine, Chicago, Illinois
    Room D, Fifth Floor
18. Surgery of the Stomach
    Sigurd B. Gundersen, La Crosse
    Room E, Fifth Floor
19. Prenatal Care
    Carl D. Neidhold, Appleton
    Room F, Fifth Floor
20. Traumatic Cancer
    Marcos Fernan–Nunez, professor of pathology and bacteriology and associate professor of public health, Marquette University School of Medicine, Milwaukee
    Club Room, Fifth Floor
21. Mechanical Injuries to the Eyeball
    Emile G. Nadeau, Green Bay
    Lounge Section of Banquet Room, Fifth Floor

THURSDAY AFTERNOON, SEPTEMBER 14

Health and Functional Cooperation

"Health is a state of feeling well in body, mind and spirit, together with a sense of reserve power. It is based on normal functioning of the tissues and organs of the body, a practical understanding of the principles of healthful living, and a harmonious adjustment to the physical and psychological environment, together with an attitude which regards health not as an end in itself, but a means to a richer life as measured in constructive service to mankind."—Bauer–Hull, "Health Education of the Public."

P. M.

2:15 General Session—Plankinton Hall

2:15 Secretary's Report
J. G. Crownhart, secretary, State Medical Society of Wisconsin

2:35 "Hygeia" and Propaganda
Chester M. Echols, formerly professor of gynecology, Marquette University School of Medicine; past president, Medical Society of Milwaukee County, Milwaukee

2:55 What Price Depression?
Rock Sleyster, president, American Medical Association, Wauwatosa

3:15 Modern X-ray Therapy
Arthur W. Erskine, roentgenologist, St. Luke's Hospital; president, Iowa State Medical Society, Cedar Rapids, Iowa

3:35 The Vitamin B Complex in Practical Nutrition
C. A. Elvehjem, Ph. D., professor of biochemistry, University of Wisconsin, Madison

3:55 The Relation of Alcohol to Liver Damage
E. L. Tuohy, past president, Minnesota Society of Internal Medicine, Duluth, Minnesota

The Milwaukee Convalescent Serum Center located at Columbia Hospital, 3321 North Maryland Avenue, Milwaukee, invites members of the medical profession to visit it at any time during their stay in Milwaukee.

4:15 The Surgical Treatment of Prostatic Obstruction
J. B. Wear, associate professor of urology, University of Wisconsin Medical School, Madison

4:35 Sulfanilamide, Neoprontosil, and Sulfapyridine and Their Clinical Applications
A. E. Brown, assistant professor of medicine, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota

6:45 Annual Dinner—Crystal Ballroom, Schroeder Hotel
(In honor of Dr. Rock Sleyster, Wauwatosa, president of the American Medical Association)
Speaker: Hon. Arthur T. Vanderbilt, Newark, N. J., president of American Judicature Society and immediate past president of the American Bar Association

FRIDAY MORNING, SEPTEMBER 15

A. M.

9:20 General Session—Plankinton Hall

9:20 The Early Diagnosis of Cancer in General Practice
Marcos Fernan-Nunez, professor of pathology and bacteriology and associate professor of public health, Marquette University School of Medicine, Milwaukee

9:40 Abdominal Pain and Appendicitis
Harry E. Mock, associate professor of surgery, Northwestern University Medical School, Chicago, Illinois

10:00 Hematuria
Gilbert J. Thomas, clinical associate professor of urology, University of Minnesota Medical School, Minneapolis, Minnesota, and assistant professor of urology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota

10:20 Recess to view exhibits

10:40 Management of Carcinoma of the Cervix (with lantern slides)
Arthur H. Curtis, professor of obstetrics and gynecology, Northwestern University Medical School; president, Institute of Medicine, Chicago, Illinois

11:20 The Sex Hormones
August A. Werner, assistant professor of internal medicine, St. Louis University School of Medicine, St. Louis, Missouri

11:40 Pulmonary Hypertension and Right Heart Failure
Thomas J. Dry, The Mayo Clinic, Rochester, Minnesota

12:10 ROUND TABLE LUNCHEONS
Schroeder Hotel

1. Gynecology from the Viewpoint of the General Practitioner
Arthur H. Curtis, professor of obstetrics and gynecology, Northwestern University Medical School, and president, Institute of Medicine, Chicago, Illinois
Parlor A, Fourth Floor

2. Malignant Conditions in the Urogenital Organs: Modern Methods of Treatment
Gilbert J. Thomas, clinical associate professor of urology, University of Minnesota Medical School, Minneapolis, Minnesota, and assistant professor of urology, University of Minnesota Graduate School, Minneapolis–Rochester, Minnesota
Parlor B, Fourth Floor

3. Bedside Medicine and Newer Drugs
William S. Middleton, dean, University of Wisconsin Medical School, Madison
Parlor C, Fourth Floor

4. The Ten Points in the Treatment of Heart Failure
Francis D. Murphy, clinical professor and director of medicine, Marquette University School of Medicine, Milwaukee
Parlor D, Fourth Floor

5. The Sex Hormones
August A. Werner, assistant professor of internal medicine, St. Louis University School of Medicine, St. Louis, Missouri
Parlor E, Fourth Floor

6. Skull Fractures and Back Injuries
Harry E. Mock, associate professor of surgery, Northwestern University Medical School, Chicago, Illinois
Parlor F, Fourth Floor

7. Eczema in Childhood—Allergic and Dermatologic Methods of Procedure
Rudolph Hecht, assistant in medicine, University of Illinois College of Medicine, Chicago, Illinois
Ben Z. Rappaport, head of allergy clinic, University of Illinois College of Medicine, Chicago, Illinois
Morley D. McNeal, associate attending physician, Children's Memorial Hospital, Chicago, Illinois
Parlor G, Fourth Floor

8. Indications for Cesarean Section
John W. Harris, professor of obstetrics and gynecology, University of Wisconsin Medical School, Madison
Parlor H, Fourth Floor

9. Management of Obstetric Hemorrhage Cases
Robert E. McDonald, assistant clinical professor of obstetrics and gynecology, Marquette University School of Medicine, Milwaukee
Parlor I, Fourth Floor

10. Hand Infections
Albert R. Tormey, Madison
Room B, Fifth Floor

11. The Evaluation of the Heart in Hypertension, Pneumonia, Angina Pectoris, Pernicious Anemia, Choosing Anesthetic, and Surgery
Karl H. Doege, Marshfield
Room C, Fifth Floor

12. Contraction Ring Dystocia
    James W. McGill, Superior
    Room D, Fifth Floor
13. Discussion of Office Procedure Used in the Treatment of Diseases of Ear, Nose and Throat
    Wellwood M. Nesbit, professor of otolaryngology, University of Wisconsin Medical School, Madison
    Room E, Fifth Floor
14. Tumors of the Breast
    Erwin R. Schmidt, professor of surgery, University of Wisconsin Medical School, Madison
    Room F, Fifth Floor
15. The Care and Remedy of Mentally Ill
    Gilbert E. Seaman, superintendent, Winnebago State Hospital, Winnebago
    Pere Marquette Room, Fifth Floor

FRIDAY AFTERNOON, SEPTEMBER 15

2:15 General Session—Plankinton Hall

2:15 Some Practical Points in the Operative Treatment of Fractures of the Neck of the Femur (with lantern slides)
Willard D. White, president, Minneapolis Surgical Society, Minneapolis, Minnesota

2:35 Gangrene in Diabetes (with lantern slides)
Archibald H. Beard, assistant professor of medicine, University of Minnesota Medical School, Minneapolis, Minnesota

2:55 Recess to view exhibits

3:10 QUESTION BOX—Plankinton Hall

Put your written questions in QUESTION BOX on Wednesday, Thursday and Friday. Answers given from rostrum to questions on medical topics. Attention also given to suggestions, criticisms and comments on annual meeting.

George W. Krahn, Oconto Falls, master of ceremonies.

A partial list of the men who will "give the answers" and their specialties follow:

Thomas J. Dry—Medicine (cardiology)
Willard D. White—Surgery
Archibald H. Beard—Medicine
Gilbert J. Thomas—Urology
Arthur H. Curtis—Gynecology

MARQUETTE MEDICAL ALUMNI LUNCHEON

The annual Marquette Medical Alumni Luncheon will be held in the Pere Marquette Room of the Schroeder Hotel on Wednesday, September 13, at 12:15 p. m. The speaker will be Mr. Conrad M. Jennings, Atheltic Director of Marquette University. Tickets, $1.00.

TECHNICAL EXHIBITORS

Thirty-seven firms will exhibit with the Society in the technical exhibit section, Milwaukee Auditorium. They are:

A. S. Aloe Company
Bard–Parker Company, Inc.
Barr & Ferguson X-ray Company
Borden Company
S. H. Camp & Company
Carnation Milk Company
R. B. Davis Sales Company
(Distributor of Cocomalt)
DeVilbiss Company
Duke Laboratories, Inc.
Eli Lilly Company
General Electric X-ray Corporation
Gerber Products Company
Horlick's Malted Milk Corporation
Hurley X-ray Company
E. H. Karrer Company
Kremers–Urban Company
Lederle Laboratories
J. B. Lippincott Company
M & R Dietetic Laboratories, Inc.
Mead Johnson and Company
Medical Protective Company
Mellin's Food Company
C. V. Mosby Company
V. Mueller & Company
Arthur H. Neumann, Inc.
Petrolagar Laboratories, Inc.
Philip Morris & Company, Ltd.
Photoart House
Physicians and Hospitals Supply Company
Roemer Drug Company
W. B. Saunders Company
Scanlan–Morris Co.
Smith, Kline & French Laboratories
E. R. Squibb & Sons
U. S. Hospital Supply Company
U. S. Standard Products Company
Westinghouse X-ray Company, Inc.

SPECIAL TELEPHONE SERVICE

Special telephones will be installed in the Auditorium to receive calls for physicians. Tell your office girl that you can be reached at the telephone number below.

BROADWAY 8030

Scientific Exhibits

YOUR committee in charge of scientific exhibits for the annual meeting this year has attempted to present exhibits that will live up to the well-established popularity of this phase of our annual meeting. An attempt has been made to cover as nearly as possible fields of medicine of interest to general practitioners and specialists alike. Of special interest this year are the consultation services in radiology and pathology, to be offered in booths 1 and 25. Physicians are urged to bring with them to the meeting synopses of cases concerning which they desire consultation, together with roentgenograms and pathologic specimens.

Dr. James A. Evans, a member of the Council on Scientific Work, who has charge of the exhibit section, has arranged for eighteen scientific exhibits. The entire area of Juneau Hall will be devoted to scientific exhibits, as follows:

BOOTH 1

Section on Radiology of the State Medical Society of Wisconsin

J. Edwin Habbe, Milwaukee, chairman; Irving Cowan, Milwaukee; R. P. Potter, Marshfield; L. W. Paul, Madison

Radiologists of the section will rotate in attendance from 10 a. m. to 1 p. m. and from 2 p. m. to 5 p. m. in order to consult with doctors throughout the State on interesting films which may be brought to the booth for interpretation. In this way there will be a consultaton service available in the booth during each day of the meeting. Doctors desiring such consultation should bring with each film a synopsis (preferably written) containing the patient's history and physical findings. Postmortem and pathologic findings, if any, should be included in the synopsis.

There also will be a continuous exhibit of roentgenographic reductions, clinical photographs and photomicrographs along the walls of this booth, illustrating the more recent advances in the fields of radiology, kymography, tomography, special positions, pelvicephalography and therapy in the fields of proven value not commonly utilized by the average physician.

To make this exhibit a success the Section on Radiology will need the cooperation of the membership throughout the State as regards bringing in films and the preparation of a short synopsis. This is an innovation in the way of exhibits and the Section on Radiology is hoping it will be a success as a consultation service.

BOOTHS 2 AND 3

Cancer Control, Women's Field Army

M. Fernan-Nunez, Milwaukee, chairman

This exhibit will be composed of twenty-four plaster models showing various types of internal and external cancers in natural colors, several excellent colored posters and a projector with a film strip on cancer control. Officers of the Women's Field Army will be present at all times to give out literature and discuss with the doctors their work in popular education on cancer. The object of this exhibit will be better to acquaint the medical profession with the work of the Women's Field Army and thus secure their cooperation in the cancer prevention movement.

BOOTHS 4 AND 5

Weak Foot; Pathogenesis and Treatment

James Graham, Springfield Clinic, Springfield, Ill.

This exhibit attracted notable attention at the American Medical Association meeting in St. Louis this year. Dr. Graham has kindly consented to favor us with the exhibit as it was shown there.

BOOTHS 6 AND 7

Anomalies of the Urinary Tract

R. P. Potter and W. G. Sexton, Marshfield Clinic, Marshfield

This exhibit consists of roentgenograms, photographs, drawings and surgical and anatomical specimens of cases of anomalies of the urinary tract. Especial welcome was extended to this exhibit by your Council on Scientific Work as representative of work being done in Wisconsin.

BOOTHS 8 AND 9

Cardiac Clinic

M. F. Rogers, S. F. Morgan, C. M. Kurtz, Ely Epstein, C. W. Long, J. L. Armbruster, H. W. Hefke and M. A. Hardgrove, from the Milwaukee Children's Hospital

This exhibit will consist of x-ray photographs and movie films. Dr. Maurice Hardgrove, who is in charge of this exhibit, also plans on having patients present to illustrate clinical material in cardiology.

BOOTHS 10, 11 AND 12

Transurethral Surgery

Section on Urology, Mayo Foundation, Rochester, Minn.

This exhibit will consist of transilluminated exhibit cases against the back wall of the exhibit booth, and motion pictures. Dr. H. H. Bulbulian will be in charge.

BOOTHS 13, 14, 15 AND 16

Fractures in Children

W. P. Blount, C. Fidler, M. J. Fox, R. P. Montgomery, A. A. Schaefer, A. C. Schmidt, I. Schulz, H. C. Schumm, S. J. Seeger, from the Fracture Service of the Milwaukee Children's Hospital

The theme of this exhibit is: Fractures in children are different! The Fracture Service of the Milwaukee Children's Hospital will present a demonstration consisting of copies of x-ray films, photographs, moulages and clinical demonstrations to illustrate the proper and improper methods of treatment of fractures in children. The common types and some unusual fractures will be shown, as well as the end results of treatment. The indications for open reduction will be stated clearly and the numerous contraindications graphically illustrated. This exhibit won honorable mention at the American Medical Association meeting in St. Louis this year.

BOOTH 17

Urography—Diseases and Injuries of the Genitourinary Tract

George H. Ewell, Jackson Clinic, Madison

Exhibit of pyelograms, cystograms and urethrograms showing the value of roentgen examinations combined with urologic examinations in the diagnosis and treatment of diseases and injuries of the genitourinary tract; photographs and transparent drawings demonstrating some types of abnormalities in the genitourinary tract; demonstration of the more common urologic conditions and many unusual cases. This exhibit was presented at the American Medical Association meeting in St. Louis in May.

BOOTHS 18 AND 19

Diseases of the Gallbladder Ducts and Liver

R. H. Jackson, J. N. Sisk, H. E. Marsh, and A. S. Jackson, Jackson Clinic, Madison

Exhibit of models and charts illustrating diseases of the gallbladder and liver and the various steps in cholecystectomy; slides amplifying these conditions and illustrating the pathologic changes; technic of T-tube drainage of the common duct; charts and drawings demonstrating surgical methods used in treating disease of the biliary system; a study of anatomic variations of the cystic artery and a series of cholecystograms.

ON SCHEDULE

For several years the scientific program of the annual meeting has started exactly at the hour listed in the program. You are assured that when you enter the session hall the program scheduled for the hour designated will be presented within thirty seconds of the scheduled time.

BOOTH 20

The Current Diabetes Situation

Elliott P. Joslin, Howard F. Foot, Louis I. Dublin, and Herbert H. Marks, from the George F. Baker Clinic, Boston, Mass., and the Metropolitan Life Insurance Company, New York City

(Personal demonstration by Dr. Francis D. Murphy, Milwaukee, and his associates, Drs. W. Klopfer, B. Pietraszewski, M. Korrell and F. Sloan.)

Exhibit of charts showing existing trends in the incidence, diagnosis, prognosis, mortality and treatment of diabetes and its complications, with special emphasis on the prevention and early detection of the disease. Record forms and discharge directions for diabetic patients and statistical forms used in the study of patients' records. This exhibit is one of several offered by the Metropolitan Life Insurance Company and was chosen by your Council on Scientific Work as being of the widest interest to general practitioners and internists in Wisconsin.

BOOTH 21

Intervertebral Disc and Related Structures

S. A. Morton and G. H. Hansmann, Columbia Hospital, Milwaukee

An exhibit of transparencies of photographs of pathologic specimens, diagrams and roentgenograms to show the normal and abnormal intervertebral disc. The effect of certain abnormalities of the disc on the structures in the spinal canal as demonstrated by lipiodol in the spinal canal is illustrated. In view of the recent interest demonstrated by the profession at large, your Council on Scientific Work was especially happy to have the opportunity to present this exhibit.

BOOTHS 22 AND 23

Gastrointestinal Pathology

Departments of Pathology and Radiology, Marquette University School of Medicine

This exhibit will be composed of forty gross specimens of gastrointestinal disease and two large, viewboxes containing twenty-four x-ray films of gastrointestinal lesions supplied by Dr. F. W. Mackoy, clinical professor of roentgenology, Marquette University School of Medicine.

BOOTH 24

Ureterointestinal Anastomosis

Roy E. Brackin, Department of Surgery, Rush Medical College, Chicago, Ill.

This is a new method of ureterointestinal anastomosis in which peritoneum is utilized. Experimental evidence will be presented. Technic will be shown by drawings. The result in animals wll be shown by intravenous pyelograms, mounted gross specimens, roentgenograms of injected specimens, photographs

of specimens, photomicrographs of the ureterointestinal openings, ureters, bladder and kidneys of animals up to one year following ureterointestinal anastomosis by this method, which is original with the department of surgery, Rush Medical College. A motion picture of bilateral transplantation of the ureters into the rectosigmoid in the treatment of carcinoma of the bladder probably will be shown also. This exhibit received much attention at the 1939 session of the American Medical Association in St. Louis.

BOOTH 25

Live Tissue Pathology

In this booth a coordinated teaching service by pathologists of Milwaukee and Wisconsin generally will be attempted with the hope of interesting members of the Society at large. The booth will be in charge of Dr. E. F. Barta, Milwaukee, and Dr. J. C. Grill, pathologist at the Milwaukee County Hospital. Fresh tissue specimens properly preserved will be shown by prominent pathologists. In this way an almost continuous clinical-pathological conference will be conducted and an opportunity for instruction in gross pathology is offered to members of the Society.

Doctors throughout the State are urged to bring to this booth properly preserved specimens together with a short synopsis of the clinical history of the case to be presented at the booth for consultation.

BOOTHS 26 AND 27

Skull Fractures and Cerebral Injuries

Harry E. Mock, John L. Lindquist and Harry E. Mock, Jr., from St. Luke's Hospital and the Department of Surgery, Northwestern University Medical School, Chicago, Ill.

Exhibit of charts, plaster models, paintings, drawings and roentgenograms depicting the management of skull fractures and cerebral injuries, based on a review of proved skull fractures; simple methods and necessary views to be taken to demonstrate the presence of a skull fracture; cerebral pathologic changes following injury; diagnosis of conditions causing prolonged unconsciousness. This exhibit attracted notable attention at the recent session of the American Medical Association in St. Louis.

BOOTH 28

Medical Library Service, University of Wisconsin

A sizeable number of representative current medical journals will be exhibited on a six foot table where they can be readily examined.

In a small book case will be shown the newest editions of the most useful medical books, some reference works, and a volume of the Quarterly Cumulative Index to show how the reference work is done in the library.

A map of Wisconsin with dots to represent borrowers by county will be hung on the wallspace behind the settee. A large graph showing the increase in service by years to date will also be exhibited, and a list of Wisconsin physicians who have used the service. Book and journal lists and booklets outlining the various services will be distributed.

BOOTH 29

Manipulation for Supracondylar Fracture of Femur

L. D. Smith, Milwaukee

This exhibit will show the principles advocated by Dr. Smith in treating supracondylar fracture of the femur. The demonstration was part of the Special Exhibit on Fractures presented at the recent meeting of the American Medical Association in St. Louis.

BOOTH 30

Treatment of Paralytic Ileus and Mechanical Obstruction

M. E. Gabor, Milwaukee

An exhibit of x-ray films taken in cases of paralytic ileus and mechanical obstruction treated by the Miller–Abbot tube. The films will instructively convey the idea of successful decompression of the bowels, obviating secondary operations, preparations for operations, etc. Dr. Gabor also will show films of unusual duodenal conditions—such as essential periduodenitis, duodenal diverticulae, and carcinoma of the duodenum—and duodenal obstruction.

IMPERATIVE THAT BADGE BE WORN

Only by observing an ironclad rule to exclude from the scientific sessions everyone not wearing a badge has it been possible in previous years to eliminate complaints that non-members and neurasthenics were gaining admission to the session halls. It has been deemed imperative, therefore, that a similar rule be enforced this year.

Admittance to scientific sessions will be granted only to those who are wearing the Society badge.

Your badge, together with a copy of the program, can be secured at the registration desk in Kilbourn–Walker Hall, the Milwaukee Auditorium. If your badge is lost, a duplicate may be secured at the registration desk.

Preliminary Report of the Advisory Committee on Voluntary Sickness Insurance

Robert W. Blumenthal, chairman, Carl D. Neidhold, Wellwood Nesbit

Historical Aspects

A YEAR ago your House had before it the report of the Special Committee to Study the Distribution of Health Services and Sickness Care in Wisconsin (Wisconsin M. J., Oct., 1938). Discussing the subject of voluntary sickness insurance, the committee declared "The State Medical Society of Wisconsin is not adverse to, and on the contrary will cooperate in and direct proper experimentation in, the delivery of medical care."

Specifically, after referring to the amendment of the charter law of the Society enacted in 1935 and earlier effort, the committee recommended "that through interested county medical societies, further experiments in providing medical service for people of limited means may be conducted. * * * In such experiments the profession should recognize and try plans that are proposed from groups within the public as well as any others that in the future we ourselves may deem deserving of trial. * * * The committee senses that not every county medical society is now in position to experiment, nor is that needful or useful. There are but two or three main proposals, and these well might be tried, each in that area wherein is found the population which that particular type of plan is designed to serve."

In adopting the recommendations so set forth, this present committee was established as a guidance group to make certain that in any trial the societies adhered to those principles through the observance of which sound sickness care is encouraged, and to avoid a needless duplication in the experiments which would be costly in time, effort and money. The committee had assigned to it on a substantially full-time basis, the services of the assistant secretary of the State Medical Society. He has served as the committee's executive and field director throughout the year. Our single purpose has been to find, through a sympathetic approach, whether there are any plans of voluntary sickness insurance which show promise further to advance the health of the citizens of Wisconsin—already one of the three leading states of the United States in health achievements.

In adopting the report of the Special Committee a year ago, the delegates established public and professional safeguards by approving the following principles and procedures under which sickness insurance trials might be conducted by component societies:

"The State Medical Society of Wisconsin is not averse to, and on the contrary will cooperate in and direct proper experimentation in, the delivery of medical care, provided:

"A. Patients will not receive a deliberately cheapened service during the course of the experiment, merely because of failure to fix a sufficient premium.

"B. Free choice of physician is maintained among those ready and willing to serve to the end that the patient in his sickness needs has the service that his sickness requires, and not artificial limits of service, or service for special needs at the hands of the inexperienced.

"C. There must be no experimentation motivated by emphasis on profit to the physician. The effort must be to find new ways of serving the community.

"D. There must be no duplication of an experiment which experience elsewhere has already demonstrated conclusively to be unsound in principle. There is no need to jeopardize the service to the sick man in order to duplicate an experiment wherein the unsatisfactory results of the exact method are already available and known. In this connection, it is to be recalled that under Medical Society supervision there have already been over 300 separate and different types of experimentation in the United States, the results of the initially

most promising of which have been studied by the profession in Wisconsin.

"E. The experiment in the delivery of medical service should have the same control as has the experiment in the field of finding new and useful drugs; i.e., it is not applied widely until its usefulness is demonstrated in at least a preliminary manner, and conversely, the experiment involved is abandoned as soon as its non-usefulness is discovered.

"F. An experiment in the rendition of medical service must have the capital and surplus of the great body of physicians willing and ready to perform the promised service for the term of the experiment, even though payments to the physicians participating, by any reasonable standard, prove grossly inadequate.

"G. The promise of benefit from the experiment must be sufficient to attract to its support the great body of physicians in the community for which it is proposed. This is the only means of assuring to the public that it does not pay twice,—once in money paid in advance, and again in unrecognized cheapened service, endangering both health and life.

"H. The form of the experiment and the service that is proposed to be rendered must be unmistakable in their terms. The experiment must not depend for its success upon revenue received by prescribing either additional services or medicines that the patient must pay for beyond those provided under the plan, and out of which a concealed profit is returned as a commission or other similar form of revenue to the physicians concerned.

"I. There should be no profit for the promoter in any joint effort of the public and profession of medicine to find new ways to serve the health and sickness needs of the people. The physicians must be under no limitations in serving their patients which are erected by any third party whose interest is monetary rather than humanitarian.

"J.* When under any plan it is possible for the subscriber to receive either diagnostic or therapeutic services by participating physicians; and when such subscriber is referred by his attending participating physician to any other physician, whether a participant or not, such subscriber shall be entitled to receive the cash equivalent that a participating physician would have received in rendering such benefits at the time of their rendition. It is the judgment of the attending participating physician that must determine how the patient needs can best be filled rather than the artificiality of a participating panel or territorial limits. To follow the latter limitations is to encourage the patient to receive care provided within the limits of the plan in order not to lose prepaid benefits, rather than to follow the advice and best judgment of his participating attending physician.

"Similar cash benefits shall be available for emergency service rendered during the extent of the emergency when the subscriber is outside the territorial limits of the plan.

"In both instances a trial plan properly may provide for review by the local medical society governing committee."

The House also adopted the following procedures:

"(1) Any experiment be conducted on a premium basis and with such scope of service for a given population and economic group as is agreed upon in joint conference between a select committee of the State Medical Society and proponents of the plan as promising most for its success.

"(2) An experiment be confined to that county or counties wherein the local county medical society acts as the guarantor of the service to the end that the proposal may be tried.

"(3) Within the county, the supervision of the experiment be under a committee composed of members of the county medical society, and proponents of the plan.

"(4) All records and accounting be those determined by legal and insurance counsel of our State Society to be essential to the conduct and recording of a sound experiment.

"(5) The State Medical Society assure full publicity of the results of any experiment upon which it enters.

"(6) Any experiment be discontinued, with full publicity of the results, and books open to the public, whenever the profession is convinced that continuance of the experiment would serve no useful purpose or endangers the best patient interests.

"(7) If any single experiment appears to prove itself useful as a procedure for the furnishing of health service and sickness care to the public, its scope be extended to other areas and other population groups to secure that fuller information essential to the consideration in the actual adoption of any state-wide plan.

"(8) Finally, your committee recognizes that under any such experiments, even though they be initially but two or three in number, there should not be an undue operating cost that might result from the

* Adopted by the Council, July, 1939.

limited numbers of patients covered in a single plan. Such fair administrative costs should be worked out by the local joint committee, and the balance for such an item as rent, and administrative forms, should be a contribution of the State Medical Society. Secondly, if the several experiments are to be useful, there must be close supervision to assure to their proponents that their thoughts are being carried forward faithfully, and to the profession that the factual results under the most favorable conditions may be carefully compiled and recorded. There should be no solicitation costs, and a minimum of local administrative costs.

"Your committee is convinced that it will be necessary to have some one whose task it will be to supervise any and all experiments within the State. Your committee recognizes this would require the employment of some one for this specific purpose and provision for limited travel expense."

The Advisory Committee on Voluntary Sickness Insurance has adhered to the wishes of the delegates by following the foregoing principles and procedures.

Your committee states at this point that it has been impressed deeply by the soundness of the Society's attack upon this basic problem. Both principles and procedures in practice have proved their significant public purpose. Your committee likewise has been impressed that the entire effort was to make laboratories of the interested county medical societies and research workers of the physicians in practice for the purpose of conducting an experiment in economics, the effects of which can be as far-reaching and beneficent as any experiment in the scientific field.

Two-fold Initial Study

The problem accordingly required a two-fold initial study:

A. By what criteria could the experiment be judged?
B. In what manner could data essential to such judgment be recorded out of the actual trials?

Establishing criteria.—While there have been literally hundreds of trials and plans in the United States, a very thorough initial study indicated that few, if any, could make a report that involved more than a financial statement. If the profession and citizens of Wisconsin were to judge of the merits of any particular plan in the broad field of voluntary sickness insurance, it was obvious to the committee that a mere financial statement would not suffice. Some of the questions that your committee felt should be answered at the termination of a trial are given below:

1. Did subscribers consult physicians earlier, in the face of symptoms, than they had prior to becoming subscribers?
2. Did the subscribers obtain a greater degree of preventive service under the plan than formerly?
3. Were subscribers more willing to follow the advice of the physician for needed care?
4. What factors were encountered that tended to lower the quality of sickness care? Could these be corrected?
5. Was the demand for voluntary insurance sufficient in amount so as to prevent an over-load of adverse risks thus requiring a premium too high for the income class sought to be served?
6. Could such plans operate economically from the viewpoint of administrative and solicitation costs?
7. Was the return for the physician, having in mind the income class served, sufficient to encourage graduate education, proper office equipment, and sufficient to continue to attract the best minds to the profession of medicine?
8. Was the plan capable of enlargement on an area or state-wide basis?
9. Did the plan in its operation discourage self-medication?
10. Did the operation of the plan change the previous choice by the patient of his physician? If this did occur, what was the reason and did the result promise further to advance the patient's health?

In stating the criteria above, your committee is not making an all-inclusive statement but rather indicating some of the more

important questions that should be answered out of such an experiment.

Recording of data.—The second problem of the committee was to adopt a method of recording data from which such basic questions could, of certainty, be answered. The assistant secretary was sent to interview many authorities in the field including staffs of insurance companies, public health authorities, economists, sociologists, statisticians and others. It soon was discovered that the Society, in this effort, as in much of its previous work, must pioneer. It was recognized that the desideratum was the simplest possible method of recording only essential data. To record diagnoses in accordance with the Standard Classified Nomenclature of Disease, for example, would require a handbook for each local administrator of several hundred pages.

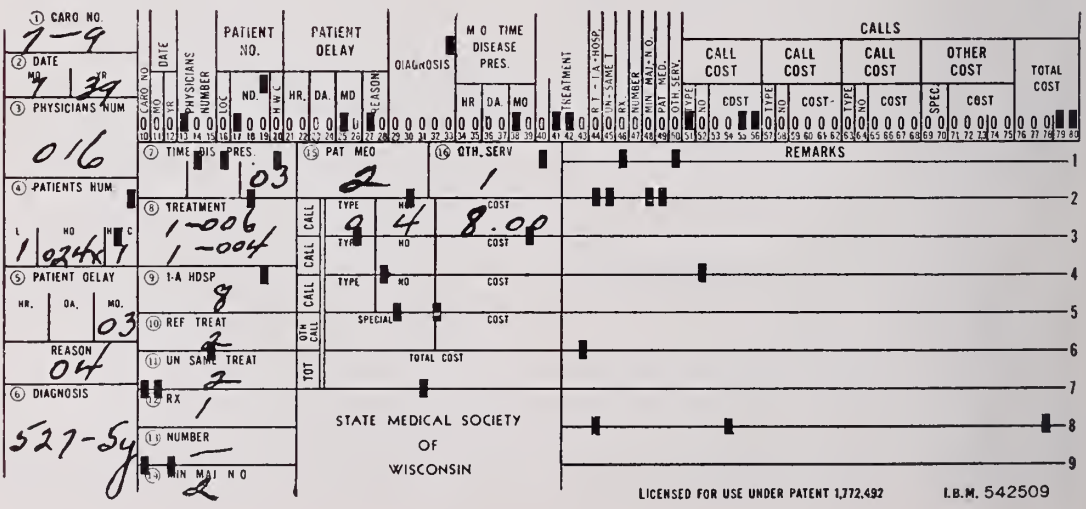
After study and continuous conference, your committee adopted a simplified form of the so-called punch card system. Cards so compiled may be sorted mechanically to secure the data desired. This mechanical sorting makes it possible through one recording to compare one set of data with literally hundreds of other specific items without resorting to the laborious task of consulting the original source of inf rmation, as would be necessary if manually written recording was employed. A sample card is reproduced for the information of the members.

Contractual Relationships

The third problem was the all-important one revolving about the legal questions involved in the contractual relationships to be established. The trials were to proceed under the 1935 amendment to the charter law of the State Society which provided that:

> "(148.01) (3) The state society, or a county society in a manner approved by the state society, may undertake and coordinate all sickness care of indigents and low income groups, through contracts with public officials, and with physicians and others, and by the use of contributions, co-operative funds and other means, provided only that free choice of physician within such contracts shall be retained and that responsibility of physician to patient and all other contract and tort relationships with patient shall remain as though the dealings were direct between physician and patient."

It is a lawyers' if not a lawmen's truism that an effective contract must embrace a "meeting of the minds" as to a common objective. In the light of that principle, your committee has endeavored so to establish the contractual provisions in the various trials that it may be said truly there has been a meeting of the minds of those participating—patients, physicians, and administrators. Literally a maze of questions have been settled. It is only through these trials in actual operation that the medical profession as a group ultimately will acquire that



experience which will enable it to resolve all questions in the manner best designed to accomplish progress in public health.

Basically, of course, it is that which promotes the public health that is in the best interest of the subscriber-patient, the participating physician, and the administrative body. Yet it is undeniable that each of these groups is prone to think in terms of its own interests as though they were separable and apart from the interests of the others. Your committee has felt it part of its task to lead the thoughts of the actual participants to the sound ground of public health. Thus it is that in each of the trials emphasis continually has been placed on the cooperative effort necessary on the part of each that the ultimate soundness of the trial plan can be determined.

In the unceasing effort to establish the contractual relationships so clearly as to minimize to the utmost the possibility of misunderstandings, your committee has felt it advisable to treat specifically many questions which would not commonly arise in private practice. This effort arose also from the necessity of indicating good standards of medical care to the subscriber and from the desire to re-assert those public health principles which the medical profession holds to be all-important to the continuous advancement of medical science and the welfare and health of its patients.

As indicative of some of those considerations which concerned the committee and its counsel in the phrasing of the contractual provisions of the trials, was the fundamental one of stating just what is provided the patient in return for his monthly or quarterly subscription fee. That is, of course, a fundamental problem, and one which must be met without either equivocation or carelessness. It seemed to your committee that, in the final analysis, each trial had the common objective of providing those services generally available within any given community. Thus your committee ultimately determined that the patient-subscriber should not be advised in detail as to what services were available, but rather should be told what services were *not* available. By this method, neither patient nor physician is called upon to determine what may be a complex question as to whether the sickness care necessary falls within the technical confines of specified coverage, but are simply advised that if the subscriber needs certain defined care, or his sickness arises out of certain specified circumstances, the benefits of the trial are not available to him. Thus, your committee determined to eliminate related services, such as ambulance service or the providing of frames and lenses. Treatment for tuberculosis and venereal disease after diagnosis is likewise excluded from all trials on the basis that these diseases may involve long and continuous treatment, for which public specialized care is already available.

Your committee sought, at all times, to be ever-mindful that the most essential feature of the experimentation was the "spread-of-risk" and "spread-of-cost" character of coverage. Obviously there should be no duplication of effort, and it was upon this basis that it was determined to eliminate from coverage cases arising, for example, under the Workmens' Compensation Act.

In both the Superior and Milwaukee plans extra-territorial benefits were provided in those cases where the patient temporarily might be beyond the service limits of the trial, yet in need of medical attention. In the Rock county trial, however, no benefits are provided except within the confines of the county. These varying features are not only indicative of the experimentation undertaken, but of the problems with which your committee has been confronted, and of the different theories that may prevail as to certain given situations.

In both Superior and Milwaukee it was felt that trial plans of this character should embody limited indemnifying provisions for certain situations, because one of the important efforts of the plan was to equalize the costs of medical care. Thus, it was held, if a subscriber was not within the service limits of the plan at the time of need, he should not be wholly without benefit arising from his having shared in the costs of others over a period of time. In Rock county, on the other hand, it was felt that the subscriber, having sought protection as against the costs of a community service, should have only those

services available to him. Proponents of this concept held it to be sound in that the financial aspects of the plan were based upon community risks and costs, as well as other considerations, and no group should seek to protect itself, on the minimum financial costs, against more than that. Regardless of the merits of these various contentions, your committee and its legal counsel have been faced with the problem of so stating such provisions, and others of a related character, that the patient-subscriber would know exactly the extent or the limitations of the benefits available.

Your committee emphasizes that the experimentation of your Society is conducted under the authorization contained in its charter law, as amended by the legislature of Wisconsin in 1935. In part such law provides that free choice of physician within any plan must be available, and that the physician-patient contract and tort relationship "shall remain as though the dealing were direct."

Your committee has deemed it important to note, in each of the trial plans, that free choice of physician does not necessarily imply an unrestricted right to treatment by the physician chosen, but that each physician available was possessed of the same privilege as in private practice—to refuse a case for those very reasons that might impel him to refuse a case not under the trial plan, as, for example, where prior patient commitments prevented the rendition of proper care to the patient seeking his services.

In this same connection, your committee was of the opinion that while the charter law provision was sufficiently broad to protect against a physician being discharged of his contract and tort relationship to a patient, there was nowhere in the law a provision preventing extension of that liability to other physicians, or by the participating societies. Nor, in the committee's judgment, was there reason why, in this particular experimentation at least, such liability should be extended beyond that already a matter of law. No plan involves physicians jointly, or in the character of partners. Legally, each physician is simply a unit, apart from all others, and available with the same liabilities as in private practice. To carry out this theory required careful drafting, that the charter law of the Society would be met with strict compliance, for in that compliance lies the greatest public protection.

Detailed care was given phrasing of those provisions providing for the collection and disbursement of funds. Out of the many problems that arose in this respect, your committee was particularly concerned with the problem relating to administrative expense. While your Society has devoted freely of its time and substantially of its funds to the development of the thoughts of the physicians organized in Milwaukee and Rock counties, and, in the case of Superior, to the suggestions of a lay organization, it was felt by your committee that the very substantial contribution of the Society was nevertheless insufficient protection against excessive administrative costs which might be taken from funds otherwise available for medical services. Your committee therefore established an arbitrary limitation beyond which administrative costs could not be borne out of subscription fees. And, as further protection, that proportion available for medical benefits is maintained in a segregated fund available for that purpose alone.

In dealing with this phase of the various legal questions involved, your committee was confronted with many so-called "secondary" legal problems. Provision had to be made for payments in cases of disputes, and for pro rata payments where the funds on hand might be insufficient at that time to pay all medical bills in full. Every effort was made to protect these funds against garnishment actions in legal suits against an individual subscriber, or some lay individual. The character of the plan was clearly emphasized to avoid complicating the tax liability of the organizations involved. These and a multitude of similar questions, and others which will necessarily arise as the trials develop, must be resolved that each plan may be operated with the minimum of mechanical and legal hazards.

Your committee has outlined here only some of the more important, as well as apparent, legal complexities with which it has been confronted. Each has required study and careful analysis that no contract

provision might be contrary to the best interests of the public health. Your committee hastens to note here that it is conducting your Society's experimentations over an uncharted route in a new and difficult field. There are no forms to follow; no experience of others to analyze. It is the prophecy of your committee that the continued operation of the trials over a period of several months will doubtless raise legal and legal-economic problems not now anticipated, but ultimately the new problems will diminish to a practical vanishing point, and concern of the Society will be solely with their solution rather than analysis.

Sound Insurance Methods

The fourth problem of the committee revolved about the establishment of basic insurance standards that long experience had indicated as fundamental to success in any insurance. Your committee has not been adverse to making departures from standardized practices provided that such departures were recognized and additional data so recorded as to permit eventual judgment whether such departures had of themselves been beneficial, merely permissible and without effect, or whether they had contributed an additional hazard to success. No extended discussion of this problem is indicated at this point, your committee wishing only to record recognition of the problem and state its practices. It was under this field that the committee requested in each trial the establishment of a minimum limit of enrolled subscribers prior to operation of the trial. Your committee also established for each such trial an upper limit to the number of subscribers permitted to enroll. Not to do so would make it exceedingly difficult to terminate a trial even though its defects were apparent in number and recognized as being incapable of cure.

Your committee reiterates that it had before it the great advantage of much previous experience by the State Society within our own State. The Society had perfected plans for the care of the indigent both under F.E.R.A. and under subsequent county systems. The Society had the benefit of experience under two previous authorized trials in the post-payment field. Your committee also had the advantage of the basic insurance studies of the Society's insurance counsel, as well as the continuance advice of the secretary of the State Society, who had but just returned from his studies abroad in the field of compulsory sickness insurance. It is apparent that the present trials cannot be considered as in a terminate stage until the end of 1940. The four approved trials that follow appear to your committee to partake of fundamentally different elements. No additional trials are now contemplated though it is assumed that leeway is granted the committee in this respect.

Report on Trials—Preface Statement

It has been our experience that each proposal goes through three distinctive phases in its development. Each phase is described in detail in at least one report, as follows:

1. *Douglas county report.*—This report illustrates the lapse of time that apparently is inherent between the time a plan is broadly visualized and the time it becomes operative. Incidentally, this report indicates the care exercised by your Society to obtain essential factual data, particularly where lay management is involved.

2. *Milwaukee county report.*—The presentation of the actual signed agreement is here used to show the great care that must be exercised to set forth clearly and concisely the exact contractual relationships of the parties affected.

3. *Rock county report.*—The development of a plan from the viewpoint of the local physicians is set forth in a narrative manner as an example of that which occurs under any proposal.

Finally, there is set forth a procedure suggested to the Farm Security Administration for trial in the counties of Trempealeau, Jackson and Buffalo as a further example of the effort by the State Society, aided by a component county medical society, to assist state and federal agencies in an effort truly to serve the health interests of clients in some one or all of the public assistance groups.

In a reading of the material that follows it should be kept in mind that a full report on any one of the trials would have to include all of the several subject matters that are herein set forth one each respectively for Douglas, Milwaukee and Rock counties.

Douglas County Trial

A plan for prepaid medical care as proposed by an interested lay group, provisions accepted by the profession without expression of judgment. Gives complete professional care to all subscribers without limitation for the sum of $2.90 per month for a family, $2.25 per month for a married couple and $1.50 for a single person. Subscriber eligibility determined by physical examination. Membership open to anyone in Douglas county. Admittance determined upon individual's application and physical examination.

Community Structure

Douglas county with a population of 46,500 is one of the northern-most counties in Wisconsin. Over 36,000 people live within the city limits of Superior, the remaining 10,000 being located in the rural districts. The county is approximately thirty-five miles north to south and east to west.

One-third of the population of Douglas county is foreign-born. Of the foreign-born population almost one-half are from Norway and Sweden. The three nationalities which predominate in the *foreign-born* group are, in the order of their predominance, Swedish, Norwegian and Finnish. The same nationality strain is evident in the native-born residents of Douglas county who are of foreign or mixed parentage. The predominant nationalities of native-born, but of foreign parentage are, in the order of their predominance, Swedish, Norwegian, German and Finnish.

The predominant occupations in Douglas county are, in the order of their importance, steam and street railway transportation, agriculture, wholesale and retail merchandising, and transportation other than steam and street railway transportation.

Income

Douglas county ranks high in the percentage of its adult population which files income tax reports. Twenty-six and nine tenths per cent (26.9 per cent) of the adult population (21 to 64 years of age) filed state income tax reports in 1936. Douglas county ranked seventh among Wisconsin's seventy-one counties in the percentage of its adult population which filed income tax returns in 1936. The *average* income of those who filed income tax reports was $1,746. There were more than 5,000 income tax returns filed from Douglas county representing individual incomes in excess of $1,000 for the taxable year. A rough estimate would be that slightly less than 50 per cent of the families filed income tax returns of $1,000 or more.

In evaluations made in recent years of the financial ability of the respective *county* governments in the State, Douglas county has always been ranked in the lower 50 per cent. As an example, in 1935 the Wisconsin Public Welfare Department published a study of the "Financial Condition of Wisconsin Counties." In this study the Wisconsin Public Welfare Department ranked Douglas county in sixty-sixth position, with only five counties in an inferior relative financial condition. Other studies have ranked Douglas county as fifty-sixth in the average value per acre; fifty-eighth in income per acre; and sixty-fourth in the per cent of total area under cultivation.

The Cooperative Movement in Douglas County

The first Wisconsin statutes authorizing the formation of cooperatives in the State were enacted in 1887. That early statute provided that cooperatives might engage in *retail sales for cash only*. The 1887 cooperative statute was repealed in 1907, and from 1907 to 1911 there were no cooperative statutes in Wisconsin. In 1911 a new cooperative statute was enacted, and at that time the use of the word "cooperative" was prohibited to all except cooperative associations organized under the cooperative statute. In 1913 the

cooperative statutes were amended to permit the formation of credit unions and allowed their organization under the cooperative law. A complete revision of the cooperative law took place in 1921; since then it has remained basically unchanged.

It was shortly after the enactment of the new cooperative statutes in 1911 that the cooperative movement started in Superior. Since 1914 the cooperative movement has grown and expanded until at the present time there are fifteen manufacturing, wholesaling or retailing cooperative outlets in Douglas county. The cooperative associations located in Douglas county employ 137 people in various fields.

The activities engaged in by the cooperatives are retailing of groceries, feed, oil, bakery goods and farm equipment. In addition to the retailing activities of the cooperatives in Douglas county there is located in the city of Superior a wholesale cooperative organization known as the Central Cooperative Wholesale. There is also a cooperative publishing association, and, finally, the Cooperative Health Association. An appreciation of the volume of merchandising of the associations can be obtained by a glance at the accompanying charts. Charts I, II and III show the combined experience of the cooperatives since their organization in Wisconsin. Charts IV, V and VI show the experiences of the Central Cooperative Wholesale, which serves all of the retail cooperatives in the northwestern United States, covering intensively Wisconsin, Michigan and Minnesota.

As might be expected, the concentration of those in Douglas county interested in the cooperative movement is in the city of Superior where the population is most dense. The cooperative associations in Douglas county are all located in the northern half of the county.

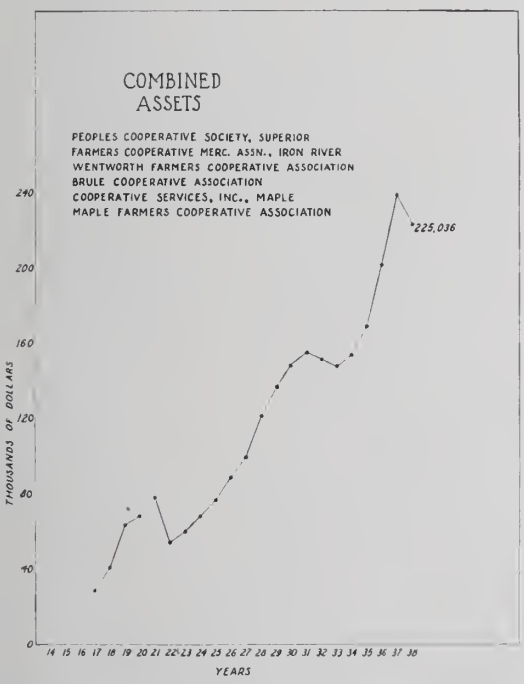


Chart I.

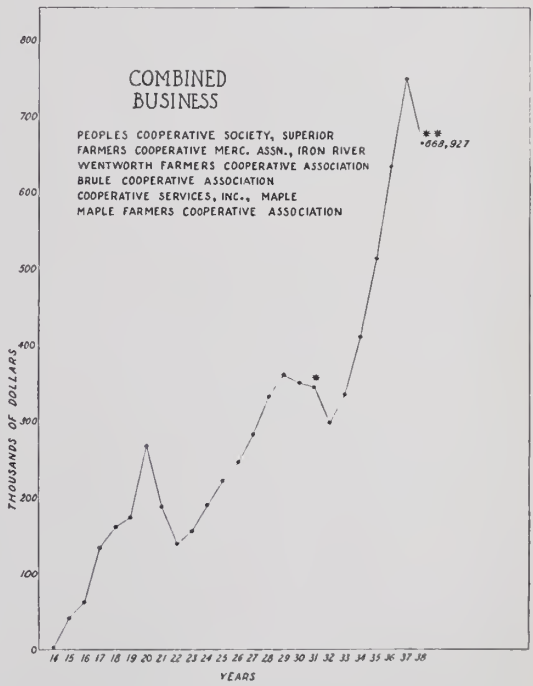


Chart II.*

* The report of the Maple Farmers Cooperative for 1931 did not give amount of business transacted. In computing total of all cooperative business for 1931, the average of the business transacted by the Maple Farmers Cooperative in 1930 and 1932 was used.

** The 1938 report of the Maple Farmers Cooperative included only first six months. In computing total amount of business transacted for all cooperatives, Maple Farmers Cooperative was figured on the basis of twice the amount shown for first six months.

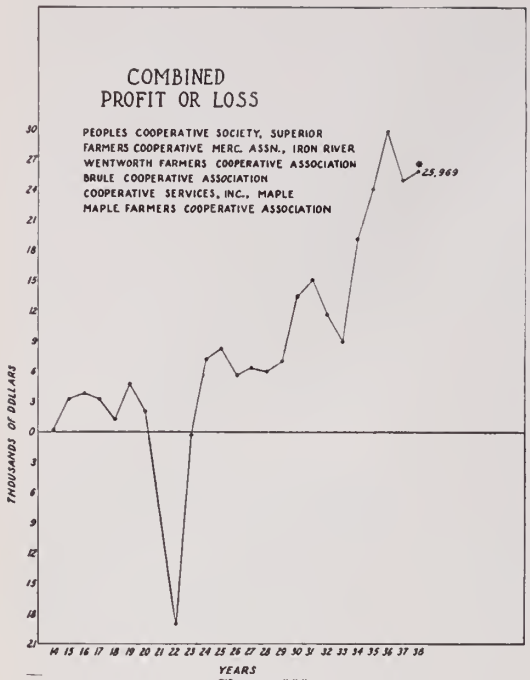


Chart III.*

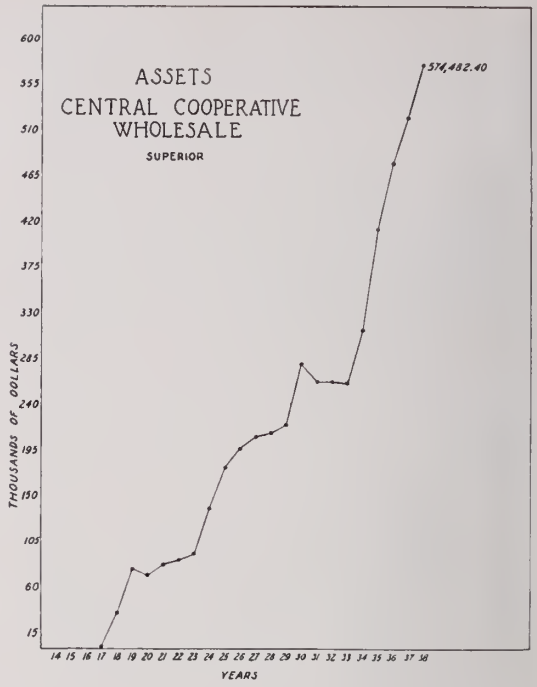


Chart V.

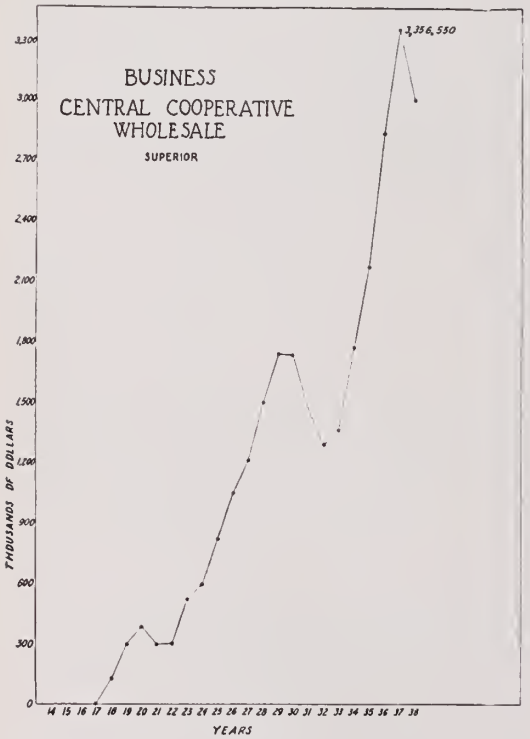


Chart IV.

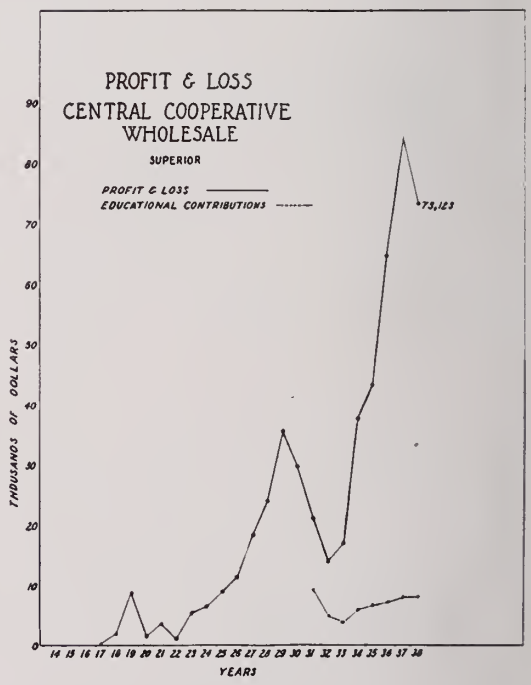


Chart VI.

* The 1938 report of the Maple Farmers Cooperative indicated profit of $3,002 for the first six months. In computing total profit of all cooperatives for the year the amount of profit of Maple Farmers Cooperative for the first six months was doubled.

As of January, 1939, there were approximately 2,569 shareholders* in the cooperative associations located in Douglas county. A person may become a member of any of the retail cooperative associations by subscribing to a share of stock, which is usually $5 or $10 per share. The Wisconsin statutes prohibit the voting by proxy in cooperative associations, but do permit voting by mail. It is customary in cooperative associations to permit one person to have but one vote, regardless of the number of shares he may hold in the association.

Origin of the Cooperative Health Association

The first evidence of activity in the field of cooperative health appears to be on January 26, 1937, when a group of five citizens of Superior filed an application for the "Cooperative Health Association" with the Secretary of State for incorporation under the cooperative laws of Wisconsin. The articles of incorporation which were filed with the Secretary of State in January of 1937 provided for 2,500 shares of stock at $10 per share, or a total capitalization of $25,000. The articles of incorporation also provided for a total of fifteen directors.

The first public announcement of the intent or effort of the Cooperative Health Association appeared in the Superior Telegram on February 12, 1937, wherein it was announced that efforts were being made to secure the services and cooperation of a physician located in Duluth, Minnesota.

A newspaper article also stated that the Cooperative Health Association was endorsed and supported by the People's Cooperative Society, the Northern Wisconsin Cooperative Federation, the Superior Federation of Labor, the Douglas County Farmers' Equity Union, the Douglas County Workers' Alliance, and the Brotherhood of Locomotive Firemen and Enginemen.

Appearing at the same time was a circular inviting interested parties to become members of the Cooperative Health Association.

In November of 1937 an official communication was addressed to the president of the Douglas County Medical Society from the Cooperative Health Association, seeking to enlist the cooperation of the Douglas County Medical Society in the provision of medical care to members of the Cooperative Health Association on a prepayment basis. To outline to the Douglas County Medical Society the thoughts of the officers of the Cooperative Health Association, the following memorandum was given to the president of the society:

"Tentative Proposal by Committee on Doctor Relations of the Co-operative Health Ass'n

"1. That our members pay their dues to the Co-Operative Health Ass'n in Superior Wisconsin and that we in turn pay the Douglas County Medical Association, $1.50 a month per family and $1.00 a month for single members. It is understood that the Health Association will charge dues slightly more than these amounts about 50 cents per member per month—to cover its expenses, build up a reserve fund, pay educational and collection costs, etc.

"2. The Douglas County Medical Association in return will provide for our members all treatment required, excepting hospitalization. Members of the Health Association are to be free to call the physician of their choice.

"3. We feel that the present mileage rates on country calls are too high. We suggest that these mileage rates can be greatly reduced inasmuch as the Health Association will collect these mileage bills as billed to us by the doctors, thus assuring payment to the doctors. Also, we propose to organize health centers in the outlying villages, to which doctors will go on certain days of the month and to which our rural members will come for examination and treatment. Thus county calls will be reduced to a minimum, that is emergencies.

"4. We plan that in case of major operations or obstetric cases members shall have paid a years dues before they are covered by the Co-operative Health Association. We think this will prevent people from entering the association merely to get such a job done.

"5. It is planned that a physician shall determine if a party is a member of the Co-operative Health Association by a card he shall carry showing his monthly payment of dues.

* The word "shareholder" is not to be confused with "patron." A patron may not be a shareholder and yet be entitled to a consumer refund. The numbers of shareholders are small as compared with the numbers of patrons of cooperative enterprise generally.

"6. We will endeavor to build up a reserve fund from which loans can be made to carry members who are temporarily unable to pay their dues.

"7. The Douglas County Medical Association is to co-operate with us on a program of preventive medicine, thru periodical examination of our members and by education of our members through showing of films and lectures; also through other means that may be found practical.

"The above plan is tentative and for the purpose of giving us a mutual basis for discussion, with a view to working out a plan to be put in operation at an early date.

For the Committee,
By Mrs. Albert Lanto."

On May 6, 1937, a hearing was held on Bill 850, A. before the Assembly Committee on Public Welfare of the Wisconsin legislature. This bill provided for the establishment of cooperatives for the delivery of medical and hospital services without insurance supervision. Appearing in favor of this bill was Reverend Nat Buckley as representing the Cooperative Health Association of Superior, the Superior Federation of Labor, the First Methodist Church of Superior, the West Wisconsin Conference of the Methodist Episcopal Church. Other individuals appearing in favor of this bill were Mrs. Albert Lanto, representing the Northern Women's Cooperative Guild, Superior. (Mrs. Albert Lanto was one of the original incorporators who filed the articles of incorporation of the Cooperative Health Association with the Secretary of State in January of 1937). Others from Superior appearing in favor of the co-operative bill were Mr. George Halonen, representing the Central Co-operative Wholesale of Superior; Mrs. Frank Mehtala, representing the Wentworth Cooperative Association, and Mr. Walter J. Schuetrum, Jr., representing the Cooperative Health Association of Superior.

In June of 1937 a newspaper statement indicated that the Federal Resettlement Administration (now the Farm Security Administration) would loan funds to eligible farmers for the payment of the first year's dues in the Cooperative Health Association. The further statement was made that Dr. R. C. Williams, medical director of the Farm Security Administration, would appear before the Cooperative Health Association to give the principal address at a meeting of the Association.

In September, 1938, immediately following the meeting of the State Medical Society of Wisconsin, Mr. Crownhart (secretary of the State Medical Society) met with the Committee on Public Relations of the Douglas County Medical Society and the Executive Committee of the Cooperative Health Association to discuss the possibility of an experiment in voluntary sickness insurance to be conducted jointly by the Douglas County Medical Society and the Cooperative Health Association. The wishes of the Cooperative Health Association were outlined to Mr. Crownhart at that time and he was given a sketch of the provisions which the association wished to have incorporated in a cooperative plan for the delivery of medical care. The outline which was given by the Cooperative Health Association appears below:

"Plan of Operation:

"The Health Association would collect monthly fees from members. All members would have free choice of physician. Each doctor would bill the Ass'n. according to his regular rate of fees. Then at the end of each month, the total fund available for compensating the doctors would be divided among them according to the amount of service each had rendered. To arrive at the amount of the total fund available for compensation, the association would deduct from its total income 20% to cover administration costs and to provide a reserve for expansion and building, and for contingencies such as charity cases; from the remainder pay the costs of hospitalization, and the balance shall go to the doctors, in the proportion to their services rendered. Inasmuch as doctors today collect only a fraction of their bills, it is believed that this plan will bring the doctors an income as large or larger than at present.

"Sec. 1. The subscribers or individual members would be offered their choice of three classes of service: Class A, including hospitalization; Class B, without hospitalization; Class C.

"Class A: Monthly fee $3.00 per family (for definition of family see Sec. 2 below); $1.75 per single person. Class A subscribers are entitled to receive all general medical, surgical, and hospital services, including:

Physical examination (at least once a year required).

General medical treatment in home and office.

All medicines usually provided by the doctor.

All surgical operations which can be performed by the Association doctors.

Hospitalization up to 21 days in any one year. The Association pays operating room fee, anesthetics, dressings, routine laboratory service up to $8 in any one case, drugs and medicine used in hospital, serums up to $8, oxygen therapy, radiant heat treatment, ultra-volet rays, inhalations, etc. up to $25; x-rays, examination and treatment up to $15, same as provided by Minnesota Hospital Service, Duluth. Transfusions (donated by other members).

All ordinary examinations and tests such as x-ray diagnosis, blood count, Wassermann, Kahn, urinalysis, gastric analysis, bile drainage, smears, direct stool examination, basal metabolism, Dick test, Schick test (as at Greenbelt).

Vaccinations.

Special rates on prescriptions, appliances, hospitalization and hospital services, exceeding the minimum, specialist service, etc. providing the Association is able to obtain the same.

The following are not included:

Prescriptions ordinarily filled by a pharmacist; appliances.

In maternity cases, all care including prenatal is provided but the patient will pay a delivery fee of $25 to the physician.

Service of specialists other than Association doctors.

Tuberculosis and venereal cases may be referred to the free city clinic and county sanatorium.

Illnesses or injuries covered by Workmen's Compensation or other insurance plans will not be covered.

Mental diseases and drug addiction cases are not covered.

Dental service is not covered.

In cases of major operations, maternity, or chronic cases revealing at the time of initial examination need for extensive treatment, the Association may require an advance payment of monthly fees not to exceed the normal cost of such service. In chronic conditions upon the advice of physician the Association may refuse service or fix special rates.

Ambulance charges.

Members living outside Superior may be required to pay a mileage charge of 25 cents per mile one way for home calls.

"Class B: Monthly fee is $1.75 per family, $1.00 per single person. Members of this class are entitled to receive the same service as those of Class A with the exception of hospitalization.

"Class C: Monthly fee of 50 cents per family. Class C members are entitled to a physical examination twice a year, and such other service as the Association can provide.

"Sec. 2. For the purpose of the Association, a 'family' is defined as any gainfully employed person and his or her dependents living in one household, excluding partial dependents over 21 years of age.

"The above rates and terms are based on group hospitalization plans and co-operative medical groups functioning in various cities. They are of course subject to adjustment on the basis of suggestions that may be made by physicians or hospital authorities, and to further change as experience may indicate."

At the time the above outline was given to the State Medical Society, the secretary of the Cooperative Health Association stated that on September 30, 1938, the membership in the Cooperative Health Association was 265, with 177 members located in Superior; five at Foxboro; six at South Range; twenty-five at Wentworth; seven at Poplar; twenty-two at Brule; four at Maple; fifteen at Hawthorne; and two at Iron River, just across the Bayfield county line. (See Chart VII.)

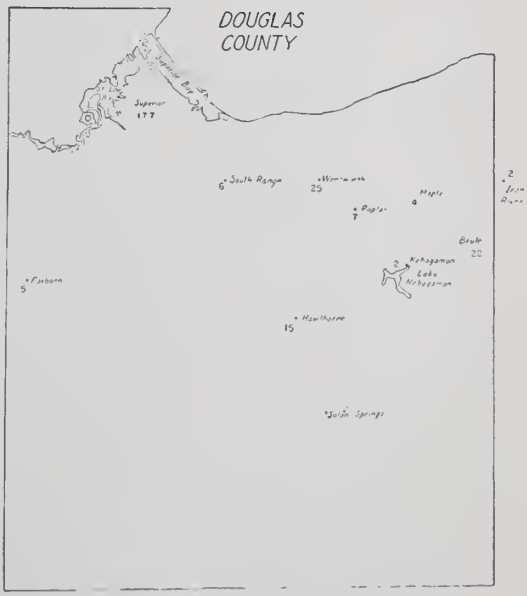


Chart VII.

Based upon the outline of the association wishes the State Society, in cooperation with legal counsel, prepared a first draft of an agreement between the Douglas County Medical Society and the Cooperative Health Association. The first draft of the plan (thirty-six pages) was completed on October 28, 1938, and explained in detail to the Douglas County Medical Society on November 1, 1938. The assistant secretary of the State Medical Society, in presenting this material before the Douglas County Medical Society at the suggestion and request of the Public Relations Committee of that society, placed emphasis upon the laboratory concept of the advisory committee, pointing out to the physicians that the same careful research attitude would be used in the conduct of this trial as would be used in the recording of an experiment in a medical laboratory, further emphasizing that the physicians in Douglas county would be rendering to the profession in Wisconsin as fine a laboratory and research contribution as would any of the research workers in the field of the science of medicine. At this meeting the society directed that the agreement should be reviewed in detail by the Public Relations Committee of the society and that the committee report back to the society as a whole at a subsequent date.

On November 2 the detailed agreement was read paragraph-by-paragraph with the Committee on Public Relations of the society, and changes which the committee wished to have incorporated were noted. A revised draft of the plan was prepared and presented in detail to the Douglas County Medical Society on November 9, 1938. At this meeting the Douglas County Medical Society, upon motion of its members, directed that the Committee on Public Relations be authorized by the society to effect the agreement with the Cooperative Health Association, and that the Douglas County Medical Society, through its Committee on Public Relations, inform the officers of the Cooperative Health Association that the Douglas County Medical Society would cooperate with the association in the conduct of this experiment.

The motions, as adopted, are set forth below:

"Motion for Adoption of Proposal

"It was moved by Dr. Ekblad and seconded by Dr. O'Leary that the Douglas County Medical Society approve the proposal of the Cooperative Health Association as set forth in detail in the 'working draft' (10–31–38), which was based upon the outline submitted by the officers of the Cooperative Health Association, and read before the Society in its entirety. Incorporated as a part of this motion shall be the instruction to the Committee on Public Relations that they inform the officers of the Cooperative Health Association of the willingness of the members of the Douglas County Medical Society to cooperate with them in this trial of a new method in the payment of medical services. The Committee is to advise the officers of the Cooperative Health Association that the society will stand guarantor that the services be given and that their quality be high."

"Motion Empowering Committee to Act as Agent for Society

"It was moved by Dr. Mason and seconded by Dr. Hathaway that full power be given to the Committee on Public Relations, composed of Drs. Sincock, O'Leary, Orchard, Wall, Giesen and Kyllo, ex officio, to act as agents for the Society to effect the agreement with the Cooperative Health Association, the basic principles of which are contained in the 'working draft' (10–31–38) and adopted by the Society. The committee referred to above is authorized to make such modifications and changes in the agreement as they feel are necessary to make, having in mind at all times that the health interests of the subscriber-patients be not jeopardized. The Committee, together with the president, is explicitly empowered to sign for, and in the name of the Society such agreement, which shall be deemed to be the signature of the Society."

Changes which the Committee on Public Relations wished to have incorporated in the trial plan were incorporated in subsequent drafts of the agreement. A number of joint conferences were held with the Executive Committee of the Cooperative Health Association, and specific changes which they wished to have incorporated in the plan were also incorporated from time to time. On November 25, 1938, a Committee on Public Relations of the Douglas County Medical Society signed the perfected agreement. At that time twenty-three members of the

Douglas County Medical Society indicated their willingness to assist in the trial by making their services available to subscribers under the trial plan. There are in Douglas county forty-two physicians of which thirty-two are members of the Douglas County Medical Society. Thus 72 per cent of the members of the society became participating physicians.

On this same evening a joint conference was held with the Executive Committee of the Cooperative Health Association and the Committee on Public Relations of the Douglas County Medical Society. The assistant secretary of the State Medical Society advised the joint committee that according to information contained in the files of the Secretary of State, the Cooperative Health Association as it was then organized was not a legal entity and could not enter into any agreements with other than its own members. It was pointed out that the Cooperative Health Association as organized in January of 1937 had not had 50 per cent of its stock subscribed for and 20 per cent of its stock paid for in cash. The Executive Committee of the Cooperative Health Association stated that it was aware of this situation. It was suggested to the representative of the Cooperative Health Association that a new non-stock, non-profit association be formed. The joint committee was advised that when it was discovered at the Secretary of State's office that the organization as presently established could not effect an agreement, articles of incorporation for a non-stock, non-profit cooperative were prepared and the purpose clause of those articles of incorporation was approved by corporation counsel of the Secretary of State's office, so that if the Executive Committee of the Cooperative Health Association wished to begin operation at once it would be possible for it to complete the application for articles of incorporation that evening and have them returned, with the routine organization procedure completed in a matter of a few days.

Representatives of the Cooperative Health Association advised, however, that such an organization did not conform with precedent in the community and that they preferred to form a stock-profit corporation. The officers of the association sought to amend the original (1937) articles of incorporation, but learned that amendment would necessitate and involve more difficult procedures than would be required to form a new cooperative corporation. Consequently, the Cooperative Health Association retained an attorney who interviewed the corporation counsel for the Secretary of State to ascertain the procedure to be followed and the type of purpose clause which the Secretary of State would authorize. On January 6, 1939, the Secretary of State approved the articles of incorporation of the new Cooperative Health Association.

The purpose of the Cooperative Health Association, as contained in the new articles of incorporation, is given below:

> "ARTCLE II. The business and purpose of the association shall be to educate and assist in maintaining the mental and physical health of the persons participating in the co-operative plan of this association and their families, and to enter into agreements with the State Medical Society of Wisconsin and the Douglas County Medical Society under Chapter 148 of the Wisconsin Statutes, or with any other person or corporation to accomplish the said purpose."

The efforts of the officers of the association from November 25 until January 25 were directed toward perfection of their organization. During this period they secured a subscription of 50 per cent of the stock of the association and secured promises of the payment of the required one-fifth of the capital stock. It was also necessary during this interval for them to prepare and approve the by-laws of the organization.

On January 13, 1939, the Cooperative Health Association employed a full-time lay manager (Mr. Bernard Gray) to conduct the active work of the organization. Within a few days after his employment offices were opened for the association. On January 25, at the home of one of the members of the Executive Committee of the Cooperative Health Association, the agreement with the Douglas County Medical Society was formally signed by the Cooperative Health Association.

From January 25 to July 1 concerted efforts were made to enroll members in the association. Some of the promotional efforts of the manager and the officers of the association are described below:

(1) Two hundred seventy-five mimeographed letters were mailed to original subscribers to the original Cooperative Health Association.

(2) Over 750 circulars were distributed through the cooperative stores in Superior and surrounding districts. They were also mailed to individuals known to be interested in the Cooperative Health Association.

(3) One thousand handbills were circulated to patrons of the cooperative grocery stores in Superior and surrounding districts. Five hundred handbills were distributed by the People's Cooperative Society in Superior and the remaining 500 were distributed by the rural stores.

(4) Approximately 250 names of shareholders of the People's Cooperative Society were taken from the shareholders' list for direct personal solicitation.

(5) Six posters were erected in the cooperative stores and prominently displayed.

(6) Personal addresses were made by the manager and officers at the following meetings:

	Place	Attendance
Wentworth Cooperative Store (Educational Meeting)	Hawthorne	25–50
Howe Parent–Teachers Association	Superior	100
East High Parent–Teachers Association	Superior	25
	Foxboro	35–50
Teachers Union	Superior	25–35
Women's Cooperative Guild	Superior	20
Cooperative Service Annual Meeting		150
Brule Cooperative Park Association Annual Meeting	Brule	25
Shadid Public Meeting	Superior	100
Cooperative Health Association Annual Meeting	Superior	75
Peoples Cooperative Society Annual Meeting	Superior	200
Wentworth Cooperative Annual Meeting	Wentworth	50
Iron River Creamery	Iron River	100–150
Oolu Town Meeting		50

(7) All employees at the Central Cooperative Wholesale were personally solicited by officers of the Cooperative Health Association or by the manager.

(8) The board of directors and the manager of the association selected individuals to make personal interviews and solicit members for the association, and an intensive campaign was conducted each evening for a period of several weeks in an effort to enroll the necessary 150 subscribers.

(9) The directors instructed the manager of the association to interview the local administrator for the Farm Security Administration, Mr. Ward, to see if Farm Security Administration clients could be induced to participate. A conference was had by the manager of the association with the director of the Farm Security Administration, who informed the manager that it would be impossible to make loans. The director of the Farm Security Administration informed the manager that it would take approximately sixty days for the farmer to make the loan and that the farmer would have to pay in the neighborhood of $2.50 to make the loan for a year's dues in the association. The director of the Farm Security Administration did state to the manager of the association, however, that he knew of about twenty-five people whom he thought could possibly afford membership in the Cooperative Health Association. He advised the manager that he, the director of the Farm Security Administration, would send literature to these twenty-five Farm Security Administration clients and also write them a personal letter, suggesting that they join the Cooperative Health Association. The director of the Farm Security Administration further stated that he could so arrange payments on

the loans which had been secured from the Farm Security Administration, so that a monthly payment on their loans could be waived in order to permit the clients to have sufficient immediate funds to join the Cooperative Health Association.

(10) Individual, but form letters, were addressed to twenty unions in the city of Superior advising them of the availability of prepaid medical care through the Cooperative Health Association and urging participation in the plan.

(11) Letters were mailed by the rural electrification cooperative to the 300 members of The Head of the Lakes Cooperative Electric Association and a circular was enclosed in each.

(12) The People's Cooperative Society distributed 500 circulars to subscribers of their association urging participation in the Cooperative Health Association.

The table below shows the month-by-month membership enrollment in the Cooperative Health Association in Douglas county:

TABLE 1.—*Month-by-Month Membership Enrollment*

Date 1939	Total Enrolled	Number who were not participating when plan became operative	Net Number who were eligible for service on July 1, 1939
January (5 days solicitation)	33	1	32
February	48	3	45
March	43	11	32
April	21	4	17
May	12	3	9
June	7	2	5
July 1 (Total)	164	24	140

As of May 1 there had appeared in the Superior Telegram, a local newspaper with a wide circulation in Douglas county, 118 column inches of news material concerning the Cooperative Health Association. One of the stories which appeared in the Superior Telegram appeared on the front page of that newspaper. Eighty-three and one-half column inches appeared in "The Cooperative Builder," which is the official cooperative paper for the northwest region with a wide circulation in Douglas county among those who are interested in cooperatives.

Summary of Operation of Plan

The active management of the plan is supervised by a board of directors composed of fifteen members who represent the several cooperative societies which participated in the organization of the Association and subscribed and purchased shares of stock in it. The Board of Directors in accordance with the terms of the agreement, employed a full-time manager to execute the wishes of the Board. The organization of the Cooperative Health Association is shown in Chart VIII.

The association is free to secure subscribers without limitation as to income, employment, age or other common insurance restrictions usually invoked in group insurance. Membership in the association is determined on an individual basis and selection is made after consideration of the facts disclosed by a physical examination. This method of selection and other features of the plan were established by the officers of the association. The only limitations placed upon subscribers are (1) geographic limitations and (2) a provision that a minimum of 150 units be enrolled before actual service operation of the trial can take place. A maximum limit of 300 units may be enrolled. Subscribers are required to reside in Douglas county or in the immediate trade area of Iron River, Wisconsin, which is in close proximity to Douglas county.

Subscribers who indicate their desire to become members are required to deposit with the association an application fee of fifty cents, and their examination fees. The examination fees as established by the Cooperative Health Association are $2 for the head of the family or unit, and $1 for each dependent embraced by the unit. A maximum examination fee of $5 was established for a family regardless of the number in the unit. When the plan was first announced the applicants were required to deposit their first month's dues, but after a short time the board dropped this requirement.

After the payment of the application fee and the examination fee the subscriber is given a combination application and examin-

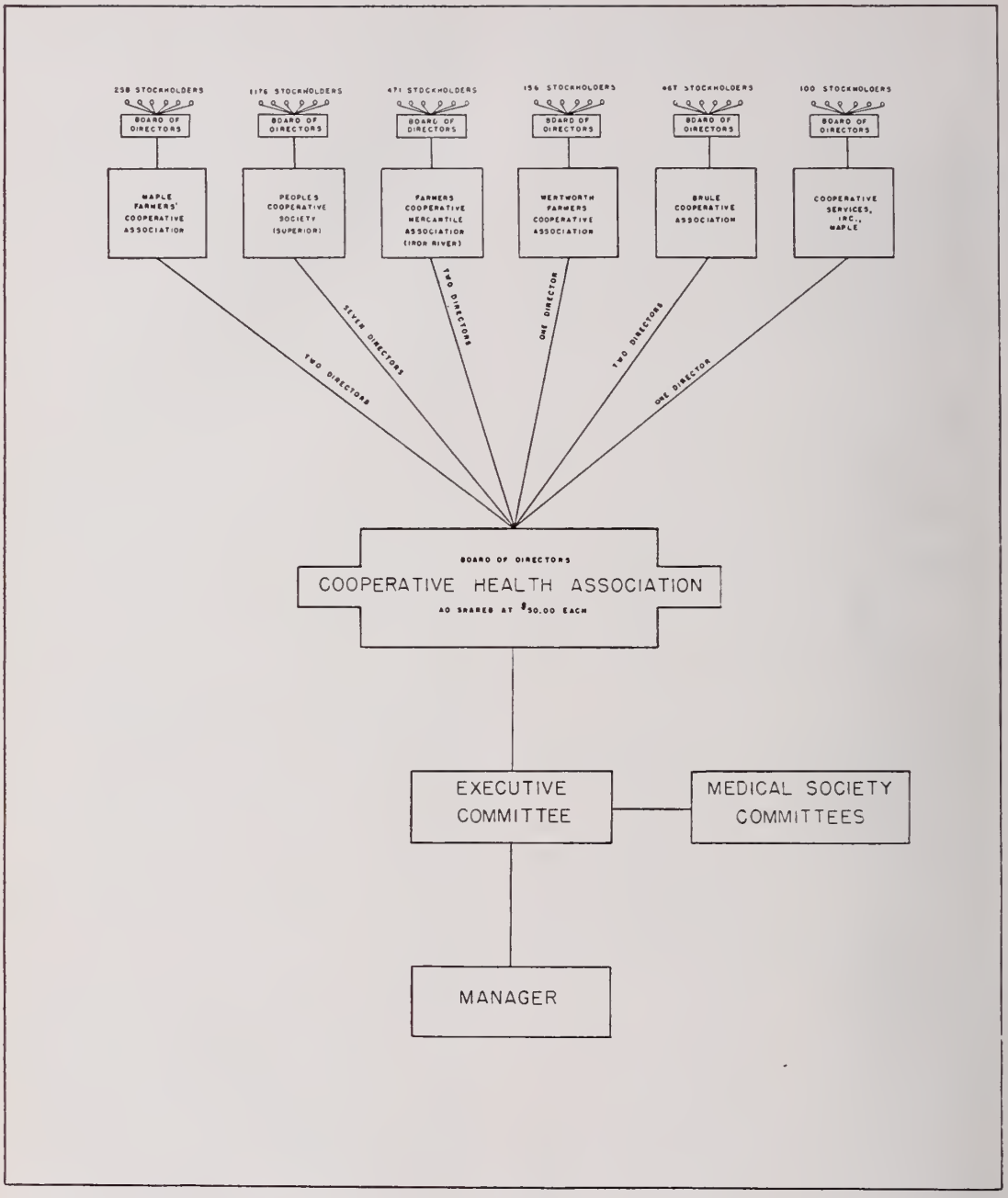


Chart VIII.

ation blank for each individual in the unit to be covered. The application blank secures for the association and the examining physician a detailed medical history of the individual. This blank when completed for each member of the unit, is taken by the individual to the panel physician of his choice, who examines him, subsequently forwarding the completed blank to the office of the association.

When the applications are received in the association's office, each unit is given a code number and the identifying confidential information on the blank is obliterated by

opaque scotch tape in order that the members of the board when reviewing the application cannot know whose application is being considered. In addition to the masking preparation of the application blanks, the manager indicates to the board, by special markings, facts disclosed in the medical history portion of the application or in the examination portion of the blanks that might influence the acceptance or rejection of the applications, or indicate to the board the advisability of placing a "rider" on the subscriber's membership.

The board of directors of the association has full discretion, under the agreement, to accept or reject applicants or accept them with limitation. As an example, the board might accept an individual member of a unit except for treatment for a hernia, or, in another case, accept the applicant for all other benefits under the plan except for "pelvic surgery." When the condition for which the limitation is placed on the subscriber's membership is corrected, of course the subscriber becomes eligible for complete services under the plan. If during the consideration of the applications the Board is confronted with questions concerning which they feel advice and counsel would be helpful, they have available to them the services of a committee from the Douglas County Medical Society. The committee from the medical society, together with the members of the executive board of the association and a representative of the State Society, form a "Conference Committee" whose duty it is to consider any problems arising under the agreement and, if possible, arrive upon their solution.

When the subscriber is accepted by the board of the association he is formally notified and supplied with an identification card showing that he is entitled to service under the plan for the period for which his dues are paid. This is indicated by punching out the appropriate area on the membership card. If the subscriber's membership is limited this fact is also indicated by a punched signal on the face of the card. After formal notification, the subscriber is eligible for services, provided monthly dues continue to be paid to the association.

Dues when received by the manager of the association are segregated into two separate funds. One fund, designated as the "administrative fund," is composed of 20 per cent of the subscriber's dues; the other account designated as the "trust fund" account is made up of the balance of the subscriber's dues (80 per cent). The "trust fund" account is set aside exclusively for payment to panel physicians for services rendered to subscribers under the plan.

A member in good standing in the association, when desirous of consulting a physician under the panel, simply displays the membership card issued by the association showing eligibility for service under the plan. The manager of the association also prepares a monthly list of eligible subscribers and a copy of such list is circulated to each member of the medical society who is participating in the trial. This list discloses the responsible head of the unit as well as each dependent eligible for service under the plan and further indicates whether any of the subscribers or dependents are eligible only for limited service under the plan. The physician proceeds then with the care of the patient in exactly the same manner as in private practice. The subscriber is entitled to an *unlimited amount* of service and *all types* of service that can be rendered by physicians who are participating in the plan. The limitations that are placed on the service which the subscriber may secure are essentially either "commodities" or services already provided for at public expense. The plan, for instance, does not cover payment for drugs, serums, vaccines, or optical frames or correctional lenses. Likewise the plan does not cover care for drug or alcoholic addicts, venereal diseases, and such diseases as tuberculosis where care is provided in tax-supported institutions.

At the time the subscriber consults the physician, the physician elicits from him pertinent data from which subsequent tabulations and conclusions will be drawn. The information which is obtained and recorded on the special monthly statement forms is the "heart" of the entire trial in Douglas county as it will be in each of the other

experiments. For instance, at the time of consultation the physician will determine if a delay has occurred and, if so, the reason for the delay; whether patent medicines were used or not; whether the conditions complained of were in the advanced stages, or whether they were incipient.

At the end of each month the physician forwards his statements for services rendered, on the forms referred to above, to the secretary of the county medical society. The statements are then reviewed by the medical members of the aforementioned Conference Committee and forwarded by them to the association's office for payment. Payment to physicians by the association is made on the basis of not *less* than 35 per cent of the normal schedule of fees which was adopted by the Douglas County Medical Society as a "guide" for their members in submitting statements to the association for payment. If the balance in the trust fund account permits, the association may pay to the physician 50 per cent of their statements each month or a higher percentage. If the funds in the trust account do not permit the full payment of the accounts then the unpaid balances will be carried forward to the end of the quarter and at that time the accounts for the previous three months will be totaled and the funds prorated among the physicians in accordance with the amount of service each had rendered under the plan.

* * *

On July 1, 1939, when service benefits became available to subscribers, 161 "units" had made a deposit with the association and indicated the wish to become subscribers. Of the 161 units, it is significant that 102 were employees of the cooperative societies who were instrumental in the formation of the association. While the agreement specifically called for a minimum of 150 units before the services would become operative under the plan, the association was permitted to announce the service operation of the plan to prevent collapse. When the plan was announced, 138 "units" had been examined, accepted by the Board, paid their application and examination fees and their dues for the first month. Thus the plan began operation short of the agreed minimum. The association had sold twelve shares of stock at $50 per share, making a total of $600 that had been invested in the association by the cooperatives. The State Society, in accordance with the specific provision in the report of the Special Committee to Study the Distribution of Health Services and Sickness Care, had placed in the administrative account of the association $250. A total then of over $850 had been expended for promotion by the association up to July 1, 1939. The board felt that it would be exceedingly difficult to obtain further funds through the sale of shares of stock to their member societies and consequently it was a question of discontinuing the experiment or beginning on July 1, even though the required minimum number of subscribers in good standing was not reached. This committee, through our State office, had previously assured the officers of the Cooperative Health Association that in the event an administrative deficit occurred during actual operation of the plan, the State Society would bear the deficit in its entirety with the proviso, however, that such deficit did not exceed a total for the first three months' period of $256. A portion of this administrative deficit guarantee has already been forwarded to the Cooperative Health Association, the administrative expense for the number enrolled exceeding 20 per cent of the income set aside for administration.

Of the 138 units eligible for service under the plan as of July 1, 1939, twenty-eight units (20 per cent) were accepted with limitations. No units or members of units were rejected by the board of directors of the association. Employees of the cooperative societies constituted 65 per cent of the subscribers who were eligible for services on July 1. The recorded members of the original (1937) Cooperative Health Association constituted only 21.2 per cent of the service-eligible subscribers when the plan actually became operative.

Milwaukee County Trial

A trial plan for prepaid medical care based upon a deductible feature. The subscriber is required to pay regular monthly dues, but is not eligible for service until he has paid for the first $24 of medical service needed during a given year. Complete medical and surgical service then becomes available without limitation as to extent. Monthly premiums: $1 per month per family, 75 cents per month per couple, and 50 cents per month for a single person.

The attention of the Medical Society of Milwaukee County was first acutely focused on the subject of a trial plan in the field of voluntary sickness insurance immediately after the close of the annual meeting in 1938.* Almost simultaneously the community manager of Greendale and one of the physicians residing in Greendale inquired of the State Society as to the possibility of being considered as one of the experimental groups provided for under the action taken by the House of Delegates in September, 1938.

Before presenting details concerning the experiment there, the committee feels that a brief description of the community will be helpful to members of the Society and the House in obtaining an appreciation of the experiences of the Medical Society of Milwaukee County in its efforts to cooperate with the residents of Greendale and the residents of Park Lawn in making available prepaid medical care for their respective communities.

Community

The Community of Greendale is located in Milwaukee county in the vicinity of Hales Corners and West Allis and approximately nine miles from the central business district of the City of Milwaukee. As of July 1, 1939, there were 2,300 residents in the community. The community itself is confined in an area of 200 acres.

Greendale is what might be termed a "manufactured" community. In 1935 the federal government, through the Rural Resettlement Administration (now the Farm Security Administration), purchased the plot of ground upon which the community of Greendale is presently located and began construction. The entire community, including the houses, the community centers, and the plotting, was prepared by government agencies. Five hundred seventy-two dwellings already are erected in the community, and all of these dwellings are now occupied. The cost of this governmental housing project as of January 1, 1939, was in excess of $10,000,000.

Greendale is now an incorporated village and the community affairs are conducted in much the same manner as any representative community in the State. However, the federal government maintains control of those who may or may not reside in the community. This control over the residents of the community is exercised through the medium of ownership of the dwellings in the community. The federal government (Farm Security Administration) is, in fact, the landlord. Rather arbitrary limits as to who may or may not reside in the community have been established by the Farm Security Administration who will not permit residency in the community unless the applicants for residency fall within the following income classifications:

	Minimum	*Maximum*
Two persons	$1,000	$1,600
Three persons	1,100	2,000
Four persons	1,200	2,200
Five persons	1,400	2,300
Six persons	1,600	2,400
Seven persons	1,900	2,400

The residents of Greendale are more or less representative of the employment characteristics of an industrial community.

The rents charged the tenants in the government dwellings in Greendale are as follows:

1 bedroom units	$19.00	to	$24.50 per month
2 bedroom units	24.00	to	30.00 per month
3 bedroom units	27.00	to	36.50 per month
4 bedroom units	35.00	to	35.50 per month

* As early as 1931 the Medical Society of Milwaukee County had made an exhaustive study of deductible insurance and an actual plan was formulated but not adopted.

The above rentals do not include garage or utilities. Rental rate is increased about 20 to 25 per cent when garage and electricity is included.

Medical Facilities

Medical care was available to the residents of Greendale through two physicians (husband and wife) who had been residents of the community almost from the time the first homes were occupied. In addition to the two physicians residing in the community, the residents were free to call upon physicians in West Allis and Hales Corners, which are in close proximity to the community. Besides the facilities of the physicians in residence in West Allis and Hales Corners, the residents, of course, were within reasonable distance of the city of Milwaukee and could avail themselves of the medical facilities in that community in which numbers of them are employed.

The first indication that the community of Greendale might wish to be considered as one of the experimental projects in the field of voluntary sickness insurance reached the State Medical Society on September 21, 1938, when one of the resident physicians in the community requested information concerning the actions taken by the House of Delegates of the State Medical Society at its meeting held that same month in regard to voluntary sickness insurance.

An invitation was directed to Mr. Crownhart by Mr. Sherwood L. Reeder, community manager of the Greendale project, to meet with its community committee on medical care. Mr. Reeder informed the State Medical Society that the residents of Greendale had been considering a prepaid medical plan for the community for some time.

The invitation of Mr. Reeder was accepted, and on October 14, 1938, Mr. Crownhart and Dr. Dexter Witte, the chairman of the Committee on Social Medicine and Medical Economics of the Medical Society of Milwaukee County, attended a meeting at Greendale. The chairman of the Greendale Medical Committee made available to the two societies copies of the tentative plan which had been prepared by the Greendale Medical Committee. The general provisions of the plan were as follows:

(1) A voluntary unincorporated association was to be formed in the community.

(2) The association would be empowered to:

(a) Enter into contracts or agreements with physicians, surgeons, and nurses for the care of the residents of Greendale.

(b) Enter into agreements with pharamacists, druggists, and others dealing in medical supplies.

(3) Dues:

Enrollment fee	$5.00 per family or person
Single person	1.25 per month
Man and wife	2.00 per month
Family	3.00 per month

(4) Benefits:

Members of the association were to receive all general medical and surgical care with the exception of brain surgery and certain other unusual operations. Special operations in the eye, ear, nose and throat field were also to be excluded. Fifty per cent reimbursement was to have been made to the subscriber for exceptional fee paid by the subscriber to physicians not included under the plan, but not to exceed $50.

(5) Medical personnel:

One or more physicians employed by the association (Greendale Health Association).

(6) Payment to physicians:

Under the proposed plan offered by the Greendale Health Association the gross revenue from membership dues would be allocated as follows:

16⅔ cents out of each dollar would be allocated to a reserve account;

29+ cents out of each dollar would be allocated for overhead;

54+ cents out of each dollar would be allocated to the physician or physicians ($300 monthly maximum).

$1.00

(7) If the physician or physicians of the association rendered service to individuals who were not members of the association, the physician was to remit 35 per cent of the moneys received for this service to the health association. He was to retain 65 per cent as his remuneration, the theory here being that the physician would be paying for the use of the office, x-ray equipment, office assistant, etc., which would be furnished by the association.

The "articles of association" of the Greendale Health Association were modeled closely (almost verbatim) after the articles of association of the *Greenbelt* Health Association located in Maryland.* The suggestion of the Greendale Medical Committee was submitted to the State Medical Society's Advisory Committee on Voluntary Sickness Insurance. That committee approved the experiment in Greendale contingent upon three modifications in the agreement. These modifications were:

(1) Only the actual residents within the confines of the village of Greendale be included in the plan;

(2) No division of the dues or fees be made on the proposed basis of 35 per cent for rent and 65 per cent for services.
Remuneration to the physician by the Greendale plan should be in such manner as to permit the physician to furnish and maintain his own office out of income that may be obtained from the plan. It was the feeling of the committee that this one proposed provision might well operate to nullify the entire experiment.

(3) In event the physician under the plan should receive private cases, these cases should not in any manner come under the supervision of the association or plan, nor should there be any division of fees (illegal in Wisconsin).

The suggestion of the Greendale Medical Committee was placed before the board of directors of the Medical Society of Milwaukee County on October 25, 1938, by Dr. Dexter Witte. The board of directors was also advised at this same time that the State Society's Advisory Committee on Voluntary Sickness Insurance had approved for a trial plan the suggested outline of the Greendale Medical Committee providing the three basic changes set forth above were adopted. A special committee was appointed to represent the board of directors and the Medical Society of Milwaukee County in further discussions with representatives of the citizens at Greendale.

The name given the special committee of the Medical Society of Milwaukee County to consider the suggestions of the residents at Greendale was the "Medical Extension Committee." This committee held its organization meeting on November 4, 1938, and on that same day met in conference with the Greendale Medical Committee. The changes which the medical profession thought were essential to the reasonable success of this trial plan were outlined to the Citizens' Committee at Greendale. Following this, a meeting of the board of directors of the Medical Society of Milwaukee County was called to determine the position of the society. The board of directors deferred action on the question until a conference had been had with Dr. R. G. Leland, director of the Bureau of Medical Economics of the American Medical Association. Ten days later (November 14, 1938) the board of directors was again called into special session to consider the question. The director of the Bureau of Medical Economics was present at this meeting and the chairman of the Medical Exten-

* The proposed articles of incorporation were drawn by attorneys for the Farm Security Administration which also controls the Greenbelt, Maryland, project.

sion Committee of the Medical Society of Milwaukee County reviewed in some detail the problem before the board.

No definite action was taken by the society until November 22, 1938, when a motion was passed by the directors providing "that the Medical Service Committee be given executive authority to continue negotiations with Greendale providing they accept these provisions:

(1) Patients must be permitted free choice of physician;

(2) The scope of the plan should be limited to the residents of the village of Greendale for the duration of the trial period of one year;

(3) The plan should operate to protect the patients only from the burdensome costs of extraordinary illness;

(4) The plan should be based on the best actuarial figures available. Complete records should be kept for use in determining "future developments."

(5) Competent legal counsel should be retained in order to insure that the plan complied with state and federal laws in every detail.

The Medical Extension Committee of the Medical Society of Milwaukee County began preparation at once of a detailed plan to offer to the residents of Greendale. The concept of the Committee at this time, early in December of 1938, was to adapt the suggested plan of the Greendale Health Association to a prepaid sickness care plan incorporating the principle of deductible insurance. It was the wish of the Committee to have the subscribers under the plan pay for the first costs of illness and after these costs had been paid by the subscriber, the subscriber would then become eligible for benefits under the plan. The Committee, in conference with the representative of the State Society, outlined in some detail their wishes and the provisions they desired to have incorporated in their plan. The basic features which the Medical Extension Committee wished to have included were:

(1) Subscribers under the plan were to have free choice of physician from among all members of the Medical Society who wished to participate in the trial.

(2) Monthly dues of $1.50 per month per family; $1.00 per month for a couple and 75 cents per month for a single person were to be collected by the Greendale Health Association.

(3) Subscribers would become eligible for benefits under the plan when they had paid the sum of $40 to the physician for services rendered during the time the unit was enrolled in the plan.

(4) Eighty per cent of the funds collected from the subscribers was to be set aside for the payment of medical benefits. The balance of subscribers' dues (20 per cent) was to be used for administrative purposes, one-fourth of the administrative funds being available to the Greendale Health Association and three-fourths of the administrative account being available to the Medical Society of Milwaukee County.

(5) When the subscriber became eligible for benefits under the plan he would be entitled to receive an unlimited amount of service and all types of services.

The Medical Extension Committee studied and reviewed this plan for some time and late in January asked that the State Society prepare for them a completely revised plan, embracing a fundamentally different concept, namely, that the Medical Society of Milwaukee County would offer the plan as a trial plan of the Society, as emanating from the profession, and not a plan as proposed by the public. In accordance with the wishes of the Committee a completely new plan was prepared and submitted to them. The agreement was considered at repeated conferences and in order to have the plan reflect the thought and wishes of the local society,

seven complete redrafts of the plan were necessitated.

As the agreement reached its final form, the Medical Extension Committee wished to have the plan operate in a second governmental housing experiment. This second unit was Park Lawn. Here the situation was similar in many respects to the situation in Greendale. There are in Park Lawn 518 family units in about fifty buildings, all of which were occupied at the time this report was written (July 31, 1939). Here the residents are required to pay from $21.75 to $37.50 per month for rent, depending upon the size of the dwelling unit occupied. This entire project cost the federal government approximately $5,000,000. Park Lawn is confined to a cerain geographical area and the residents are selected on the basis of the size of their family and the amount of their income in a manner very similar to the selection exercised at Greendale.

The final agreement as executed by the Committee is included in the report at this time in order that members of the Society and the House of Delegates in particular might note the effort that is required in the development of a trial. Members of the Society also can obtain an appreciation of (1) the legal technic involved in the preparation of a plan that the best interests of the subscriber, the public generally and the profession might be safeguarded; (2) the editorial effort required in order that the content of the agreement truly reflects the wishes of the profession; (3) the secretarial time involved in the numerous retypings of the agreements; (4) conferences necessitated and conference time that is required to explain certain portions of the agreements and obtain the thought of both the lay and professional committees so that necessary changes may be made before final agreement is reached; (5) the time that is required of this committee to review the agreements themselves prior to approval.

THE VOLUNTARY TRIAL PLAN ON THE PREPAYMENT BASIS FOR THE SECURING OF SICKNESS CARE

Offered by the Medical Society of Milwaukee County, a Component Society of the State Medical Society of Wisconsin

Available to the Residents of Greendale, Park Lawn, and Others as Specified Herein

Preface

At its annual meeting held in Milwaukee, Wisconsin, during September, 1938, the House of Delegates of the State Medical Society of Wisconsin received and adopted the report of its Special Committee to Study the Distribution of Health Service and Sickness Care in Wisconsin, which committee was created and had functioned since the annual meeting held in September, 1937. A portion of the report of that committee dealt with the proposals of interested lay groups that there be established as a new means of paying for medical care, voluntary plans on a prepayment basis. By the adoption of the report of that Special Committee, the House of Delegates authorized the further institution of experimental trial plans providing sickness care on a prepayment and voluntary basis under the general direction of the State Medical Society, and under the direction and responsibility of the local county medical society. To assure that any such trial plan create no health hazard to those seeking services under it, to make certain that as an experiment it would receive an adequate and fair laboratory test, and to make certain that any subscriber would obtain those services contracted to be given, even though the subscription fee basis should prove inadequate and the physicians' compensation not that anticipated, the State Medical Society adopted as a requirement that the local medical society stand guarantor that services be given, and their quality be high. By this action the county medical society participating in such an experiment guarantees to the community that the actual reserve of the plan, which is a service rather than financial plan in its fundamental conception, would be the physicians of the community, and their skill, ability and willingness to serve.

In approving experimentation by county medical societies in this field, the House of Delegates of the State Medical Society of Wisconsin specifically permitted county medical societies to undertake experiments proposed from within medical organizations,

as well as those that might be proposed from groups within the public generally. But the undertaking of any such trial plan was conditioned upon certain principles, including the provision that the promise of public health benefit from the experiment must be sufficient to attract to its support the great body of physicians in the community for which it is proposed—this being the only means of assuring to the subscribers that they would not pay twice—once in money paid in advance, and again in unrecognized, cheapened service, endangering both health and life. The Medical Society of Milwaukee County has considered the feasibility of plans offered from groups within the public and from its studies concludes that the public is best served in its health needs under such a plan when it is offered, administered and participated in by the medical profession.

The Medical Society of Milwaukee County therefore establishes such a trial plan and enunciates the guiding regulations by which it intends that there be available to certain groups within Milwaukee County the opportunity to secure sickness care on a voluntary prepayment basis, in which free choice of physician will be retained and the patient will be assured that experimentation will be in terms of the purchase of adequate medical care, and not in terms of trading upon the health of subscribers through changes in the delivery of medical care. The Medical Society of Milwaukee County, therefore, will act as the agent of both the participating physicians and of the participating subscribers, and will administer the details of the experimental plan, not for the Society's individual benefit or profit, but for the promotion of public health, and in the endeavor to secure to the citizens of Wisconsin a proper and thorough experimentation in the voluntary prepayment spread-of-risk-and-loss plan for the securing of sickness care as herein outlined. Physicians' participation herein and subscribers' application in the form and manner specified and acceptance thereof will constitute this the entire agreement between the parties hereto—the participating physicians, the subscribers, and the Medical Society of Milwaukee County as negotiating agent for both,—and the State Medical Society of Wisconsin as the approving body.

To Whom Available

Details of the availability of this plan are set out in full in other portions of this statement, and reference to that subject here is intended for the purpose of acquainting the interested public with the general details of the availability of the trial plan. It is frequently held that the cost of illness is the greater burden to those in the so-called middle class. There, it is urged, the current and usual living expenses do not provide sufficient leeway whereby the individual concerned can himself budget the expenses which he or his dependents may incur from time to time because of illness, the costs of which are described as being catastrophic in character. The Medical Society of Milwaukee County therefore offers this plan to those falling within that income classification and subject to that risk. For the purpose of convenience of operation of an experimental plan, and to assure the utmost possibility of success, the Society has applied certain territorial or employment restrictions. The greater proportion of the residents of those suburbs known as Greendale and Park Lawn admittedly belong to that class of our economic system which is commonly referred to as the "middle class." Because the residents of these two suburbs have a community of interest, and because, almost without exception, they offer the circumstances common to the greater proportion of our citizenry, the benefits of this plan will be made available to them, as more completely set out in other portions of this statement. Likewise, the plan will be offered to those employes of an industrial unit within Milwaukee County that there may be represented in the experiment, not only groups classified by the territorial areas of their residence, but groups classified on the basis of employment alone.

In undertaking this trial plan, it is expressly understood by the parties, by the participating physicians as well as the subscribers to the plan, that the present relationship between patient and physician is neither changed nor extended in any manner, either on a contractual or tort basis; that this plan is entered into under the authorization given under Chapter 350, Laws of Wisconsin, 1935; and that the Medical Society of Milwaukee County is acting only as agent for those it represents, as is more fully set out in other portions of this plan. Both the Medical Society of Milwaukee County, and the State Medical Society of Wisconsin, as the approving agency, assure the participating physicians and the subscribers of their utmost cooperation in securing the functioning and sound administration of the plan.

Subscribers' Representation

It is the opinion of the Medical Society of Milwaukee County that the assistance and advice of subscribers relative to the mechanical perfection of the plan and the problems of the subscribers as enrollees of the plan,

would and can be invaluable to the Medical Society in assuring the elimination of any points of difference or reviewing and attempting to solve mutual problems. To the end that the plan here outlined may afford both security to the subscriber, and promise value to the public, the Medical Extension Committee of the Medical Society of Milwaukee County in charge of the supervision of the plan will meet periodically with representatives of the lay groups participating in the plan. It is understood that for convenience, no committee appointed by such group shall exceed five in number.

General Administration of Plan

1. *Administrative Committee.* General supervision of the plan shall be by the Medical Extension Committee of the Medical Society of Milwaukee County. A member or officer of the State Medical Society of Wisconsin, designated by it, shall be ex officio a member of the Medical Extension Committee. The committee shall meet monthly on the second Tuesday in each month, but may meet more often should that be desirable.

Criticisms or suggestions concerning the plan shall be proposed to the committee, as well as questions relating to mechanical perfections of the plan or to the quantity and quality of medical care.

2. *Records; Statistical Data.* The Medical Extension Committee shall provide for the maintenance of membership, financial and subscription records. The form and character of such records shall be those specified by the committee. Specifically, the members of the committee shall:

1. Distribute application blanks which will be furnished by the societies in the form set forth in Exhibit "C," to those who indicate their desire to become subscribers.
2. Pass upon all applications for subscription membership, and questions of acceptance or rejection shall rest solely with it.
3. Collect the dues and fees specified herein.
4. Issue to and maintain for each subscriber a subscription card similar to that set forth in Exhibit "A."
5. Obtain information and maintain records showing subscribers' eligibility for medical care under the terms of this plan.
6. Establish an equitable procedure for the distribution of funds set aside in the "trust fund" account for the payment of services rendered to subscribers under the plan by the participating physicians.
7. Prepare and maintain a panel of physicians who have indicated their willingness to participate in the trial, and from among whom subscribers shall have free choice in the manner specified herein. Physicians upon the panel may withdraw or be withdrawn therefrom upon the conditions established therefor by the committee.
8. Verify subscription status of subscribers for panel physicians.
9. Receive funds under the terms hereof, and place the same in a trust fund account, after first deducting administrative costs.
10. Receive, audit and prepare for payment all vouchers from participating physicians.
11. Maintain ledger accounts showing amount of service rendered by each participating physician, the amount paid each participating physician and the balance due each such physician.
12. Record all statistical data from the vouchers submitted by panel physicians and from application form of subscriber, including such as may be required by the State Medical Society of Wisconsin. For this purpose, and to permit proper billing by attendant physician, permission to view subscribers' medical records is extended. Such medical records are available only to officials of the Society and the Medical Extension Committee, and for such purposes only.
13. Maintain clinical history reports.
14. Locate panel physicians for subscribers when called upon to do so. But in event the panel physician cannot be located, and attention is needed at once, another member of the panel may be secured through the Physicians' Service Bureau.
15. Formulate and prescribe such rules as it may deem necessary to effectuate the purposes of this plan.

3. *Medical Panel—Free Choice of Physician.* There is attached hereto, and made a part of this agreement, Exhibit "B," constituting a panel of the physicians in Milwaukee County who have signified their willingness to participate in this trial. Subscribers in good standing may have free choice of physician from among any of those listed on such panel, and as that list may be changed or extended from time to time by the committee. The only exception lies in that which is now true in all cases—the physician may be unwilling to treat the particular condition presented to him, or because of conflicting patient interest, may be unable to respond to

the call, and for such reasons or others, may refuse to take the case. In such event, the subscriber, of course, has the right to call in any other physician listed on the panel.

4. *Cooperation of Patients.* Subscribers who desire medical services should appreciate the inadvisability of calling a physician late in the day or at night, when the symptoms have been present during the day or for a long period of time; the physicians can best be equipped to treat their cases if called promptly, and if given a description of the ailment at that time.

5. *Finances.* Procedure for application to subscription participation, and subscriber fees and dues are established in detail in other portions of this trial plan. No portion of the funds received under the terms hereof from subscriber or applicant shall be used in any manner for the solicitation of subscribers. It is understood that not more than 20 per cent of the gross subscription dues shall be subject to administration charges for the maintenance of subscription status, financial records and other duties required of the committee. The balance (80 per cent) shall be maintained exclusively for medical benefits as more fully detailed in other portions of this plan.

6. *Approval Required for Administrative Expenses.* It is appreciated that the development of the trial plan outlined herein demands the cooperation of all concerned. For this reason, and to avoid unnecessary expense, all proposals for administration disbursements, to be charged against the administrative allocation of the trial, must be approved by two-thirds of the members of the committee. It is contemplated that the committee may authorize hereunder, within its full discretion, continuing current expenses for such items as forms, postage, etc.

7. *Medical Society's Specially Created Reserve.* Should the funds set aside for administrative expense prove insufficient, the problem so created is then to be referred to the Board of Directors of the Medical Society of Milwaukee County. As a condition of approving the institution of voluntary plans, the House of Delegates of the State Medical Society of Wisconsin stated that there should not be an undue operating cost, due possibly to the necessarily limited number of patients covered in the experimental plan and because of the fact that the plan was in its initial stages of development. The State Medical Society, to assist in the operation of these experiments, is furnishing the full-time assistance of its assistant secretary, together with the use of certain office facilities and the like, and should these, the administrative deduction, and the facilities of the Medical Society of Milwaukee County prove insufficient, the matter should be presented to the Board of Directors of the Medical Society of Milwaukee County for consideration and possible adjustment.

8. *Trust Fund Account.* The basic theory of the undertaking here involved is that the subscribers, acting through a common agency, will endeavor to equalize so much of the cost of sickness care, as is considered burdensome, among themselves, regardless of the amount or extent of service each may require. The current dues are paid for this purpose. The committee will, upon the receipt of funds, cause to be placed in a trust fund account 80 per cent of the total dues received from the subscribers. The trust fund account shall be subject to withdrawal only for medical benefits in the manner specified herein. Twenty per cent of the total subscription fees will be established as a segregated society administrative account together with the application fee.

9. *Treasurer's Bond.* The disbursing agent of the committee shall be bonded in the sum of not less than $1,000.00. He may not draw against the trust fund account or the segregated administrative account without such countersignature as may be specified.

10. *Payment for Medical Benefits.* By the fifth day of each month the participating physicians who have rendered services hereunder shall forward to the Medical Society of Milwaukee County vouchers for the services and items furnished by them during the preceding month. The vouchers so forwarded to the society shall be reviewed and approved for payment by the members of the committee. These monthly vouchers shall be held by the committee until the end of each quarterly period hereunder, at which time there shall be remitted to the participating physicians a sum not to exceed 50 per cent of the charges for services rendered to subscribers.

The unpaid balance of the approved voucher shall then be accumulated to the end of the trial period, and 30 days thereafter, the balance in the trust fund account shall be available for the payment of the balance of the physicians' accounts. If the funds available are insufficient, then each physician's balance due shall be paid in the proportion that his account bears to the total of all accounts, and in the proportion that the total amount remaining in the trust fund account bears to the total amount of all physicians' accounts. If the funds available at the end of the trial period exceed the amount needed to pay the physicians' accounts in full, and the plan is to be continued, then such excess funds in the trust fund account shall be established as a reserve and carried forward as a reserve account for medical services only. At the termination of the trial plan, or

if it is discontinued, then the funds shall be disbursed in the following manner and sequence: (1) If there are any subscribers to the plan, or dependents thereof, then being treated for illness arising during coverage hereunder, and for which benefits are payable, benefits shall be continued on such basis as the committee shall deem proper and fair to other subscribers, but in no event shall such extension exceed a period of twenty-one days; (2) If the funds set aside for administrative charges have not been sufficient and there has been a cash contribution for administrative costs by the county society to this plan, then such contribution shall be paid in full after approval by members of the committee; (3) Should any funds then remain, such shall be returned to the subscribers of the plan in proportion to the amount paid in by each.

The parties to this plan contemplate that this plan will involve no great charitable contribution by the participating physicians. Any reimbursement to them less than 100 per cent of their usual charges would constitute a donation of services. Less than 50 per cent, even to permit the carrying out of an experiment, would be an unreasonable burden on the physicians. If such should be the probable result at the end of two quarters hereunder, the plan thereupon may be terminated at the end of any quarter other than the first.

11. *Territorial Limitations.* Services under the terms of this contract will be available only within the territorial limits of Milwaukee County. In event the patient is not within the territorial limits of this contract, but within the United States, then it is agreed that cash benefits equivalent to that which would have otherwise been paid to the participating physicians under the terms of this contract, will be paid to the attending physician or surgeon to the credit of subscriber's account with him, or to the subscriber, providing he shows a satisfactorily receipted bill for such services performed by a physician and surgeon.

Application: Subscription: Fees and Dues

1. *Application.* Applicants shall file and endorse a form substantially following Exhibit "C," accompanied by an application fee of $1.00, and the proper subscription fee for the first quarter. The committee may add to the form as it sees fit, but the basic questions noted thereon shall not be disturbed. In event of non-acceptance of the application, the subscription fee will be refunded to the applicant.

2. *Unit Coverage.* The application shall be for the unit represented by the applicant. Thus, if the applicant is the head of the family, the application shall be for the entire family. Definitions of these and other terms are contained in other portions of this statement.

3. *Subscription Fees.* The subscription fees, in event of acceptance of the applications, shall be $1.00 per month per family, 75 cents per husband and wife, and 50 cents per single person, these fees to be paid quarterly in advance. In event of acceptance of an application during the course of any quarter, the applicant shall pay the prescribed fee for that entire quarter. The definition of "family" and other terms used in this agreement are defined under the section of these articles designated as "Definitions." The subscription fees established by the county society are experimental only, and are established by the county society for the purposes of trial only.

4. *Subscribers' Identification Card; Treatment of Subscribers Only When Current in Dues.* Physicians are requested to cooperate in delivering services only to those subscribers entitled thereto. An identification card will be issued to each subscriber when he becomes eligible for benefits hereunder in the manner prescribed, and will be certified by the Medical Extension Committee or its administrative agent as kept current. Subscription dues for each quarter shall be paid in advance within fifteen days after the beginning of each quarter as established by the committee. If subscription dues are not paid within fifteen days of the beginning of each quarter, the subscriber shall be ineligible for benefits hereunder. Physicians are not to render services under the terms of this plan unless the subscriber presents his subscription identification card upon which it is indicated as paid for the current quarter. If the card is not so stamped and receipted, but the holder thereof claims to be entitled to service, the physician is requested to call the Medical Society of Milwaukee County. If a subscriber is not eligible for service under the plan, then the patient-physician relationship shall be entirely outside the terms of this plan. At the time of calling for service hereunder, the subscriber shall state his membership status under the plan.

If the case presented is of an emergency character, and the subscriber shall not have been in default more than 30 days from the beginning of the current quarter, then the participating physician may give so much treatment as may be necessary to the immediate situation presented, and to such extent, the physician's services and charges therefor shall be under the terms of this plan.

The subscriber's identification card shall be in the form suggested in Exhibit "A",

subject to such changes in form or manner to be validated as may be found necessary by the committee.

5. *Subscribers' Eligibility for Services.* In perfecting this plan due cognizance has been given to the facts that (1) not all individuals require sickness care in the course of any year; (2) not all individuals require sickness care in the same amount in any year; and (3) the expenditure of a maximum of $24.00 per year per subscriber unit for sickness care cannot be considered, as a general rule, to be burdensome, particularly in view of the fact that it is not necessarily a recurring item from year to year. Such being some of the considerations, this plan is based on insuring the costs of illness in excess of such amount, and for the purposes of this experiment, coverage will be extended to those units where expenses of $24.00 per year are necessitated *and have been paid.* The eligibility of subscribers hereunder shall be approved by the committee by requiring a subscriber to present to it satisfactorily receipted bills of physicians and surgeons whose names appear on the panel attached as Exhibit "B" (unless the subscriber is outside Milwaukee County at the time of need, in which event, services so rendered by a non-resident physician and surgeon of Milwaukee County and paid for by subscriber shall be considered as though rendered by a resident practitioner on the panel), for services rendered to himself, or the unit he represents, since the inception of this plan, and since acceptance of the application, in the amount of $24.00. Items of expense other than those for services shall not be included in the computation. Upon determination and verification of such expense by a subscriber hereunder, the name of such subscriber shall be immediately certified as eligible for services under the provisions hereof.

6. *Reinstatement of Delinquent Subscribers.* The Medical Extension Committee of the Medical Society of Milwaukee County shall have full discretion as to the reinstatement of delinquent subscribers by requiring the payment of all past due obligations and the payment of dues in advance for the next quarter. The subscriber shall not, however, be eligible for services for illnesses occurring or developing during the period during which his subscription had lapsed. The committee may require a physical examination of delinquent subscribers who reapply for participation. Determination of conditions applying to the status of one reapplying for participation shall be made at the time such reapplication is accepted. Upon being notified thereof, the applicant may accept or reject.

7. *Information re Services Available.* It is understood and agreed that it is the duty and the obligation of the committee to make known to the subscribers the type and extent of services available hereunder. Each subscriber who becomes entitled to service under the terms of this plan shall acknowledge its existence, his acquaintance with it, and the fact that services available by reason of his subscription to the trial plan are available only to the extent and in the detail specified in this plan. Copies of this plan will be made available to the subscriber representatives as they are designated by their respective groups under the provisions hereof. Furthermore, copies of the plan may be examined at the offices of the Medical Society of Milwaukee County by any subscriber hereto. In order that the subscriber may have ready reference to the responsibilities he has under this plan, and to the benefits available, a statement shall be given each subscriber at the time of his application being accepted, outlining the essential details of the plan.

Medical Benefits Available

1. *In General.* It may be stated as a general proposition that the services available to subscribers are to include those professional services generally rendered by physicians and surgeons. The exceptions noted in the paragraphs to follow are those generally true of any form of contract care.

2. *Services Available.* Medical and surgical services hereunder shall be deemed to include the following: prenatal, obstetrical and postnatal care; and attendance, surgical and medical, for such commonly encountered ailments or ills involving medical or surgical attention as miscarriage, appendicitis, amputation, burns, blood examination, boils, cancer (except radium), convulsions, circumcisions, diabetes, diphtheria, eczema, fractures, refractions, gallstones, hernia, hemorrhoids, metabolism tests, nephritis, immunization and vaccination (material extra), poison ivy, pleurisy, rheumatic fever, ringworm, sprains, scarlet fever, St. Vitus' dance, itch, tumors, lockjaw (except vaccines or serums), varicose veins, diseases of woman, ulcers, whooping cough, cesarean sections and the like.

General physical examinations and x-rays will likewise be furnished except that when a subscriber is hospitalized as an ambulatory or outpatient, and the x-ray charges are normally billed by the hospital, x-ray is excluded. Enumeration of the items covered does not result in exclusion of items not otherwise mentioned. Exclusions are definitely stated in subsequent paragraphs.

3. *Services Excluded:*
Frames and lenses;
Prescriptions ordinarily supplied by pharmacists, serums and vaccines;
Radium; x-ray treatment;
Dental care;
Tuberculosis and venereal diseases; (Gonorrhea of newborn shall be within the terms of this agreement)
Ambulance charges:
Mental cases are to be excluded from benefits under the agreement when the disease is so diagnosed or determined by the physician;
Drug or alcoholic addicts will not be eligible for benefits under the agreement when so diagnosed or determined by the physician;
When a subscriber is hospitalized the services ordinarily performed by the hospital, such as urinalysis, blood count, x-rays, etc., are not to be considered within this agreement;
Appliances, trusses, etc.;
Highly specialized services not available through the medical panel.

4. *Special Statutory Proceedings; Workmen's Compensation; Accident Cases Covered by Insurance.* Any commitment proceedings established under the Wisconsin Statutes or the examination of any individual for admittance to the Wisconsin General Hospital; and examination for tuberculosis or insanity as provided under Chapters 50 and 51 of the Wisconsin Statutes are to be excluded.

In cases where a third party is responsible for, or assumes payment of, medical services rendered a subscriber hereunder, the fund shall not be liable for payment for the physician's services. If services shall have been rendered and paid for hereunder, the physician shall rebate to the committee when he has secured payment from the third party.

In case of Workmen's Compensation cases where the liability is assumed by the carrier or the employer, the subscriber is not entitled to service under this plan. If an alleged workmen's compensation case is found not to be a compensation case and liability is denied, then such services as may be rendered a subscriber shall be under the terms hereof.

Where a subscriber is insured against certain costs for illness or disability, or is paid an insurance benefit therefor, he shall be entitled to benefits hereunder only to the extent not provided for or covered by such insurance, and to the extent covered by this plan.

5. *Consultation.* Consultation with any participating physician shall be within the terms hereof. If a subscriber has consultation with a non-participating physician at request or on advice of his attending panel physician, there will be paid to such consultant, to the credit of the subscriber, cash equivalent to the amount a participating consultant would receive. In such case, however, the committee assumes no contractual relation with the consultant.

6. *Special Medical Services.* Where special services are rendered under the direction of the attending physician, but not by him, payment therefor shall be within the terms of this contract. As an example, where blood counts are made under the direction of the attending physician, but not by him, payment equivalent to the amount a participating physician would receive comes under the terms of the contract.

7. *Medicines, Drugs, Prescriptions, Etc.* Under the terms of this agreement a physician will not dispense drugs, but will, when indicated, provide the subscriber with a prescription which may be filled by the pharmacist of the subscriber's choice. The physicians will, of course, continue to give those drugs in the amounts which are customary and necessary for immediate bedside treatment.

Term of Contract: Subscription Agreement

1. *When Service Becomes Operative; Limitations on Enrollment.* The medical benefits provision of this agreement shall become effective as to the subscribers located in Greendale, Park Lawn, or members of the industrial unit hereinbefore mentioned, one week after 33⅓ per cent of the total number of units of Greendale, Park Lawn, or the industrial unit, or 33⅓ per cent of any one of these three groups have been enrolled, the committee so finds and the participating physicians and the subscribers have been formally notified in writing. In order that there may be no dispute, it is agreed that 33⅓ per cent of the residents of Greendale is 200 units; 33⅓ per cent of Park Lawn is ___ units; and 33⅓ per cent of an industrial unit shall be considered as equalling a minimum of 200 unit enrollees. In no event shall the total number accepted exceed 1,000 units. The individual subscriber shall become eligible for benefits when he shall show satisfactory evidence to the committee that he has paid the sum of $24.00 to a participating physician or physicians as specified herein for services rendered since the effective date of his membership in the association. When this condition has been met, and membership dues are kept current,

the subscriber automatically shall be eligible for benefits, set out herein. This plan shall remain effective for the period of one year after it is first placed into effect, it being the intent to extend the plan over that period in order to have a complete and thorough trial, but by consent of the society's participating physicians and subscribers, and by approval of the society, it may be renewed for such periods as may be thereafter specified. It is the intent of this provision that should subscribers enroll after the plan has been placed into effect, they are eligible not for the period of one year after date of enrollment, but for the balance of the term of this plan. Enrollment shall be limited to those who are bona fide residents of Greendale and Park Lawn, or are bona fide employes of the industrial unit.

2. *Termination of Contract.* In permitting the operation of these voluntary experiments, the House of Delegates of the State Medical Society made it a condition that "any experiment be discontinued, with full publicity of the results, and books opened to the public, whenever the profession is convinced that continuance of the experiment would serve no useful purpose or endangers the best patient interests." Accordingly, the Medical Society of Milwaukee County may terminate this plan upon thirty days' written notice to each subscriber and participating physician, stating the date of termination. Termination shall be for good cause only, and after full discussion by the committee with the advisory committees representing subscribers, that the difficulty causing proposal for termination may be eliminated if possible, and, in any event, that there may be complete understanding as to the reasons therefor.

3. *Subscription Agreements.* All subscription agreements shall be for the duration of the voluntary plan at the time the application is accepted. A subscriber may be discontinued, or certain benefits denied, because of fraud or misrepresentation by the subscriber or by his refusal to cooperate. Complete written records with respect to any such action shall be maintained. It is part of this plan that all service benefits hereunder terminate with the plan. If the plan is extended, service benefits will be continued with such extension.

In event a subscriber is without income during the course of illness, the Medical Extension Committee may waive in its discretion and to the extent it deems advisable the further payment of subscription fees.

4. *Physical Examination.* This plan, being based upon the theory of spread-of-risk, must be so operated as to enroll sufficient subscribers on a group basis as to afford a reasonable distribution and representation based upon age, physical condition, conditions of employment, and the like. It is doubtful that the requirements here imposed that the plan become operative as to any group when 33⅓ per cent of that group is enrolled offers the representation necessary to accomplish this fundamental insurance principle. Consequently, there is reserved to the Committee the authority to require physical examinations of any applicant, should that be deemed necessary to the protection of other subscribers. The Committee may, as a result of such examination, qualify the applicant's contract by the exclusion of certain services, such a hernias or obstetrical care. In such event, the applicant shall be so notified, and may accept enrollment under such conditions if he cares so to do. The cost of any such examination shall be borne by the administrative account only.

When 50 per cent of any of the groups have been enrolled it is presumed that the risk is adequately spread and all applicants from such group shall be accepted without examination.

Funds for Contingent Expenses: Theory of Plan: Arbitration: Administrative Balance: and Miscellaneous

1. *Excess Administrative Funds.* If, at the termination of this plan, or in event of its discontinuance, there shall remain in the segregated administrative fund any unused balance, after all costs and charges of operation are determined, such excess shall be transferred into the trust fund account heretofore authorized, and shall be disbursed from that fund in accordance with the provisions of this agreement.

2. *Reserves.* No cash reserve is required, since the medical benefits under the provisions of this contract are guaranteed by the participating physicians. The Medical Extension Committee is empowered, however, to provide reserves from trust or administrative accounts for contingent liability that may arise out of certain provisions of this contract, such as that providing for payment of benefits in the event a case is found not to be compensable under the compensation act.

3. *Arbitration.* Should any subscriber or participating physician disagree with the committee's action in determining their rights or obligations under the provisions of this plan, as such power is expressly reserved to the committee in various portions hereof, the matter is then to be submitted

to arbitration, and the decision thereof shall be final. The arbitration group shall be composed of two representatives of, or appointed by, the Medical Extension Committee, two representatives of, or appointed by, the subscriber's committee, where the subscriber is the claimant, or of, or appointed by, the participating physicians, where such a physician is the claimant, and these four shall select a fifth member. Such arbitration group shall have the power to determine the controversy in all respects except as to the extent that damages shall be claimed, which claims shall be settled in the manner specifically provided herein.

4. *Agency or Brokerage Plan; Claims of Subscribers or Participating Physicians.* The general concept of the fundamental theories under which this plan shall operate has been stated in the preface hereto, and this provision is to reassert certain inescapable facts. A corporation may not, by law, practice medicine, but medical societies have the authority to establish voluntary plans provided only that the tort and contract relationship between physician and patient shall in no manner be disturbed, and provided that there shall be free choice of physician within the provisions of such contract. Thus the Medical Society of Milwaukee County is not rendering service of a medical character to the subscribers, or of a financial character to the participating physicians, but is simply operating as a device through which the participating physicians on the one hand, and the subscribers or patients on the other, have a common means whereby they may perfect a voluntary plan on a prepayment basis for sickness care.

The Medical Society gains no financial benefit under the plan, but on the contrary, fully contemplates that at least during the period of experimentation, it will necessarily contribute much in time, money and facilities in an effort to perfect a plan whereby the health needs of the people may be served on a new financial basis. Beyond assuming the ultimate responsibility of perfecting the purely mechanical and administrative functions of the plan, the Medical Society and its employes cannot, consequently, undertake any other financial responsibilities or obligations, particularly when not shared in by all those who participate either as subscribers or as physicians. The Medical Society and its employes are acting in behalf of both groups who become parties to this plan, and the responsibility should be, and by this provision is made, the responsibility of the financial funds of the plan, and not of the individual employe or of the Medical Society. It is therefor expressly provided that the Medical Society is undertaking no obligations or responsibilities whatever other than those set out herein in connection with the institution and administration of the proposed trial plan, and of the funds received thereunder. Because of the experimental nature of the trial herein proposed, and further, because it is inconceivable that any damages which might result from claimed breach of duty by the Society or its employes, or from claimed negligence in connection therewith, would exceed the amounts set out below, it is further provided that the liability of the said Society or any of its employes, agents or officers, shall, as against participating physicians, be the full sum of $25.00, and as against subscribers or members of their families covered by the terms hereof, shall be a sum equal to the dues paid by such subscriber unit during the contract period preceding the claimed breach or negligence. The said sums above designated are in each instance declared to be liquidated and fixed as full damages and not as a penalty.

Notice of any claim hereunder or for arbitration as provided for in this section of the plan must be given within sixty days after the occurrence thereof during the life of this trial plan, and within thirty days following termination thereof.

5. *Change of Subscription Status.* If a subscriber changes status as, for example, by being married during the term of the plan, his dependents may be added by written application to the committee, and upon acceptance thereof by it. In event of change, the subscriber must pay the additional fee at the beginning of the next effective quarter.

Definitions

The following definitions shall control:

Head of family (or *Family*). This term is defined to mean any gainfully employed person with one or more dependents, including wife, living in one household.

Dependents. This shall be construed to mean those wholly dependent upon the head of the family for their care, support, and maintenance. Dependents must be residents of the same household and shall not be construed to extend beyond brothers and sisters, parents, or children, or grandparents. Part-time employment by minors in order that they may contribute to the support of the household is permitted, except when the minor is earning $15.00 or more per week. If so, he shall be deemed to be self-supporting, and not a dependent under this plan. Self-supporting minors may become eligible for benefits by becoming a "single" subscriber. Only dependents listed in the original application for membership shall be

eligible for benefits except that dependents may be added by written application to the Committee by the subscriber. Babies born during contract period shall automatically be listed.

Unit. The term "Unit" or "Unit payment" is intended to mean that kind or type of membership held. It may be an individual (single) subscription, a husband and wife subscription, or a family subscription.

Emergency. This shall be construed to mean that type of situation in which the physician must act quickly and in which any delay, however slight, might be injurious to the welfare of the patient.

Privilege. This term is used in its statutory sense. The patient is entitled to the confidence that the information he discloses to his physician in order that his physician may competently treat his condition is information that should be kept inviolate.

Subscriber. This term is used in its collective as well as singular sense, to include the subscriber as well as those dependents eligible for care under unit coverage.

Physician and surgeon. This term means one licensed in Wisconsin to practice medicine and surgery.

Committee. This term shall be construed as referring to the Medical Extension Committee unless the contrary is expressly indicated.

IN WITNESS WHEREOF, The Medical Society of Milwaukee County and the State Medical Society of Wisconsin, as approving agency, cause this plan to be established as a voluntary experiment under the provisions of the action taken by the House of Delegates of the State Medical Society of Wisconsin in annual session, 1938, and under the powers granted the county society and State Medical Society under Chapter 148 of the Wisconsin Statutes.

Dated at Milwaukee, Wisconsin, this 5th day of March, 1939.

THE MEDICAL SOCIETY OF MILWAUKEE COUNTY

By The Medical Extension Committee:
(Signed) Dexter H. Witte
Dexter Witte, M. D., *Chairman*
(Signed) T. J. Howard
T. J. Howard, M. D.
(Signed) Wm. J. Houghton
Wm. J. Houghton, M. D.
(Signed) E. L. Tharinger
E. L. Tharinger, M. D.
(Signed) James C. Sargent
James C. Sargent, M. D.

By the Board of Directors:
(Signed) Millard Tufts
Millard Tufts, M. D., *President*
James O. Kelley, *Executive Secretary*

Approved by the State Medical Society of Wisconsin:

(Signed) J. G. Crownhart
J. G. Crownhart, *Secretary*

PARTICIPATING CONTRACT

Members of the Medical Society of Milwaukee County

For the Voluntary Plan Established by the Medical Society of Milwaukee County

Effective _____ 1939

Members of the Medical Society of Milwaukee County, authorized and through the Board of Di-ctors of the Society, have since ratified, the establishment by the Society, in form approved by the ate Medical Society of Wisconsin, a so-called *Voluntary Plan on the Prepayment Basis for the Secur-y of Sickness Care,* which plan has been established, effective as of _____ 1939, and is epared for subscription thereto by such units as may be designated by the Medical Extension Com-ttee. The plan provides for participation therein by members in good standing who desire and con-ıct (the original contract and acceptances thereto being on file in the Society's office) that their names all appear on the panel provided by the voluntary plan referred to in this paragraph, and that this and e plan constitute the whole agreement between the participating physicians and the parties thereto. is part of this agreement that in order to retain the right to have his name appear on such panel, embership in the Medical Society of Milwaukee County must be maintained in good standing, and the ember must not now nor hereafter during this contract be engaged in a form or manner of practice in ıich his interests may be conflicting with his interests hereunder. In the performance of his duties der such voluntary plan, each member will render full and adequate service without discrimination to the source of revenue or payment, and wholeheartedly be available for services thereunder.

Each member hereto understands that services rendered under the voluntary plan shall be in accord d pursuant to the regulations of the Medical Extension Committee; that successful carrying out of ch voluntary plan is dependent upon the cooperation of the members; and that the Medical Society Milwaukee County is establishing such voluntary plan under the direction of the members thereof, d specifically, as agents for them.

THE MEDICAL SOCIETY OF MILWAUKEE COUNTY
By The Medical Extension Committee

See reverse side

Tear off and return to Medical Society of Milwaukee County, Bankers Bldg.

Milwaukee, Wisconsin _____, 1939

I agree to participate in the experimental voluntary prepayment sickness care plan prepared and cepted by the Medical Society of Milwaukee County and will comply with the rules and regulations bmitted by the Medical Extension Committee.

_____M.D.

FEE SCHEDULE

Office Call	1 Uni
Home Call	1½ Uni
Night Call	2½ Uni
Medical Hospital Visit	1½ Uni
Special Office Service	5 Uni
Obstetrics	17½ Uni
Hospital Minor Surgery (Under 4 days)	20 Uni
Major Surgery	50 Uni

(Add one unit per day for each day hospitalized over 15 days)

ADULT MALE

MEDICAL HISTORY FOR APPLICATION

ach adult male who is to become eligible for benefits under the trial plan of the Medical Society of ilwaukee County is required to complete this form, answering each question which is set forth on the plication blank. As soon as the application blanks for all those who will become eligible for benefits ave been completed, all such blanks are to be sent to the Medical Society of Milwaukee County, Bank-'s Building, Milwaukee, Wisconsin.

Date _____

ame _____ Address _____

ngle _____ Married _____ Number of Dependents: Under 18 _____ Over 18 _____

'ho has been your family physician? _____ Address _____ Phone _____

ead of Family Yes ☐ No ☐ If not head of family, what is your relationship to the HEAD of the mily (son, grandfather, father-in-law, etc.)? _____

Age _____ Height _____ Weight _____ Nationality _____

Have you ever been:

Vaccinated for smallpox?[1] Yes ☐ No ☐ When _____

Immunized for diphtheria?[2] Yes ☐ No ☐ When _____

Tested for tuberculosis?[3] Yes ☐ No ☐ When _____

ave you ever had any of the following? (Answer by checking yes or no)

Smallpox[6] _____ Yes ☐ No ☐
Diphtheria[7] _____ Yes ☐ No ☐
Tuberculosis[8] _____ Yes ☐ No ☐
Rupture or Hernia[9] _____ Yes ☐ No ☐
Chicken pox[10] _____ Yes ☐ No ☐
Scarlet fever[11] _____ Yes ☐ No ☐
Asthma or hay fever[12] _____ Yes ☐ No ☐
Backache[13] _____ Yes ☐ No ☐
Diabetes[14] _____ Yes ☐ No ☐
Appendicitis[15] _____ Yes ☐ No ☐
Hemorrhoids (piles)[16] _____ Yes ☐ No ☐
Pneumonia[17] _____ Yes ☐ No ☐
Measles[18] _____ Yes ☐ No ☐
Gallstone attacks[19] _____ Yes ☐ No ☐
Stomach ulcers[20] _____ Yes ☐ No ☐

Arthritis or rheumatism[21] _____ Yes ☐ No ☐
Whooping cough[22] _____ Yes ☐ No ☐
Frequent earache[23] _____ Yes ☐ No ☐
Tonsillitis[24] _____ Yes ☐ No ☐
Growing pains (rheumatic fever)[25] _____ Yes ☐ No ☐
Heart disease (including high blood pressure)$_A$ _____ Yes ☐ No ☐
Kidney disease$_B$ _____ Yes ☐ No ☐
Anemia _____ Yes ☐ No ☐
Apoplexy _____ Yes ☐ No ☐
Dropsy _____ Yes ☐ No ☐
Nervous breakdown _____ Yes ☐ No ☐
Prostatic trouble _____ Yes ☐ No ☐
Fainting spells _____ Yes ☐ No ☐

Cancer Yes ☐ No ☐ Location _____

Other diseases$_C$ _____

_____

Are you presently afflicted with any of the above? Yes ☐ No ☐ If so, which one or ones?

_____

Have your tonsils been removed?[26] Yes ☐ No ☐

Have you ever been a hospital patient?[27] Yes ☐ No ☐ Reason _____

_____

Do you wear glasses now?[41] Yes ☐ No ☐ Have you ever had your eyes examined?[42] Yes ☐ No ☐

By a physician?[43] Yes ☐ No ☐ If so, when were your eyes last examined?[44] _____
(Month and year)

What patent medicines did you use during the last twelve months?[45] _____

_____

If possible, estimate the cost of patent medicines used[46] _____

When was the last time you consulted a physician?[49] _____
(Month and year)

Whom did you consult?[48] _____
(Name of physician)

What was the reason for consulting the physician?[40] _____

_____

How many times during the last twelve months have you consulted a physician?[50] _____

To your knowledge what medical or surgical care do you require now?[51] _____

_____

Do you have an accident or health policy?[52] Yes ☐ No ☐ What are the weekly benefits?[53] _____

_____

Occupation _____

Check the income group to which you belong[55] (For statistical information only. Include income of minors who will be covered—minors are not covered under a family contract if self-supporting.)

- ☐ less than $1,000 per year
- ☐ $1,000–$1,199 per year
- ☐ $1,200–$1,499 per year
- ☐ $1,500–$1,799 per year
- ☐ $1,800–$2,249 per year
- ☐ $2,250 per year and above

In making this application, I expressly acknowledge that the Voluntary Plan on the Prepayment Basis for tl Securing of Sickness Care as established by the Medical Society of Milwaukee County is an experiment in a new method securing and paying for medical care, which in no manner changes the contract and tort relationship between myself my dependents and our attendant physician which would otherwise exist should I retain my physician outside th Voluntary Plan.

I understand that the Medical Society of Milwaukee County in establishing this Plan, does so for the physicians wl desire to render services thereunder, and is doing so for those who become subscribers in order to obtain services ther under. The Medical Society is acting to bring the subscribers together on one hand, and the physicians together on tl other, that each may join in the furtherance of this experimental proposal in an effort to obtain data and experien which will serve to provide, if possible, the basis essential to the success of any such proposal, not alone from a financi viewpoint, but from the viewpoint that the subscriber obtains adequate medical care at a cost within his means to affor

The services available, under what conditions, and to what extent, are expressed in detail in the Voluntary Tri Plan, a copy of which has been made available to me at the offices of the Medical Society of Milwaukee County. Tl principal contents of the proposal have been outlined in a leaflet entitled "The Voluntary Plan on a Prepayment Bas for the Securing of Sickness Care—Established by the Medical Society of Milwaukee County—An Outline of its Prov sions, How it Works, How Services are Obtained Thereunder, its Benefits, and its Effect." I understand that if this a plication is accepted, I am bound by the terms and provisions of that plan, as are those in whose behalf this applicatic is made.

I understand that the quarterly fee I pay to the Medical Society is for two purposes—to defray administrative e pense, and to meet the cost of medical and surgical services rendered to subscribers. I understand that in signing th application, my medical record and the record of those in whose behalf this application is made, including results of tl physical examination and services rendered during the course of the plan, may be used for statistical studies and f billing purposes, as explained in the plan. I understand that should I have complaints, either relative to physicians wl served me under the plan, or relative to the administration of the plan, I may make them to the office of the Medic Society of Milwaukee County in the Bankers Building in Milwaukee, and that should those complaints affect or operate affect any rights or obligations growing out of or under the provisions of such plan, I may secure the reference of th complaint to an arbitration committee, whose decision shall be final.

I consent to a physical examination of myself and any others for whom I make this application, if the Medical Exte sion Committee believes such to be advisable. The fee accompanying this application is for examination as well as oth administrative costs.

I understand that under the plan I am not entitled to services until I have paid in addition to quarterly dues a tot of $24.00 for medical attention which sum is to be for services only and must be paid to panel physicians. I understar the purpose of this is to protect me, as a subscriber, against what are frequently called catastrophic costs of illnes I understand also that I shall be notified as to the effective date of the plan, which is dependent upon first enrollir sufficient numbers to make operation of the plan practical and feasible, and that I am entitled to refund of the first qua terly subscription fee herewith in the event this application is not accepted.

I represent the foregoing to be true, and made to induce acceptance of this application, and that my signature here attached constitutes this application and the statement of the Voluntary Plan, the agreement between myself, the Med cal Society of Milwaukee County, and the participating physicians.

Dated _____.

Witnesses: _____

_____

_____

ADULT FEMALE

MEDICAL HISTORY FOR APPLICATION

ach adult female who is to become eligible for benefits under the trial plan of the Medical Society of ilwaukee County is required to complete this form answering each question which is set forth on the plication blank. As soon as the blanks for all those who will become eligible for benefits have been mpleted, all such blanks are to be sent to the Medical Society of Milwaukee County, Bankers Building, ilwaukee, Wisconsin.

Date _____

this application for wife? Yes ☐ No ☐ If not, what is your relationship to the HEAD of the family

laughter, mother-in-law, grandmother, etc.) ?_____

Name _____ Address _____

ho has been your family physician?_____ Address_____ Phone_____

Age_____ Height_____ Weight_____ Nationality_____

Have you ever been:

Vaccinated for smallpox?[1] Yes ☐ No ☐ If so, when _____

Immunized for diphtheria?[2] Yes ☐ No ☐ If so, when _____

Tested for tuberculosis?[3] Yes ☐ No ☐ If so, when _____

ave you ever had any of the following? (Answer yes or no)

Smallpox[6] _____Yes ☐ No ☐
Diphtheria[7] _____Yes ☐ No ☐
Tuberculosis[8] _____Yes ☐ No ☐
Rupture or Hernia[9] _____Yes ☐ No ☐
Chicken pox[10] _____Yes ☐ No ☐
Scarlet fever[11] _____Yes ☐ No ☐
Asthma or hay fever[12] _____Yes ☐ No ☐
Backache[13] _____Yes ☐ No ☐
Diabetes[14] _____Yes ☐ No ☐
Appendicitis[15] _____Yes ☐ No ☐
Hemorrhoids (piles)[16] _____Yes ☐ No ☐
Pneumonia[17] _____Yes ☐ No ☐
Measles[18] _____Yes ☐ No ☐
Gallstones[19] _____Yes ☐ No ☐
Stomach ulcers[20] _____Yes ☐ No ☐

Arthritis[21] _____Yes ☐ No ☐
Whooping cough[22] _____Yes ☐ No ☐
Frequent earache[23] _____Yes ☐ No ☐
Tonsillitis[24] _____Yes ☐ No ☐
Growing pains (rheumatic fever)[25] _____Yes ☐ No ☐
Heart disease (including high blood pressure)$_A$ _____Yes ☐ No ☐
Kidney disease$_B$ _____Yes ☐ No ☐
Anemia _____Yes ☐ No ☐
Apoplexy _____Yes ☐ No ☐
Dropsy _____Yes ☐ No ☐
Nervous breakdown _____Yes ☐ No ☐
Goiter _____Yes ☐ No ☐
Fainting spells_____Yes ☐ No ☐

Cancer Yes ☐ No ☐ Location of cancer _____

Other diseases$_C$ _____

_____

Are you presently afflicted with any of the above? Yes ☐ No ☐ If so, which one or ones?

_____

Have your tonsils been removed?[26] Yes ☐ No ☐

Have you ever been a hospital patient?[27] Yes ☐ No ☐ Reason _____

_____

Are your menstrual periods regular? Yes ☐ No ☐

Are your menstrual periods severe enough to cause you to go to bed?[30] Yes ☐ No ☐ Have you ever had any hemorrhages? Yes ☐ No ☐ How many times have you been pregnant?[31]_____

Ever have a miscarriage?[32] Yes ☐ No ☐ If so how many?_____ Were any of your children stillborn?[33] Yes ☐ No ☐ How many children born alive died since birth?[34]_____ Have you always consulted your physician *before* confinement?[35] Yes ☐ No ☐

If so, how soon after you became pregnant did you consult your physician?

During what month of pregnancy of your last confinement?[36]_____
(First, Second, Third, etc.)

During what month of pregnancy on your next to last confinement?[37]_____
(First, Second, Third, etc.)

_____

Did your last two confinements take place in the home or hospital?[38] _____

Any complications? Yes ☐ No ☐ If so, what was the nature of the complications? _____

_____ Are you pregnant now? Yes ☐ No [

Do you wear glasses now?[41] Yes ☐ No ☐ Have you ever had your eyes examined?[42] Yes ☐ No [

By a physician?[43] Yes ☐ No ☐ If so, when were your eyes last examined?[44] _____

(Month and year)

What patent medicines did you use during the last year?[45] _____

_____

If possible estimate the cost of patent medicines used[46] _____

When was the last time you consulted your physician[47] _____

(Month and year)

Whom did you consult?[48] _____

(Name of physician)

What was the reason?[49] _____

How many times during the last twelve months have you consulted a physician?[50] _____

What services of a physician do you think you require now?[51] _____

_____

If single or widow fill in the following:

Do you have an accident or health policy?[52] Yes ☐ No ☐ What are the weekly benefits?[53] $_____

Check the income group to which you belong[55] (For statistical information only. Include income of minors who will be covered—minors are not covered under a family contract if self-supporting.)

- ☐ less than $1,000 per year
- ☐ $1,000–$1,199 per year
- ☐ $1,200–$1,499 per year
- ☐ $1,500–$1,799 per year
- ☐ $1,800–$2,249 per year
- ☐ $2,250 per year and above

In making this application, I expressly acknowledge that the Voluntary Plan on the Prepayment Basis for the Secu ing of Sickness Care as established by the Medical Society of Milwaukee County is an experiment in a new method securing and paying for medical care, which in no manner changes the contract and tort relationship between myself my dependents and our attendant physician which would otherwise exist should I retain my physician outside th Voluntary Plan.

I understand that the Medical Society of Milwaukee County in establishing this Plan, does so for the physicians wl desire to render services thereunder, and is doing so for those who become subscribers in order to obtain services ther under. The Medical Society is acting to bring the subscribers together on one hand, and the physicians together on tl other, that each may join in the furtherance of this experimental proposal in an effort to obtain data and experien which will serve to provide, if possible, the basis essential to the success of any such proposal, not alone from a financi viewpoint, but from the viewpoint that the subscriber obtains adequate medical care at a cost within his means to affor

The services available, under what conditions, and to what extent, are expressed in detail in the Voluntary Tri Plan, a copy of which has been made available to me at the offices of the Medical Society of Milwaukee County. Tl principal contents of the proposal have been outlined in a leaflet entitled "The Voluntary Plan on a Prepayment Bas for the Securing of Sickness Care—Established by the Medical Society of Milwaukee County—An Outline of its Prov sions, How it Works, How Services are Obtained Thereunder, its Benefits, and its Effect." I understand that if this a plication is accepted, I am bound by the terms and provisions of that plan, as are those in whose behalf this applicatic is made.

I understand that the quarterly fee I pay to the Medical Society is for two purposes—to defray administrative e: pense, and to meet the cost of medical and surgical services rendered to subscribers. I understand that in signing th application, my medical record and the record of those in whose behalf this application is made, including results of tl physical examination and services rendered during the course of the plan, may be used for statistical studies and f billing purposes, as explained in the plan. I understand that should I have complaints, either relative to physicians wl served me under the plan, or relative to the administration of the plan, I may make them to the office of the Medic Society of Milwaukee County in the Bankers Building in Milwaukee, and that should those complaints affect or operate affect any rights or obligations growing out of or under the provisions of such plan, I may secure the reference of th complaint to an arbitration committee, whose decision shall be final.

I consent to a physical examination of myself and any others for whom I make this application, if the Medical Exte sion Committee believes such to be advisable. The fee accompanying this application is for examination as well as oth administrative costs.

I understand that under the plan I am not entitled to services until I have paid in addition to quarterly dues a tot of $24.00 for medical attention which sum is to be for services only and must be paid to panel physicians. I understar the purpose of this is to protect me, as a subscriber, against what are frequently called catastrophic costs of illnes I understand also that I shall be notified as to the effective date of the plan, which is dependent upon first enrollir sufficient numbers to make operation of the plan practical and feasible, and that I am entitled to refund of the first qua terly subscription fee herewith in the event this application is not accepted.

I represent the foregoing to be true, and made to induce acceptance of this application, and that my signature here attached constitutes this application and the statement of the Voluntary Plan, the agreement between myself, the Medic Society of Milwaukee County, and the participating physicians.

Dated _____.

_____

Witnesses:

_____

_____

CHILD
(Under 15 Years of Age)

MEDICAL HISTORY FOR APPLICATION

(One for each dependent child in the household)

. Medical History For Application must be completed for each dependent child in the household for 'hom parents or guardians may wish to request benefits under the plan. As soon as the blanks for all ıose who will become eligible for benefits have been completed, all such blanks are to be sent to the [ɛ lical Society of Milwaukee County, Bankers Building, Milwaukee, Wisconsin.

(To be filled out by head of family)

Date _____

ame _____ Age _____ Sex _____

ather's name in full _____ Address _____

as the child ever been vaccinated for smallpox?[1] Yes ☐ No ☐ When? _____

as the child ever been immunized for diphtheria?[2] Yes ☐ No ☐ When? _____

as the child ever been tested for tuberculosis?[3] Yes ☐ No ☐ When? _____

as the child ever had whooping cough vaccine (shots)?[4] Yes ☐ No ☐ When? _____

s the child receiving tablets for the prevention of goiter?[5] Yes ☐ No ☐

as the child ever had any of the following:

Smallpox[6]	Yes ☐	No ☐	Appendicitis[15]	Yes ☐	No ☐
Diphtheria[7]	Yes ☐	No ☐	Pneumonia[17]	Yes ☐	No ☐
Tuberculosis[8]	Yes ☐	No ☐	Measles[18]	Yes ☐	No ☐
Rupture[9]	Yes ☐	No ☐	Whooping cough[22]	Yes ☐	No ☐
Chicken pox[10]	Yes ☐	No ☐	Frequent earache[23]	Yes ☐	No ☐
Scarlet fever[11]	Yes ☐	No ☐	Tonsillitis[24]	Yes ☐	No ☐
Asthma or hay fever[12]	Yes ☐	No ☐	Growing pains or rheumatic fever[25]	Yes ☐	No ☐
Diabetes[14]	Yes ☐	No ☐	Anemia	Yes ☐	No ☐

Vhat other illnesses or diseases has the child had? _____

_____

s the child presently afflicted with any of the above? Yes ☐ No ☐ If so, which one or ones?

_____

[ave the child's tonsils been removed?[26] Yes ☐ No ☐ Is the child a "mouth breather?" Yes ☐ No ☐

[as the child ever been hospitalized?[27] Yes ☐ No ☐ Reason _____

oes the child wear glasses now?[41] Yes ☐ No ☐

[as the child ever had his eyes examined?[42] Yes ☐ No ☐ By a physician?[43] Yes ☐ No ☐

f so, when were they last examined?[44] _____

re child's eyes crossed?[54] Yes ☐ No ☐

Vhen was the last time you consulted a physician for the child? _____
Month Year

ow many times during the last twelve months was a physician consulted for the child? _____

Vhat services of a physician do you think the child requires now? _____

_____

[ame of school the child is attending _____

The agreement was approved by the Medical Extension Committee in its final form on March 2, 1939.

This committee appreciated that the launching of an experiment of this kind would entail some initial cost and recognized further that the experience obtained under such an experiment would be of state-wide benefit and should not, therefore, be an expense borne from funds received from county medical society dues. Accordingly this committee made available to the Medical Society of Milwaukee County the immediate sum of $300 and an assurance that a similar sum would be set aside for the society and made available to them in the event that the need arose.

The Medical Society of Milwaukee County recognized, as had the Special Committee to Study the Distribution of Health Services, that the experiments require the active supervision of some one person. The local society accordingly made available to the Medical Extension Committee Mr. Ralph Weber, the assistant executive secretary of the Medical Society of Milwaukee County, to supervise the plan at the direction of the Medical Extension Committee.

The plan was announced and made available to the residents of Greendale and Park Lawn on April 8. Within a short time after the plan was announced a meeting was called by a group of interested citizens at Greendale and the Medical Extension Committee was invited to meet with them to assist in explaining the plan to the people in Greendale. A volunteer committee formed itself and began at once to enlist subscribers in the plan in order that the minimum requirements might be met. The volunteer committee subsequently advised the local society that objection would be encountered if the usual application blank was used. It was their belief that applicants would feel that the information called for on the blank would be of a confidential nature and the type of information that should be disclosed only to their family physician. Accordingly a revised application blank was prepared and an understanding reached that in the event the applicants did not wish to make this information available to the Society's office, the information could be given to the physician chosen from the panel by the subscriber. On July 1, 1939, three months after the plan was made available to the residents of Greendale, 180 "units" had deposited their application fee and filed with the citizens committee the abridged application blank.

Simultaneously with the consideration of the plan by the residents of Greendale the plan was considered by those living in Park Lawn, a governmental housing project. A volunteer committee of the residents of Park Lawn was formed and efforts directed by them to securing the minimum number of units required to make the plan operative in their community. The citizens committee at Park Lawn as of July 1, 1939, had secured the participation of thirty-five units.

The plan has been presented to one industrial unit in Milwaukee and is being considered by them at the present time, but no decision has been reached. The term "industrial unit" is interpreted for the purposes of the Milwaukee experiment as any employed group having a common employer. This might be a factory group of employees, a clerical group of employees, or a combination of both types of employees. Two other industrial units have evidenced some mild interest in being considered for participation in the plan but no definite arrangements have been made to embrace any of them in the experiment.

Within a short time after the plan was announced to Greendale, Park Lawn and the public generally, the entire membership of the Milwaukee county society (729) was given an opportunity to indicate whether they wished to participate in the trial, by means of a special bulletin. The bulletin was followed by telephone calls to individual physicians and personal visits to some members of the society. As a result of this effort slightly less than 300 members of the society had indicated their willingness to participate in the plan of the society. In June members of the society who had not filed with the

society their participating agreement were sent a second letter. On July 1, over 400 members of the society had indicated their willingness to cooperate with the society and serve on the panel provided under the plan.

As this portion of the report is written the service benefits under the plan have not become operative. It is anticipated, however, that when the House of Delegates meets the plan will be in actual operation.

Rock County Trial

A prepayment plan of voluntary sickness insurance providing complete medical and surgical coverage at the rate of $3 per month per family, $2 per month for a couple, and $1.50 per month for a single person, the selection of subscribers being based upon a minimum number of a given group. Once accepted, the subscriber is eligible for unlimited service so long as membership is kept current by payment of dues.

The trustees of the Rock County Medical Society have for some time been interested in the possibility of establishing a plan for the prepayment of medical care in their community, and had started to gather material to assist it in its consideration of this problem as early as August of 1938. It was not, however, until December of that year that the Rock County Medical Society indicated its wishes and its intent of embarking upon a trial plan. The Rock County Medical Society, through its trustees, called upon the State Medical Society at that time to counsel with it concerning a plan for prepaid medical care. It was the feeling of the society, as expressed by the trustees, that they were interested in a plan wherein the subscribers would pay direct to their physician a certain specified sum annually before they would become eligible for benefits under the insurance plan. It is to be noted that the trustees of the Rock County Medical Society were considering a plan incorporating many of the same features as were discussed in the Milwaukee experiment. At this point in their deliberations, however, the voluntary sickness insurance plan of the Medical Society of Milwaukee County had not been announced and your committee felt that until the plan had been approved, the agreement signed, and the plan announced to the public, that either society might use this deductible feature. Accordingly the trustees of the Rock County Medical Society asked that there be prepared for them, at their direction, a bulletin which might be circularized among their members, together with a ballot upon which the members of their society might individually indicate their vote as to whether or not the society should engage in a trial of any kind, and if so, whether they wished to participate in a plan based upon a deductible feature.

During the course of the preparation of this agreement and during the time when the trustees were determining the premium to be charged and other salient points of the plan, the Medical Society of Milwaukee County announced the availability of its deductible plan. This announcement then precluded the possibility of the Rock County Medical Society engaging in a plan of a similar character, as the conditions under which the House outlined that experiments might be conducted provided that there be no duplication of experiments. Consequently, the trustees of the Rock County Medical Society elected to suggest to their society a plan for prepaid sickness care which would provide complete medical care through selection on a group basis.

In accordance with the wishes of the trustees, a suggested bulletin was prepared for them and revised several times. The final draft of this bulletin was mailed by the secretary of the Rock County Medical Society to the entire membership of that society on May 16, 1939. This matter was considered by the society as a whole on May 23, and at that time the society declined to indicate whether they wished to experiment or not, but did give the board of trustees "a vote of confi-

dence" and directed it to give further consideration and submit its recommendations at a subsequent date.

The proposal as considered by the society provided for a trial plan in the field of voluntary sickness insurance on a group selection basis for a monthly premium of $3 per month for a family, $2 per month for a couple, and $1.50 per month for a single person.

The first stages in the preparation of an agreement for Rock county were begun immediately after the meeting of the society on May 23. The first draft of the agreement was completed on June 8, and the second draft was completed on June 12. The trustees of the Rock County Medical Society reviewed this material on June 13 making some changes in the plan and directed that copies of the proposed full agreement be circulated to their members, together with a ballot upon which they might again have the opportunity to indicate their wishes.

At the regular meeting of the Rock County Medical Society on June 27, 1939, the society voted approval, with but minor changes, of the experimental plan as submitted to the society in complete agreement form, by the trustees of the society. The society also authorized their trustees to appoint a special committee to direct and administer the plan. This committee has been appointed by the trustees and consists of fifteen members of the Rock County Medical Society. The members of this committee were selected upon two bases; first, their interest in an experimental plan and, secondly, their geographic location within the county. This committee has held its organization meeting and has appointed several subcommittees of this administering committee. As this report is written, the committee is considering the final draft of their agreement which, in arrangement and style, is similar to the one that is incorporated as a part of this report as the Milwaukee agreement. Public announcement of the Rock county trial was made through the press on August 16.

Essentially, the Rock county trial is what may be termed a "full coverage plan." The society agrees, through its participating physicians, to supply to the subscribers who are enrolled under the plan, all of the medical care that is desired by the subscriber within the capabilities of the family physicians, for a stipulated monthly premium. Subscribers are therefore eligible to receive all of the medical services generally rendered by the physicians in that community. The concept of the society is to make available to the subscribers such services as operative procedures, diagnostic services, home calls, office calls, and, after a specified time, obstetrical delivery. Subscribers are, of course, entitled to prenatal advice during the period of the trial, but would not be eligible for care during confinement.

Participation in the Rock county trial is limited to groups who are (1) employed and (2) bound together as a group for other than health purposes. At least 50 per cent of the membership of a group must become subscribers and there must be a minimum of ten subscribers in any group. The groups must continue to maintain a membership in the plan of at least 50 per cent of their members in order to remain eligible for services under the plan.

Your committee desires to call attention to the fact that selection of subscribers under the trial plan in Rock county is sharply differentiated from either the manner of selection in the Douglas county experiment or in the Milwaukee county experiment. In the Douglas county experiment anyone residing in Douglas county who wishes to participate in the trial may do so provided the maximum limit of 300 units has not been reached. The subscriber in the Douglas county experiment is then selected, based upon his previous medical history and his present medical condition as disclosed by a physical examination made specifically for the purpose of determining acceptance or rejection under the Douglas county experiment. Selection under the Milwaukee plan is based upon a minimum percentage of the residents of a given geographical area and made available only to specified groups. The selection of subscribers for the Rock county experiment is based upon group election to participate and groups may come from anywhere within the county providing they meet the specifications set forth above and providing the maximum

number of units for the trial have not already been enrolled.

The individuals in the groups in Rock county will be accepted without physical examination, but the committee administering the plan may make further selection of subscribers on the basis of information disclosed in the application blank which each subscriber will be required to file with the committee administering the plan. If it is determined by the committee, based upon the information before them, that a member of a group is what might be termed a "poor risk" or that a member of the family is a "poor risk" the committee may deny participation in the plan of the entire unit or parts of the unit. The committee likewise may accept the unit even though a poor risk is included in the unit by placing a "rider" on the membership of the unit. That is, if the application blank discloses that the individual is at the present time suffering from hayfever, the committee may place a limitation upon that subscriber's benefits so as to exclude treatment for hayfever. Similarly, if an individual subscriber is found upon application to have a hernia, the committee may place a limitation upon that individual's policy for that condition. When the subscriber has the defect remedied, the committee may accept that subscriber for complete coverage without any restriction. It is to be noted, however, that it is not the present intent of the Medical Service Committee to exercise this right.

This committee wishes to stress the fact that the groups to be eligible for participation in the Rock county agreement must be organized for "other than health purposes." The purpose of this provision is to preclude the possibility of a group organizing exclusively for health purposes and then applying for participation under this trial. It well might be that if this provision were not included that a hayfever group might make application to the plan or a group without such an obvious affliction might band together when they knew in their own minds that they were what might be termed as "poor medical risks." The intent of the provisions for group selection is to obtain as true a cross-section of the population as possible. Truer cross-section of the population might be obtained if a higher percentage of the group were required to participate before the group would be accepted. However, the privilege of the administering committee to accept or reject applicants may prove to give a truer cross-section than would be the case if the only criterion was the 50 per cent participation of the group. Your advisory committee is cognizant of the fact that insurance companies writing group insurance have established 60 per cent as a minimum percentage of a group that must be enrolled.

The dues established by the society are $3 per month for a family, $2 a month for a couple, and $1.50 per month for a single person. The responsibility for the collection of dues rests entirely upon the employer or a designated representative of the participating group. The group may elect or appoint from within its own membership an individual whose responsibility it is to periodically contact the subscribers to the plan and collect from them the dues established by the society. The employer or the indivual referred to is then required to remit the entire amount to the county medical society quarterly in advance. The dues, while established on a monthly basis, are payable on a quarterly basis and must be paid in advance. By electing to use this means of collection the administrative costs of the plan in Rock county will be maintained at a minimum.

As was stated at the opening of this section of the report, the administration of the experiment in Rock county will be under the direction of a special committee appointed by the society known as the Medical Service Committee of the Rock County Medical Society. This committee was appointed by the trustees of the Rock County Medical Society and is composed of fifteen members of the society. The members of the committee obviously need not be participating physicians, but their selection having been on the basis of their interest in an experimental plan, it is assumed that each member of the administering committee will be, when the time comes, participating physicians.

The Medical Service Committee of the society had at the time this report was written held an organization meeting and elected subcommittees who were assigned specific duties. A committee of four members has been elected for an auditing committee to review statements which will be received from participating physicians. A committee likewise has been appointed to review the applications of subscribers and to enroll subscribers in the plan. A third committee has been appointed to supervise the office to be established by the society, while a fourth committee has been established to consider any questions relating to a schedule of fees upon which payment to physicians will be based, and the fifth committee will be a grievance committee before which physicians may make appeal for any grievance they feel they have and similarly this committee will receive any complaints that may be registered by individual subscribers or groups participating under the plan.

Here, as in other plans, 20 per cent has been "earmarked" for administrative purposes and 80 per cent set aside for payment to physicians of services rendered by them under the plan. Participating physicians under the agreement will each month submit to the fund a statement for the services which they have rendered to subscribers during the preceding thirty days. The statement to the society will be based upon the minimum schedule of fees which has been operative in Rock county for some time. The monthly statements submitted by participating physicians will be referred to the auditing committee for their review and approval. The statements when approved by the auditing committee, will be subject to payment each month. They will not be paid in full but a maximum of 50 per cent of the monthly statements will be paid each month. A provision is made permitting the administering committee to make an additional payment at the end of each quarter. At the end of the trial period all of the statements for services rendered to subscribers will be totalled and physicians will be paid pro rata according to the amount of services they have rendered under the plan and in accordance with the ratio that their accounts bear to the total amount on hand and available for distribution to physicians.

Each member of the Rock County Medical Society will be given an opportunity to participate under the trial and a panel will be prepared by the society of those physicians who have signed a "participating agreement" and have agreed to abide by the provisions of the agreement itself. Subscribers who become eligible for services under the plan will have free choice of physician from among all those members of the Rock County Medical Society who indicate their desire to participate in the plan. This report was prepared so soon after the approval of the plan by the Rock County Medical Society that time had not permitted the Rock County Medical Society to circularize their members and enlist their professional participation in the plan and, consequently, the committee cannot at this time state what percentage of the members will participate.

The Farm Security Administration

The Farm Security Administration is one among several lending agencies of the federal government. The activities of the Farm Security Administration are directed, however, to the rehabilitation of farmers. In 1937 the Medical Director of the Farm Security Administration appeared in Douglas county under the auspices of the Cooperative Health Association and discussed the possibility of joint cooperation to the end that prepaid medical care might be made available to its clients. An invitation was extended to officials of that administration to confer with officers of the State Medical Society on medical problems which might be confronting the Farm Security Administration or its individual clients.

Before an individual may secure a loan from the Farm Security Administration he must:

(1) Be unable to obtain either funds or credit from any other source;

(2) Have a farm background or have derived the larger part of his income for the preceding six months from farming operations;
(3) Have been recommended for a loan by the County Committee (County Committee composed of farmers and businessmen);
(4) Actually be able to do farm work;
(5) Either own an equity in his own farm or be in a position to rent a farm or to continue to rent the farm upon which he lives.

After several conferences, the Council of the State Medical Society, in conjunction with the federal and state officers of the Farm Security Administration, evolved a state-wide plan for the care of clients of the Farm Security Administration. This plan was made the subject of a special bulletin to the officers of the component county medical societies and was likewise printed in its entirety in the February, 1938, issue of the Wisconsin Medical Journal.

The Farm Security Administration, learning of the later action taken by the House of Delegates of the Society in September, 1938, requested that the clients in one or more of its counties be considered as an experimental unit under the provisions which were presented earlier in this report. The administration outlined a number of counties in which it felt that it might be desirable to have a prepaid voluntary sickness insurance plan tried for its clients. In the conferences held, as will be noted in the body of the letter reproduced later, the Farm Security Administration stated that it did not have any preconceived ideas as to the nature of the experiment, but only wished that it might be possible for its clients to budget in advance for their medical needs during a given period.

Field visits by the assistant secretary were made to a limited number of these counties and the question was discussed on two occasions with the entire membership of the Trempealeau-Jackson-Buffalo County Medical Society. On May 11 the Trempealeau-Jackson-Buffalo County Medical Society declared its willingness to participate in a trial of voluntary sickness insurance wherein the physician was not, in fact, the insurer. A study of the systems of sickness insurance, tried in a limited way in this country and abroad under both voluntary and compulsory sickness insurance, revealed that the physician in most instances is the actual insurer. If funds are collected from the insured person or jointly from the insured person and the employer and a fixed fund is created from which must be paid the "overhead" expense, the physicians must accept a fixed total sum for the services rendered, regardless of the needs of the insured and the extent of service rendered. Where the physician is given a per capita fee for caring for a group of covered persons, the "fund" knows how much it will have to pay the physician but the physician does not know how much service he will be called upon to render. Once established the tax or the per capita fee is rarely changed. In instances where a different system of remuneration is employed the amount available is "fixed" by statute or law and it becomes politically inexpedient or economically impossible for the party or the administration in control to increase the tax. Consequently there is a curtailment in the services rendered to the subscriber, or their quality, or a reduction in the remuneration to the physicians in order that there may be "a balanced budget." The physician in either instance is required by contract to render the same amount of service. In all such events he becomes the real insurer.

When the officers of the Farm Security Administration advised our state office that they had no preconceived ideas as to the exact nature of the experiment in which they were to participate, it was suggested that a plan be prepared and tried that would fill an apparent gap in the Society's experimental work. The proposal was for a trial that did not call upon the physician to be the ultimate insurer. With a trial which incorporated this fundamentally different structure your committee felt that a well-rounded initial program would have been evolved. Accordingly an invitation was extended to the district and state officers of the Farm Security Administration to enter

into the joint experiment which is outlined in the letter reproduced following.

No minimum or maximum limits of the number of families that might be included in the plan were erected by the committee as the total number who would be eligible at any time would be governed by the number of standard loan clients of the Farm Security Administration in the three counties affected. The latest available figures at the time the plan was suggested disclosed that there were 127 such clients in Trempealeau county, 167 in Jackson county and seventy-six in Buffalo county, making a total of 368 families that would have been eligible at that time to participate in the trial. The number might fluctuate from 350 to 500 families.

STATE MEDICAL SOCIETY OF WISCONSIN

Madison, May 26, 1939.

Mr. L. S. Kleinschmidt, Assistant Medical Director
Farm Security Administration
342 Massachusetts Avenue
Indianapolis, Indiana

Mr. Arlie Mucks, State Director
Farm Security Administration
905 University Avenue
Madison, Wisconsin

Gentlemen:

As a preface statement, may I recall that as early as the fall of 1937, you and your associates were invited to be present at a meeting of the Council of this Society, at which a day was devoted to a discussion of securing, with certainty, sickness care for clients of your administration who reside in Wisconsin. For a period of many months thereafter our joint efforts were devoted to continuous contacts with our county medical societies and particularly those in the districts in which you had concentrated numbers of clients, and in most of the counties where such concentration existed understandings were reached whereby the physicians agreed to care for all needs of clients at schedules substantially identical with those maintained for public assistance groups. This continuous and substantially state-wide effort has been with success, for according to our records there have been no complaints of the inability of any given client to secure sickness care that he requested of his physician.

In recent months there have been continued office conferences based upon your conviction that it would be of further assistance to both your administration and the standard loan clients, if some further medical care arrangements could be tried and perfected. In summary, first it may be said that it is the thought of your administration that upon the good health of the client and his family depends his ability to repay the government loan, in which repayment your administration is most interested. Secondly, you feel further that this best may be assured, (with the reasonable compensation to the physician that you are desirous of his receiving, and with ease of budgeting for loans and additional subsistence grants, and repayments) if the exact cost of health and sickness care can be determined in advance and made the basis of annual loans or other budget arrangements between the administration and the individual assenting clients.

What this thought calls for, then, in essence, is the application of an insurance method for the prepayment of medical care.

Under the authority granted by our House of Delegates in 1938, the State Medical Society of Wisconsin is conducting a limited number of trials in the field of voluntary sickness insurance. (See report enclosed.) No two of the experiments to be conducted are to be alike, for it was the intent of the profession in Wisconsin in granting this authority that there be no duplication of experiment, at least in the initial stages and until the usefulness of one type or another of the voluntary sickness insurance plans is conclusively demonstrated.

We have under way in Douglas County an experiment in voluntary sickness insurance on a cooperative basis which provides for complete medical and surgical care on a prepayment basis, with unlimited service for a specified monthly amount. In this experiment there is no income limit established and subscriber membership is open to all income class s. Membership in the association is on an individual or family basis and eligibility is determined by a physical examination. A mimeographed outline of the essential provisions of this plan is enclosed. Your clients in Douglas County are eligible to participate and have been solicited.

A second experiment has been announced in Milwaukee County wherein voluntary sickness insurance is being offered to limited geographical units on a deductible basis. Under this second trial the subscriber pays a regular monthly premium into an insurance fund. If the cost of the subscriber's medical needs should exceed, during the course of any one year, the sum of $24, then that subscriber is eligible to receive unlimited medical care during the balance of the contract period without additional cost. Subscriber membership here is based on a percentage of the total residents of the given *geographical areas*. Presumably a physical examination will not be required. A folder describing this plan is also enclosed.

A third experiment in the field of voluntary sickness insurance is now under consideration by one of our county medical societies wherein the profession will offer to the public voluntary sickness insurance on a prepaid basis, assuming complete coverage for all types of medical and surgical care in unlimited quantity for a specified monthly premium. Subscriber membership under this tentative plan will be based upon membership in already existing organizations

which are organized for purposes other than health and upon the fact that a certain minimum percentage of that organization's membership elects to come under the plan and pay the regular monthly benefits.

I have outlined to you in some detail three of the laboratory trials which will be conducted under the supervision of the State Society in order that you may have a clear picture of how each of the experiments differs from the others. In one instance the plan is that devised by the public, in the others by the profession. There is a marked differentiation in the basic provisions of each of the plans and from these trials we will be able to make a clear determination of the desirability or undesirability of the characteristic features of each of the plans.

Our extensive studies of voluntary and compulsory sickness insurance, including several months of study abroad, have disclosed with certainty those outstanding factors that are inherent in the various systems and which, of themselves, operate in practice to defeat the very end that it was hoped to accomplish. While our participation as a medical society in the existing trials is based upon our members' guarantees that certain of these factors, if found to be operating, will still not affect either the quality or amount of the sickness care rendered, obviously we are most interested in the trial of any plan which, of itself, promises most to avoid undesirable and inherent elements found elsewhere. For obviously, the desideratum of any trial is to uncover a means, if possible, that can be expanded and extended to a statewide usefulness in furthering the already high health accomplishments in Wisconsin.

One of the basic differences between sickness insurance and other forms of social insurance is the fact that all other social insurances pay the individual in return in the form of dollars, which he in turn uses to purchase his necessities. Under sickness insurance plans, including our own trials, the return to the individual is in the form of service. Because the insuring body wishes to reinsure its risk, it then contracts with the physician concerned to render the unknown service required for either a given sum or at an uppermost limit. In effect, the physician becomes the reinsurer.

Having in mind that nothing is so expensive as sickness care or health service deficient in quality and of which the patient is unaware, and having in mind that long years of experience with many laws indicates that this increasingly occurs due to a multiplicity of reasons, we should be most anxious to entertain a trial of a method that promises to obviate this reinsuring factor, which elsewhere has brought in its wake such a long train of wholly undesirable public results.

In our several conferences the thought has been repeatedly expressed by representatives of your administration that if physicians are willing to adjust their minimum fee schedule to a percentage below normal to allow for the fact that your standard clients are neither in the public assistance group nor in the self-supporting group, and secondly to allow for the eliminated costs of collection, a sum approximately twenty-four to thirty dollars per year per family would be sufficient fully to compensate the physician on the basis of such a schedule for the physician needs of the clients and their families. Your suggestion as to the basic mechanics revolved about the budget of the standard loan client being sufficient to cover such a sum, or that your administration would make an additional loan in that amount, or that in exceptional instances subsistence grants which need not be repaid might be available as a supplementary procedure. Under your basic thought, the client should have substantially free choice of physician, and the contributions would be established as a separate trust fund against which the physicians would bill in accordance with the agreed upon schedule, and out of which each would be paid in such percentage as the fund permitted. It is this latter factor (incorporated in your thought for prepaid medical care) of making the physician again the reinsurer, he having already agreed to materially reduced rates, that it seems most desirable to avoid in the patient's interest.

On two occasions we have discussed with the membership of the Trempealeau-Jackson-Buffalo County Medical Society an experiment in the field of voluntary sickness insurance that would incorporate the assistance and cooperation of the physicians in the county medical society, the State Medical Society of Wisconsin, the county directors of the Farm Security Administration and the state officers of the Farm Security Administration.

The suggested experiment which was discussed with the Trempealeau-Jackson-Buffalo County Medical Society is briefly as follows:

Standard loan clients of the Farm Security Administration in Trempealeau-Jackson and Buffalo Counties would be eligible to participate in a prepaid *voluntary* sickness insurance plan by paying to a central agency a monthly insurance payment. The funds collected from standard loan clients are to be available for medical care in an unlimited amount for the period of one year, providing they maintain their membership through the payment of monthly dues. The standard clients of the Farm Security Administration are to have free choice of physician from among those members of the Medical Society who signify their willingness to participate in the plan and accept the reduced schedule and subject their acts and fees to review. A committee is to be appointed by the county medical society to assist in the conduct of the experiment and to receive and audit each of the statements for service rendered to Farm Security Administration clients under the plan. The vouchers which are approved by the committee from the county medical society will be certified to the central agency who will, upon such vouchers, make payment to the physician for services rendered.

Recognizing that the standard loan clients of the Farm Security Administration are not, in your opinion, to be considered in the class of relief recipients nor as fully self-financing, the Farm Security Administration will determine the degree above the

relief standard and below the so-called private standard into which these individuals may be grouped and establish the percentage from normal paying ability into which these clients should be placed. The county medical society will prepare for purposes of the trial a schedule of fees which is representative of the lowest reasonable fees for private cases in that community. Physicians will then be paid such percentage of their normal charges from the fund managed by the Farm Security Administration.

The monthly subscriber premiums will be established by the Farm Security Administration in amount and in any manner of payment that they feel is sufficient and proper. If the funds obtained through subscribers' dues are not sufficient to pay to the physician in full the predetermined percentage of his normal schedule of fees, then, at least for the period of the trial (not to exceed one year), the Farm Security Administration will contribute to the fund to such an extent as will permit the payment for medical services rendered at the predetermined equitable allowance. We appreciate that under your regulations your subsistence grants must be made in a check payable directly to the client. If, however, you find that your calculations as to the premiums needed are actually insufficient, the subsistence grant method is to be used for the refilling of the fund in the amount needed until your premium can be raised to a sum sufficient.

Division of Responsibility

Responsibility of the Farm Security Administration

(1) It shall be the responsibility of the Farm Security Administration to circularize all of their standard loan clients serviced by the offices located in Trempealeau, Jackson and Buffalo Counties announcing the availability of the service. Such a circular should include at a bare minimum the following information:

(a) That the clients who become subscribers to the voluntary sickness insurance plan will have free choice of physician from among all members of the Trempealeau-Jackson-Buffalo County Medical Society who will previously indicate their willingness to participate in the plan.

(b) The financial obligation of the client shall be outlined in the circular, the method of payment by the subscriber and the special consideration that is given to the client who subscribes to the plan. The statement will be made that this is an experimental plan in the field of voluntary sickness insurance wherein any deficit which is incurred will be assumed by the Farm Security Administration through subsistence grants until the premium is raised.

(c) The circular material shall state specifically the type and the extent of the service which will be available under the plan as determined by the Farm Security Administration. This provision is established in order that the clients may know with certainty exactly that which they are to expect. This will be accomplished by indicating in the circular precisely the services that are included and those which are to be excluded.

(2) The Farm Security Administration will send applications to those clients who have indicated their desire to subscribe to the prepaid medical service plan.

(3) Farm Security Administration offices will collect the first month's premium from each applicant and maintain membership in the plan by making subsequent monthly collection of dues.

(4) Farm Security Administration will prepare each month a list of those standard loan clients who are eligible for service under the prepayment insurance plan by virtue of their continued payment of current dues or in other manner identify clients eligible to service under the trial.

(5) A single separate central fund will be created by the Farm Security Administration offices of Trempealeau-Jackson and Buffalo Counties into which shall be paid the subscribers' dues. This central fund shall be designated as a trust fund account from which physicians' statements will be paid.

(6) The Farm Security Administration will disburse funds to the participating physicians upon certified vouchers which have been reviewed and approved by an advisory committee from the county medical society.

(7) The Farm Security Administration will supply funds sufficient to meet any deficit which may occur in the fund as previously set forth in this letter. All charges against the fund will be made upon approved vouchers as outlined above and such vouchers will be approved in accordance with the predetermined percentage of reduction from normal minimum fees as determined by the Farm Security Administration.

(8) The Farm Security Administration will maintain the subscription records of the enrollees in the plan and maintain other records necessary for the proper conduct of the trial, and such records as shall be necessary to record all of the factual data which will make it possible for the Farm Security Administration, the local county medical society and the State Medical Society of Wisconsin to evaluate the experiment.

(9) The Farm Security Administration will establish the monthly premiums to be paid by the subscriber clients.

Responsibility of the Farm Security Administration Client

(1) Each client of the Farm Security Administration who desires to participate in the plan shall make application for participation for his family and for his dependents on a form to be prescribed and outlined by the local county medical society and the State Medical Society of Wisconsin.

(2) Each Farm Security Administration client shall remit his first month's dues with his application and thereafter the subscriber client shall make regular payment of premiums to the central office to be determined later.

Responsibility of the Trempealeau-Jackson-Buffalo County Medical Society

(1) The county medical society shall prepare a list of those physician members of their society who wish to participate in the plan.

(2) The society will cause to be elected or appointed a committee from among its members whose responsibility it shall be to pass upon all bills for services rendered to clients and to arbitrate any questions that may arise relative to the operation of the plan.

(3) The society will prepare a detailed schedule of fees which is representative of the lowest reasonable fees charged to private patients in the community.

(4) The committee shall receive, hear and act upon all complaints concerning the service.

(5) The county society will guarantee to the Farm Security Administration, the State Medical Society and the individual clients that the service contracted to be given will actually be given and that there shall not be any cheapening of the standard and quality of services rendered.

Responsibility of the State Medical Society of Wisconsin

(1) In approving any experiment in the field of voluntary sickness insurance, the State Medical Society of Wisconsin has assumed the responsibility of close supervision of each trial to assure that a true laboratory experiment will be conducted.

(2) The State Society will furnish application blanks, statement forms and similar forms which are necessary to record data which will make possible a careful evaluation of the effectiveness of the experiment.

(3) The Society will provide tabulating equipment and all of the forms that are necessary for the tabulation of the data obtained under the trial.

(4) A portion of the time of the assistant secretary of the Society will be made available to this experiment in order that it may be as expeditiously conducted as possible.

I am enclosing with this letter clip sheets taken from the report of our Special Committee to Study the Distribution of Health Services and Sickness Care wherein certain fundamentals are outlined and under which the trials, which the Society approves, are conducted.

In all of our many conferences we have deeply appreciated the thought that you have repeatedly emphasized,—that in the method of carrying forward your desired end, the administration has no set plan and is anxious to work with state medical societies in the trial of any method that promises to bring about the desired results. Just as soon as we may have affirmative word from you, we will proceed immediately with the actual preparation of an agreement outlining the plan in detail with the respective responsibilities of all parties.

Cordially and sincerely yours,

J. G. Crownhart,
Secretary.

A subsequent conference disclosed that this was a unique proposal from the standpoint of the Farm Security Administration in that it had never been suggested that someone other than the physician be the actual and ultimate insurer.

A further conference was held on August 2, 1939, at which time the representatives of the Farm Security Administration advised that it would be impossible to conduct the trial plan as outlined in the letter addressed to them on May 26. Shortly after the conference on August 2, the following letter was directed to the regional director of the administration.

The State Medical Society of Wisconsin

Madison, August 4, 1939.

Mr. L. S. Kleinschmidt
Farm Security Administration
342 Massachusetts Avenue
Indianapolis, Indiana

Dear Mr. Kleinschmidt:

While our conference of August 2 was disappointing to me in that the plan we had outlined to you May 26 for a trial in Trempealeau-Jackson-Buffalo counties was rejected, I feel that we have a clear basis of understanding for our future considerations and that this is most valuable.

I now recognize from our last conference that while the Farm Security Administration is anxious to be in position to say to its clients in this and other states that "here is an insurance method whereby, for a stipulated sum payable per month or per year in advance which we will loan you, you are guaranteed your basic health services and may call upon them as needed without fear of additional expense"; in the operation of any such plan the Farm Security

Administration is limited to making a loan to the client to pay for such insurance. Your Administration neither directly nor indirectly stands ready to act as either the real insurer or reinsurer in the sense of guaranteeing that the physician who participates will have, of certainty, any specific percentage of a minimum fee schedule for his services in the fulfillment of the insurance contract. As I explained in my letter of May 26, we were greatly in hopes that the Administration somewhere would find the very limited sum of money that might be necessary to try our plan therein outlined for the small group of families who are clients of the Administration in the three counties. I appreciate the extent of the effort to which you went when your Washington office asked the United States Public Health Service to assist in such a trial, but without success.

I know you recognize from our conferences, and actual trials in operation that we are deeply involved in a pioneer effort to try various types of voluntary sickness insurance in this State, and that Wisconsin is one of the leading states in this respect. I am sure you appreciate again that the very reason that we wished someone other than the physician to be the insurer was so as to try the insurance you advocate but under a plan the principles of which promised to cure some of the major inherent defects that we have observed in our studies of both voluntary and compulsory sickness insurance methods,—defects that concern not the physician primarily or alone, but defects that result over a period of time in the patient receiving less than he was promised in his contract, and always in a cheapened service the lack of quality in which is most difficult for the layman to recognize, serious as are its results in terms of life itself. The willingness of our physicians to accept your prior determination of any percentage of a minimum fee schedule that you yourself might establish under such a procedure as we proposed was, I am confident, ample evidence to you that the proposal for this trial revolved only around trying what appeared to be a certain means of securing service of a high quality, and that alone.

I appreciate now, however, the facts are that insofar as your Administration is concerned, or the United States Public Health Service as your Washington office has sought its aid is concerned,—for any trials of sickness insurance we may evolve or in which your clients may participate, your approval and client loan participation is predicated upon the physician being the insurer.

I am pleased, however, that the Administration in Wisconsin will make a new drive to interest its clients in Douglas County in just such a plan,—that which we are now trying in such county. Your tenant clients are further interested and exclusively involved in the plan we are trying in Milwaukee County, which is on a catastrophe insurance basis but again, with the physicians as the insurer and guarantor. Knowing now the definite limitations of the Administration's approval of any plan, we shall watch with great interest the participation and results of our present trials in which your limitation is already the basis.

As we go along in Douglas and Milwaukee Counties, and in the third plan soon to be set up, we will be very watchful to see whether there would be profit in trying some different type of arrangements, as a fourth trial, with the understanding, of course, that even in such a trial the physicians must still be the insurers. Obviously, we are trying to avoid needless duplications in our broad experiment for that would be a waste of time, money and effort, when we might be using them to try something markedly different which would be of real value. If, as time progresses under the experiments we are establishing, we do find that there is another plan, within your limitation, which departs sufficiently from the principles of the three now established to warrant trial, we will be most happy to entertain it. Mr. Larson is now in Douglas County, perfecting arrangements for your indicated further participation there.

With personal regards, I am

Cordially and sincerely yours,

J. G. Crownhart,

Secretary.

Concluding Statement

1. Your committee is firmly convinced that this effort of the State Society, with the splendid cooperation it has received in the counties of trial, is a distinctive service, the benefits of which will accrue to the public and profession alike.

2. It is believed further that the expenditures involved will prove an outstanding investment. Certain it is that the continued willingness of the profession in this State to exercise its trained leadership has met with a particularly pleasing public reaction.

3. Continuance of the trials through the year immediately to follow is essential. Again emphasis must be placed on the fact that the trials together form as a whole an experiment carefully conducted to explore possible public advantage in a field fraught with dangers. No promises can or should be made other than a continuance of the pledge to conduct our work with a sympathetic approach in a sincere effort to create a new public service.

4. Members of component societies wherein no trial is being conducted will ap-

preciate that this very great effort will have state-wide application if feasible means be found, and, lacking such hoped-for results, even the failure of such projects will avoid what well might have been a widespread state of apprehension and uncertainty.

5. The experience we are gaining first hand is available in no publication and has direct application to the continued studies of the Society in the field of compulsory sickness insurance.

6. Your committee appreciates that this work has made a considerable drain upon the normal facilities of our State Society office and personnel. The assistant secretary has averaged two conferences a week throughout the year and the secretary of the State Society and legal counsel continuously have attended frequent meetings at which questions of major importance have been resolved.

7. While many important deductions could perhaps be drawn at this time, your committee is of the opinion that final conclusions of all nature well may await an additional practical experience of several months.

8. It is axiomatic that any plan of whatever nature must have the full and complete cooperation of the practicing physicians of the State.

TABLE 2.—*Salient Features of Sickness Insurance Trials in Wisconsin, 1939*

Location of Trial	Douglas County Medical Society & Tbe Cooperative Health Association DOUGLAS COUNTY (Superior)	Medical Society of Milwaukee County MILWAUKEE (Greendale, Parklawn and Industrial Estab.)	Rock County Medical Society	Trempealeau-Jackson-Buffalo County Medical Society & Farm Security Administration
Basic principles conceived by	Public	Medical Society	Medical Society	State Medical Society
Active management	Lay organization	County Medical Society	County Medical Society	Lay organization (Federal employees)
Method of selection of subscribers	By pbysical examination	Geographical and group basis combined 33⅓% of specified group.—Possible physical examination.	Lay group organized for otber than health purposes, 50% of individuals in group. Minimum group 10.	Combination financial stringency of individual and group.
Coverage	All services rendered by physicians and surgeons. Unlimited in amount. Usual contract exemptions, tuberculosis, venereal diseases, drug and alcohol addicts, serums, vaccine, drugs and similar items.	Deductible coverage. Subscriber pays the first $24.00 of sickness needs during one year. Tbereafter all services rendered by physicians and surgeons, unlimited in amount. Usual contract exemptions.	All services rendered by physicians and surgeons. Unlimited in amount. Usual contract exemptions. (See Douglas County exemplary list)	Not determined
Minimum number of units required to be enrolled before plan becomes operative	150	200 in any one of tbree groups offered to.	150	None
Maximum number that may be enrolled under the plan	300	1,000	500	Not determined. Will undoubtedly be approximately 350–400 families.
Premiums cbarged	Single $1.50 Couple 2.25 Family 2.90	Single $ .50 See coverage Couple .75 item above. Family 1.00	Single $1.50 Couple 2.00 Family 3.00	To be established by the Farm Security, based upon tbe theory tbat tbeir clients are neitber indigent nor fully self-supporting.
Ultimate insurer	Physician	Pbysician (Patient is co-insurer)	Pbysician	Farm Security Administration.

In connection with the above report, members may find of interest the article on pages 821–824 of this issue of The Journal, "Group Health: How The Doctors Are Trying It in Wisconsin," by Ted Leitzell of Chicago, Ill., reprinted from the Summer Issue of America's Future, 1939.

A report supplementary to that printed above will be presented by the Advisory Committee on Voluntary Sickness Insurance to the House of Delegates on Tuesday evening, September 12, at the Schroeder Hotel, Milwaukee. Members of the State Medical Society of Wisconsin are cordially invited to attend this session as well as all other sessions of the House of Delegates.

Report of the Committee on Public Policy

S. E. Gavin, chairman; R. H. Jackson; C. W. Eberbach; the president and secretary ex-officio

A CLEARING house of proposed changes and new plans to accomplish the enactment of only those measures that will contribute to sound and lasting government, the legislature of the State of Wisconsin met in its sixty-fourth session beginning Wednesday, January 11, 1939. At the time of drafting this report (August 5, 1939) both the senate and assembly are still in session, with no immediate prospects of adjournment in sight.

No one interested in the problems of today should lose sight of the fact that ours is "a government of the people, by the people, and for the people." No legislature has power other than that justly derived from the governed, for it is an instrumentality of the people, and, as such an instrumentality, is responsible to them for proper exercise of its powers.

The first session of the legislature of the State of Wisconsin was held eighty-nine years ago on June 5, 1848, in Madison. Its eighty-five members were faced with the tremendous task of establishing the basic laws of the State—laws that would promote the welfare of the people and meet with the mandates of the Wisconsin Constitution which just then had been adopted. The first Revised Statutes of Wisconsin were published the next year and were contained in a relatively small volume of some 800 pages. But the 1939 session of the legislature, meeting at a time when many changes, modifications and innovations are being proposed, is faced with the fact that the general laws of the State occupy a large volume, in small type, numbering very nearly 3,000 pages.

Legislative Procedure

Designed as a bulwark against ill-considered legislation and to give effect to the voice of the minority, legislative procedure is at once tedious and effective. It is a development of the procedure of the British Parliament at the time this country declared its independence from the British Dominion, but in that, as in many other phases of its government, Wisconsin has notably liberalized its procedure. Practically all proposals are afforded a public hearing, and unlike practice in many states, no committee is permitted to kill a proposal through simply "pigeon-holing" it for the session. Bills may be introduced by individual members or by committees, and in the assembly are referred immediately to the revision committee, or in the senate, to the revision clerk, to assure compliance with proper drafting rules and to make certain that statutory references are accurate.

The measure then is referred back to the house of origin, where the bill is numbered and its title is read twice. The speaker of the assembly or the presiding officer of the senate, as the case may be, refers the bill, unless the contrary is ordered by the members, to the proper committee for a public hearing. The rules provide that each bill shall be given its hearing within two weeks after reference to the committee, but this is not always the case, particularly when the author requests that there be a delay in order that he may secure further information, and confer with others respecting its merits. The time of the hearing is posted on the assembly and senate bulletin boards on the Thursday of the week preceding date of the hearing, and on Friday, printed bulletins are available listing all bills that are to have public hearings.

On the day of the hearing, the chairman calls the committee to order, generally at two o'clock in the afternoon. With a majority of committee members present, the title of the first bill to be heard that afternoon is read and the chairman of the committee asks first for the appearance of those favoring the bill, and when those have completed their appearance or simply registered, the opposition is given a similar opportunity. All hearings are open to the public and anyone who

so desires may appear on any given measure. But the committee action proper is taken in executive session when the arguments that have been offered are considered, and a vote is taken that the report of the committee may be offered the house in which the bill is to be acted upon. The committee may report a measure for passage, may recommend that it be indefinitely postponed, or the report may be made simply as "without recommendation"—the latter meaning that the committee is either divided evenly or is without opinion.

The report is transmitted to the clerk of the senate or assembly, as the case may be, and the recommendation of the committee is read by him to the whole body.

Following this the bill is scheduled for action by placing it in the proper order of business on the next "calendar"—which is simply listing bills scheduled for action on the second succeeding day in which the house is in session. The bill is then ready for "engrossment," a parliamentary term meaning that after amendments are considered, the bill may be either advanced beyond the amendable stage, or be refused further consideration either by a motion to indefinitely postpone or simply by refusing to engross the bill itself. Either of such motions results in killing the bill, unless the house should reconsider its action upon a motion to do so made by a member, who voted with the majority, on the next succeeding day. If the bill is advanced, it is referred to the committee on engrossed bills in the assembly, or to the proper clerk in the senate, where the proper amendments that may have been adopted are inserted in the bill. If the bill involves financial features, it is sent to the Joint Committee on Finance, either before or after engrossment.

Finally the measure is brought before the house for the final action of that body, where it may either be passed, killed, or if a bill approved by the companion house, concurred in, refused concurrence, or amended and concurred in as amended. If the latter action is taken, the bill must go back to the house of origin that the amendment may be accepted, or a proper compromise worked out between the views of the two legislative bodies. The bill after final agreement by both houses, is reprinted and is then ready to be sent to the Governor. If vetoed, it may be passed over his veto by a two-thirds majority vote in both houses. Indicative of the various steps so involved, the legislative history of the Enabling Act for Group Hospitalization is reprinted from legislative records:

No. 288, S.,

A bill to create section 180.32 of the statutes, to provide for the organization of membership corporations without capital stock and not for profit, relating to non-profit hospital service membership corporations.

3—17. S. Introduced by **COMMITTEE ON EDUCATION AND PUBLIC WELFARE,** at the request of the Wisconsin Hospital Association, Conference of Catholic Hospitals and the Wisconsin Medical Society. Read and referred to committee on Education and Public Welfare.
3—31. S. Report passage recommended.
4—12. S. Read a second time.
4—12. S. Ordered engrossed and read a third time.
4—12. S. Rules suspended.
4—12. S. Read a third time and passed.
4—12. S. Ordered immediately messaged.
4—13. A. Received from senate.
4—13. A. Read first and second times and referred to committee on Public Welfare.
4—14. A. Recalled from committee on Public Welfare.
4—14. A. Ordered returned to senate pursuant to request of Res. No. 14, S.
4—18. S. Received from assembly pursuant to Resolution No. 14, S.
4—18. S. Rules suspended.
4—18. S. Vote by which passed, reconsidered.
4—18. S. Read a third time and passed. Ayes 29, Noes 0.
4—18. S. Ordered immediately messaged.
4—18. A. Received from senate.
4—13. A. Read first and second times and ferred to committee on Public Welfare.
5—12. A. Report concurrence recommended.
5—18. A. Amendment No. 1, A., by Mr. Biemiller, received.
5—18. A. Amendment No. 1, A., rejected. Ayes 52, Noes 33.
5—18. A. Amendment No. 2, A., by Mr. Biemiller, received.
5—18. A. Amendment No. 2, A., rejected. Ayes 62, Noes 24.
5—18. A. Amendment No. 3, A., by Mr. Biemiller, received.
5—18. A. Amendment No. 3, A., rejected. Ayes 62, Noes 24.
5—18. A. Ordered to a third reading.
5—18. A. Rules suspended.
5—18. A. Read a third time and concurred in. Ayes 92, Noes 2.
5—18. A. Ordered immediately messaged.
5—19. S. Received from assembly concurred in.
5—24. S. Report correctly enrolled at 2:30 P. M. on Wednesday, May 24, 1939.
5—31. S. Report approved by Governor, May 26, 1939.
(Chapter No. 118. Published May 29, 1939.)

Public Health Legislation

Before sine die adjournment of the legislature, the total number of bills introduced in both houses will approximate 1,500. With proposed amendments or substitute measures, this volume of legislative material will occupy a bookshelf more than two feet in length. Each measure introduced in both houses is examined by legal counsel of the Society to ascertain whether it concerns, in even a broad or general manner, problems of public health. Of the entire number of bills, approximately 150 will be found of this character, and of these, some twenty-five or thirty will be of major importance, while others will simply be watched to ascertain if amendments are introduced changing the whole public health character of the bill.

State Medicine

Of first importance is the proposal of Assemblyman Andrew J. Biemiller of Milwaukee that there be enacted in Wisconsin a form of compulsory sickness insurance, the effect of which would be vitally to change the form and manner of delivering sickness care to the people of this State. Assemblyman Biemiller proposed a similar measure in the 1937 session of the legislature and renewed his proposal in the 1939 session with the added impetus given the movement through the President's National Health Conference held in Washington in July, 1938. Members will recall that Professor Edwin E. Witte, for many years a member of the Economics Department of the University of Wisconsin, who served as Executive Director of President Roosevelt's Committee on Economic Security, stated at the National Health Conference that if "but one state now had experience with compulsory health insurance, the program we are discussing would be much easier of realization. What state will have the distinction of enacting the first compulsory health insurance law in the United States? I am hopeful it may be my state of Wisconsin . . ."

The Compulsory Sickness Insurance Bill (Bill 807, A.) proposed to establish sickness care insurance for employed groups, exempting agricultural labor, occasional labor, and domestic help under four in number. As framed, it was designed to cover approximately 1,600,000 employed persons and dependents. The payroll tax features anticipated the raising of approximately $25,000,000 each year to finance the sickness care promised. Your secretary pointed out at the hearing on the bill that at least 20 per cent of this fund would be needed for administrative purposes, and that in addition there must be a reserve of at least 5 per cent for epidemics and like contingencies. On this basis only $12 would remain for actual sickness benefits per covered person each year, contrasted with the estimate of the Committee on Economic Security that $18.70 per covered person is actually required. The result would be that the administrative body in charge of the program would be faced with an initial shortage of approximately 35 per cent. Though faced with this shortage, available funds are not increased by succeeding legislative bodies, for to further tax a large number of small pay checks may be economically impossible, and is always politically inexpedient. Those inevitable factors, combined with the provision that the unemployed individual shall be carried for a time until he has ample opportunity to secure employment, result in decreasing the care available so as to allow the books of the administrator to be in balance.

Your secretary further emphasized that under all such proposals, and particularly in that of Assemblyman Biemiller, not only were the preventive aspects of public health lost sight of entirely, but sickness care available would follow artificial limits fixed by rules and regulations ad infinitum. The medical officer is given the power to promulgate, and thereafter to amend or rescind, standards of care, services and commodities. A patient's failure to discontinue practices that in the director's judgment may retard his recovery is cause for suspension of benefits. Free choice of attendant applies only at the time of enrollment, not at the time of illness. There is a fine upon the patient who may make a frivolous complaint, and he is forbidden to call his physician between 6 p. m. and 10 a. m., except in cases of serious emergency.

In addition, your secretary directed attention to the records required, which are so complex as to hamper the free movement of the system and to burden the physician with "paper work." Finally, it was made clear that the administrator under such a system becomes a person of supreme power. He selects the administrative assistants (estimated to total 3,000 persons for Wisconsin alone); determines who may be dependents; makes the rules and regulations and may decrease the benefits without the insured public ever knowing about it. If he follows certain simple procedures in all of his administrative work, he is responsible to no court for his reasons. He is not bound by common law or statutory rules of evidence.

Following the public hearing given the proposal on June 7, the Assembly Committee on Public Welfare recommended to the Assembly that the measure be killed. The bill came to a vote on June 28, and was then killed by a vote of 61 to 31.

Unsupervised Medical and Hospital Schemes

Assemblyman Biemiller likewise proposed the adoption of Bill 401, A., designated as the "medical cooperative bill." The measure proposed to permit, under the guise of cooperatives, the organization of laymen, single physicians, groups of physicians, or osteopaths, in either partnerships or associations, to deliver medical or hospital care to people in the State. It would have legalized any contract on an insurance basis embodying the prepayment, spread-of-risk basis for the rendition of either hospital or medical service. To assure that there be neither direct nor indirect interference with the promotion of any such scheme, the bill would have prohibited any public hospital or any other hospital having partial or complete tax exemption (charitable institutions) from denying to a patient enrolled in such a plan the facilities of the institution, and likewise would have prohibited any such institution denying to a physician, because participating in such a scheme, the use of its staff facilities or facilities available for hospitalizing patients. The State Medical Society of Wisconsin and its component county medical societies were expressly enjoined from excluding a physician from membership, who, otherwise eligible, participated as an individual or in a group to furnish medical service on such a basis. The bill would have exempted any such plan, all of which could have been organized for profit, from any regulation of any character under the insurance laws of Wisconsin, and would have punished, by fine or imprisonment, or both, any person, any groups of persons, any partnership, or any corporation which directly or indirectly interfered either with the operation or the organization of such a venture, and to make this provision all the more effective, it was proposed that denial of facilities to a patient enrolled in such a venture would be deemed prima facie evidence of such obstruction.

The measure was opposed by the State Medical Society, the Wisconsin Hospital Association, the Wisconsin Conference of Catholic Hospitals, and the Wisconsin State Nurses Association. Your secretary, in appearing against the bill, emphasized that if passed it would place the legislative stamp of approval upon these schemes and plans, and would exempt them from regulation in the public interest. Under the cloak of beneficent service, it would promote the type of organization in which a third party would be injected into the physician-patient relationship, and which is in form readily adaptable to the rendition of cheapened service to promote personal gains.

The Assembly Committee on Public Welfare recommended that the bill be killed, and after debate of some length, the proposal was rejected by a vote of 62 to 29.

Costs of Medical Care

A further proposal of Assemblyman Biemiller related to the creating of a legislative committee to study the costs of medical care and the "ways and means of lightening the burden" thereof. An appropriation of $3,000 was provided to finance the committee's studies. As in previous sessions, the State Medical Society appeared neither for nor against the measure, but to point out the extent of the studies necessary to a sound report, the work in that exact field conducted by the medical society over a period of years, and the inadequacy of the appropriation

made in the Biemiller bill. With an unfavorable committee report, the assembly killed the bill without a roll call.

Other Biemiller Bills

Assemblyman Biemiller offered three other measures closely concerned with the public health. Two of these proposed the creation of an elaborate state system to replace local authorization for distribution of pneumonia serum and insulin to the medically indigent. The test of indigency was suggested as "unbearable financial hardship" and each application therefor must be accompanied by verified statement of the attending physician and the certification of the local health officer as to the financial needs of the patient. The State Medical Society opposed these measures because it would take too long to secure the serum or insulin under the conditions set out in the bills themselves, and because it set up a system of authorizations too difficult to secure. At the time the public hearing was held on those measures, Assemblyman Biemiller indicated that he proposed to draft substitute amendments which would eliminate the objections raised by your Society. No committee report has as yet been made, however, as of the date of this report, and this is doubtless due to the delay requested by the author.

The other bill related to the State Board of Health, it being the contention of Mr. Biemiller that at least two members of the board be active local health officers, or engaged in public health work. At the present time, a member of the board is appointed each year for a term of seven years, and must be approved by the senate. The record of the board in the field of constructive public health work is outstanding, and the restrictions proposed by Mr. Biemiller were opposed by both Dr. C. A. Harper, State Health Officer, and the State Medical Society. The Assembly Committee on Public Welfare recommended that the bill be indefinitely postponed, but the bill was withdrawn by its author before it came on for its initial vote.

The 1939 Chiropractic Program

Prior to 1925 chiropractors were permitted to practice in Wisconsin provided that they prominently displayed a sign to the effect that they were neither licensed nor registered in the State of Wisconsin. In 1925 it became obvious that if the public health of the citizenry of Wisconsin was to be protected, those who would treat the sick by any of the various arts of healing must meet certain basic qualifications. Consequently, there was then enacted the so-called "basic science law," creating a board of lay examiners before whom all those seeking license to practice medicine or osteopathy or chiropractic, or any other form of treating the sick must be examined in the four fundamental sciences of anatomy, physiology, pathology, and diagnosis. The law provided that if an applicant successfully passed that examination, he could then proceed to take the examination offered by any one of the various licensing boards. To protect the applicant against possible discrimination, not only did the law provide that the board should be composed of lay educators, none of whom should be on the faculty of any department teaching methods of treating the sick, but no applicant could be required to disclose either the professional school which he attended, or the profession he intended to pursue. To carry into effect the spirit of the law, the board of basic science examiners, (now composed of Professor Guyer, Zoology Department, University of Wisconsin; Professor Bauer, Chemistry Department, Marquette University; and Professor Barber, Physics Department, Ripon College) provided that every candidate should be assigned a number, with which to identify his examination paper. Thus, any assistant of the board grading the paper would have no knowledge of the identity of the candidate.

When the basic science law was passed in 1925, there was also enacted the chiropractic licensing law, but all those who then, by affidavit, established that they had been in practice prior to the enactment of the law, were exempted from any of the licensing provisions, and were granted a certificate

upon the basis of practice only. According to the chiropractors themselves, this group constitutes 80 per cent to 95 per cent of those now practicing chiropractic in Wisconsin.

Wisconsin chiropractors have themselves defined their profession as:

> "A Philosophy, Science and Art of things Natural; a system of adjusting the articulations of the spinal column, by hand only, for the correction of the cause of disease. This definition is inclusive and any and all other methods are declared not to be chiropractic. All else belongs to other methods. Patients and Chiropractors who know Chiropractic as defined, confine their thoughts, actions and office work to it."

Chiropractors repeatedly have stated before legislative committees in previous years that they do not believe in the germ theory of disease; that vaccination is a frequent cause of venereal disease and tuberculosis; that insanity, which the medical profession may attribute to venereal disease or arising out of other disease and complex conditions, is due to misplacement of vertebrae and the like.

In the 1939 session the chiropractors have sponsored bills by Assemblymen Stachowiak and Grobschmidt of Milwaukee proposing that chiropractors be permitted to treat cases compensable under the Workmen's Compensation Act of Wisconsin. This proposal was made despite the fact that nearly all compensable cases arise out of accidental causes, such as broken arms, sprains, fractured ribs, and the like. Under the Workmen's Compensation Act an injured employee is required to submit to competent medical and surgical treatment. If he fails to do so, he is not permitted compensation to the extent that the failure may have aggravated the injury and increased the duration of his inability to return to useful work.

In bills by Assemblyman Westfahl and Senator Gettelman, both of Milwaukee, chiropractors propose that there be established at the Winnebago State Hospital for the insane a chiropractic ward, with a chiropractic superintendent paid at the same salary (approximately $7,000) as the superintendent of the medical ward, and that the chiropractic superintendent have power and authority to hire such assistant chiropractors, nurses and other help as may be necessary, including the equipping of the ward with those mechanical devices necessary to its proper functioning. There would be admitted to the ward any patient in any of the state hospitals for the insane (including all county asylums), who by written request of either themselves or their proper guardian ask for chiropractic treatment. The cost of transportation, which in the case of county institutions would be paid by the county, and in the case of state institutions would be paid by the State, is difficult to estimate. But taking the bill as a whole, it is apparent that initially the cost to the State and the various counties who would be required to contribute would not be less than $25,000 per annum.

In a measure by Assemblyman Burns of Ladysmith, the chiropractors proposed that they be given the title "doctor," "Doctor of Chiropractic," or the use of the letters "D. C.," and that they be examined in the basic sciences by their own chiropractors licensed to practice in Wisconsin.

Insofar as the title "doctor" is concerned, the statutes were amended in 1925 to specifically deny chiropractors the use of this title or of any combination of letters or words that would indicate the possessor of it to be a qualified doctor. In repeated attempts before the legislature, chiropractors have sought to have this statute amended. All earlier attempts have failed. During 1938 the Supreme Court of the State of Wisconsin heard a test case involving the application of the statute to chiropractors, and in an able opinion written by its Chief Justice, Marvin B. Rosenberry, held that chiropractors were prohibited the use of the title "doctor," and noted that the reason for revision of the statute in 1925 was to make it clear that such prohibition extended to chiropractors, as the use of the title by them "would tend to lead the public to the conclusion that persons so announcing themselves were qualified physicians, surgeons or osteopaths as well as chiropractors." Chief Justice Rosenberry in the decision stated that the title does not aid the chiropractor in the treatment "but merely aids him in secur-

ing the confidence of prospective patients and in inducing people to apply for treatment."

Only two of the five proposals have been voted upon as of the time of this report. The proposals to create a chiropractic ward in Winnebago and to permit chiropractors use of the title "doctor" were overwhelmingly defeated in the assembly by votes of 55 to 29 and 58 to 31. The other measures have been laid on the table, and it is doubtful that they will be recalled in time for action before adjournment of the legislature.

Osteopathic Program

Probably the most ambitious of any cult legislation introduced in recent years was the 1939 program of the osteopaths, contained in five separate measures, all introduced in the senate by Senator Walter J. Rush (P) of Neillsville. These measures would have caused widespread changes in present laws relating to treating the sick, so as to have given the osteopaths the opportunity to practice virtually unrestricted in the State of Wisconsin.

Prior to 1915 osteopaths were not permitted to do surgery in Wisconsin. In 1915, however, the law was amended so as to permit applicants to practice "osteopathy and surgery," but the qualifications of osteopaths were not at that time, nor have they since been, increased, so that those licensed to practice osteopathy and surgery would be required to have education equivalent to that required of practitioners of medicine and surgery.

At the present time, osteopaths are not trained in materia medica, nor are they required to have had hospital interneship. Their preliminary education is not required to be the equivalent of those entering the medical course at the University of Wisconsin or Marquette University. There are only three osteopathic colleges in the country, and only 150 osteopaths in Wisconsin, many of whom are no longer in active practice.

The first of the measures sponsored by them was Bill 183, S., which proposed changes in and additions to the definitions contained in the last chapter of the Wisconsin Statutes. In part, for example, it proposed to define a "doctor of public health" as one licensed as an osteopath or as a physician, and the word "Doctor" to include osteopaths. In order to ascertain the effect of such proposals and the many others contained in the bill, it was necessary for your committee and its counsel to conduct a detailed study of all Wisconsin statutes affecting the public health to find where such a word or term was used in order to ascertain what would be the direct effect of the proposed definition. For example, the only place in the statutes that legal counsel could discover use of the term "doctor of public health" related to the health commissioner in the city of Milwaukee, in which it was provided that such official must be a doctor of public health, or be a graduate of a recognized medical school. Thus one effect of the osteopathic program was to qualify osteopaths for the office of health commissioner in Milwaukee. The word "Doctor's" was used only in the communicable disease statute, where provision is made permitting school authorities to exclude from attendance those pupils who do not present a "doctor's" certificate of vaccination. Thus another effect of the osteopathic proposal was to qualify osteopaths in the administration of vaccines.

Other important effects of the measure were to permit osteopaths (1) to administer narcotic drugs; (2) to certify to insanity; (3) to certify admissions to the Wisconsin General Hospital; and (4) to render required treatment of venereal disease cases under the Wisconsin law.

Bill 184, S. proposed to require all public institutions and all hospitals operated by religious or charitable organizations, or on a non-profit basis, thus possessing tax exemption in whole or in part, to open their doors to any practitioners selected by patients confined in such institutions. Such practitioners would be permitted free and unqualified use of the hospital facilities.

Bill 185, S. proposed to endow the osteopath with complete right to determine treatment—manner, form and sufficiency. This was a "catch-all" bill, so that no provision of law, of state administrative bodies, of hospital regulation, or of general medical policy could control over the judgment of the osteopath.

Bill 186, S. would grant any person securing treatment at the expense of another to have free and unrestricted choice of attendant. It would thus (1) eliminate the panel under the compensation act; (2) require all public institutions for the poor, such as the Milwaukee county institutions, to open their doors to all osteopaths and all physicians; (3) require all state and county institutions furnishing treatment at the expense of the State, the county, or jointly (Winnebago, Mendota, Wisconsin General) to permit any practitioner to practice therein; and (4) eliminate all forms of contract practice.

Bill 192, S. was proposed on the basis that it increased the educational qualifications of osteopathic applicants after 1945, so that they would be the equivalent of those now required of the medical profession.

Under the law, an applicant to practice medicine and surgery is required to have two years premedical training equivalent to that required at the University of Wisconsin. But the University now requires three years premedical training. And nothing was said in the bill that the premedical training required after *1945* need be the equivalent of that required at the University of Wisconsin.

Applicants to practice medicine and surgery must have at least one year's hospital interneship in a reputable hospital. Under 192, S. after 1945 hospital interneship would be required, but no power was given the Board of Medical Examiners, on which there is an osteopath, to inquire into the reputability of the hospital.

Although osteopaths want the privilege of administering drugs, narcotics and vaccines, no provision was made in 192, S. requiring education in their use.

The Osteopathic Association conducted an extensive lobby in its effort to secure the passage of these vital public health measures. There were filed with each member of the senate, copies of a long printed brief by the attorney for the Association, and it was on the occasion of the committee hearing that this attorney attacked the medical profession as a "trust" and as an organization engaged in sinful practices.

"The publicly owned hospitals and those which are in whole or in part tax exempt have long enjoyed privileges which are manifestly unjust" said Mr. Walter D. Corrigan, Sr., Milwaukee, general counsel for the Wisconsin Osteopathic Association, both in his written brief to Senators, and in his appearance before the senate committee urging the adoption of the osteopathic program. "They have escaped liability in all cases of negligence because they hide behind the doctrine based on the claim that they are charitable enterprises."

"If one must go to a hospital, he must submit to the iron rule of its dictators. If he has a life-long trusted and faithful physician, he cannot have that physician at the hospital unless the dictator consents." * * *

"A nation-wide medical trust has by despotic rule dictated and forced its ironical rule on this State and its citizens. It has thus far successfully dictated that our hospitals to become Class 'A' must not permit any one practicing osteopathy and surgery to practice in such hospital. Its dictations are very severe as to those practicing medicine and surgery unless they get on the staff or become a member of the inner circle. An osteopathic surgeon is barred completely. He is black-balled before he applies. Thus we see our hospitals are in the hands of the clique which controls the American Medical Association. We think it is about time the State of Wisconsin declared its independence and asserted its power of regulation in behalf of public health and the rights of its citizens."

The secretary of your Society, in appearing against the measures before the Senate Committees on State and Local Government, and Judiciary, took the position that none of the bills was intended to advance the public health of the people of the State of Wisconsin. He pointed out that Wisconsin stands third among the states in its public health record and that the program of the osteopaths, if adopted, and with their training and background, was not a type of legislation which would assure the continuance of that health record in the future. Each of the osteopathic bills was defeated in the senate without a roll call.

It must be recognized that this is the first serious attempt by the Wisconsin Osteopathic Association to secure discriminatory legislation designed to promote the personal interest of the osteopath as distinguished from legislation founded on broad principles of public health. Doubtless similar attempts will be made in the next legislative session, and your committee urges each member to be in a position to explain the public health implications of these proposals to those interested.

Pharmacy

Several measures were introduced in the present session relating to pharmacy. One measure was proposed by the Wisconsin Pharmaceutical Association, and had the broad purpose of improving existing pharmacy laws. The position of the Pharmaceutical Association and of the State Board of Pharmacy was that the bill would secure a more responsible type of drug store employee by eliminating the assistant pharmacist, and giving the State Board more enforcement powers. The measure is still awaiting final action by the assembly and then must be acted upon by the senate.

Two measures were introduced in the assembly which were actively opposed both by the pharmacists and your State Medical Society. One of these measures proposed to distinguish between pharmacies and drug stores or drug departments. While drug stores would be permitted to retail and dispense drugs, prescriptions could be filled only in pharmacies. The position of the State Medical Society with reference to this measure was that it would encourage the sale of proprietary and patent medicines, and the practice of self-medication. The Society felt that there were no inherent dangers in the present system, and enactment of the bill would result in both confusion and uncertainty on both the part of the medical profession and the lay public. This measure, which has had its hearing, has not yet reached the assembly for vote.

The second bill proposed to amend the present pharmacy law so as to permit physicians to dispense drugs only in an emergency, and would prohibit physicians from stocking their offices with more drugs than might be required for an emergency. The State Medical Society took the position that the bill put a premium on poor medical care, and that the measure, if enacted, would endanger the furtherance of public health in Wisconsin. Your Society stated that the bill overlooked the basic concept that drugs are the implements of the medical profession, and that only the medical profession is qualified in their usage. This proposal was withdrawn by its author following its public hearing before the Assembly Committee on Public Welfare.

Still another measure which was killed in the assembly, related to adding additional items to those now exempt from the pharmacy law, and the final measure proposed to eliminate the requirement that the State Board of Pharmacists be composed of pharmacists actually engaged in practice at the time of appointment.

Physicians and Hospitals

Arising out of a local situation, a bill was introduced proposing that physicians whose licenses had been restored following revocation shall not be discriminated against by hospitals having tax exempt status in whole or in part. The measure would affect probably not more than one physician a year, and was opposed actively by the two hospital associations and the State Medical Society, on the basis that it would grant to physicians who had undergone such an experience a right not possessed by a physician who had not been involved in revocation proceedings. The measure was given an extensive committee hearing, and was finally killed in the assembly without a roll call.

Recording of Physicians' Licenses

Assemblyman R. W. Peterson of Green Lake-Waushara counties, Republican floor leader for the 1939 session, introduced a measure drafted by your State Medical Society to repeal the requirement of law that resident physicians must file their licenses in each county in which they practice. The bill simply provides in lieu of that requirement that the filing of the license in the county of residence is sufficient.

The measure was supported by the State Medical Society by reason of the fact that it was felt that physicians today are called upon in much wider areas, and that the reason for recording licenses in each county of practice no longer obtains. It is a comparatively easy matter for any interested person to ascertain that a physician is duly qualified to practice in Wisconsin, and since failure to comply with the former law meant that physicians would be unable to sue to recover their professional fees, or would be unable to testify in a professional capacity, your State Medical Society felt that the law was unduly strict, and of little value.

The bill passed both houses without a dissenting vote, and was signed by the Governor. Physicians consequently are required to record their licenses only in the county of residence henceforth.

Thomson Law

A number of bills were introduced affecting the so-called Thomson law relating to antenuptial physical examinations. The State Medical Society conferred with the State Board of Health respecting these proposals, with the result that an entirely new measure was drafted, passed by both the senate and assembly, and signed by the Governor. Under these new provisions, when a party to an intended marriage contract in Wisconsin resides in some other state, his Wassermann test may be made in such state, providing it is made by a laboratory approved by the State Board of Health of Wisconsin. The present law is amended so that the test for syphilis can be the Wassermann test "or other standard blood test," and in the case of an individual believed to be Wassermann-fast, a deputy state health officer may review the case with the family physician, and, if it be his best judgment upon the studies so made, the state health officer may grant a certificate to the county clerk upon which a license to marry can be issued. No limitation on fees for various services was included in the bill as finally passed.

Wisconsin General Hospital

A number of measures were introduced affecting the Wisconsin General Hospital and its administration. Bill 125, A. was introduced by Assemblyman Austin of Columbia county, in which he proposed that the Wisconsin General Hospital Law should be administered by the county department of public welfare, instead of the county judge, upon action of the county board. This bill passed the assembly but was killed in the senate.

Another measure was introduced by Assembly Bichler of Ozaukee County, proposing that the rate of hospitalization in the Wisconsin General Hospital should be on the basis of $4.20 a day, without power in the emergency board to increase those rates in order to secure an additional charge-back to participating counties.

Former Speaker of the Assembly, Paul Alfonsi of Iron-Vilas counties, proposed a measure changing the so-called quota law which as now in effect permits each county to certify patients to the Wisconsin General Hospital at one-half state cost, at the rate of two per 1,000 population in the county. If patients in excess of this number are certified, it is entirely at the cost of the county. The quota law was an enactment secured largely at the suggestion of the State Medical Society in order to preserve the Wisconsin General Hospital as an institution where highly specialized services might be available, and as an adjunct to the teaching facilities of the Medical School of the University of Wisconsin. Mr. Alfonsi's measure to permit certification without limitation at a rate calling for more than one-half the cost to be carried by the State failed passage in the assembly, and an almost identical measure introduced by Senator Connors of Barron county in the senate was withdrawn by him.

Still another measure was introduced by Senator Connors reducing the examination fee allowed physicians examining applicants for admission to the Wisconsin General Hospital from $5 to $2. This measure was defeated in the senate by a vote of 21 to 7 on the basis that an adequate and careful examination was required in order that the law might be best administered to accomplish its beneficent purpose.

Hospital Care Insurance

At the joint request of the Wisconsin Conference of Catholic Hospitals, the Wisconsin Hospital Association, and the State Medical Society, companion legislation was introduced in both the senate and assembly on March 17 to permit the organization of corporations engaged in the sale of hospital care service on a non-profit basis. The proposed enabling act operated to exempt such organizations from the requirements of the insurance laws, but provided that no such organization could engage in the actual sale of services until it had contracts with not less than six participating hospitals having a total of not less than 600 beds. Under the provisions of the law as passed, the membership is made up of four representatives from each participating institution, of which three are to be non-medical persons, excepting hospital administrators, at least two of the three being either directors or active in the operation of hospitals. These three non-medical individuals are elected by the hospital management. In addition, the medical staff of each institution elects the fourth member. Thus each participating hospital names four members of the corporation. The directors of any such corporation are representative of the hospitals in the same manner. The corporation is permitted to provide hospital services only, and not medical services.

Amendments to the measure were sought at the senate committee hearing by former Senator Harold Groves of the Economics Department of the University of Wisconsin, and the osteopathic lobby, while Assemblyman Andrew J. Biemiller sought amendments in the assembly permitting single hospital plans, legalizing individuals or associations offering either hospital or medical services on a prepayment basis for profit, and eliminating the function placed on the State Medical Society of approving physician members of any corporation organized under the enabling legislation. All attempts at amending the measure failed, and the bill passed both houses with practically unanimous support. It is now Chapter 118 of the 1939 laws of Wisconsin, and it is under its provisions that the Wisconsin Hospital Service Association was recently organized in Milwaukee. Because the measure was bulletined to the membership in great detail during its legislative history, your committee feels it unnecessary to go into further detail, other than to remark that it is another milestone in the health accomplishments of this state.

Foreign Physicians

Measures were offered in both the senate and assembly relating to the licensing of foreign physicians in Wisconsin. Under the terms of these identical measures, a total of fifty physicians per year, who may have been engaged in the actual practice of medicine and surgery in Germany, Austria, Czechoslovakia or Poland, would have been permitted to practice in Wisconsin providing they filed affidavits giving certain pertinent information such as educational qualifications and experience, and supporting character affidavits by resident practitioners in Wisconsin. These measures were opposed by your Society upon three grounds: (1) they were dangerous to public health in that foreign physicians would be licensed without examination or investigation as to their qualifications and training; (2) the measures discriminated in favor of foreign physicians and against graduates of Marquette and the University of Wisconsin; (3) there is a method under the law now by which foreign physicians may apply for a license to practice in Wisconsin. After pending before both houses of the legislature for some time, both measures were finally withdrawn by their authors.

Conclusion

It is not the purpose of this report to direct attention to all of the public health measures introduced in the current session, many of which are still pending. Bills relating to the practice of dentistry, or the supervision of cosmetologists might be added to this report, as well as such measures as affect the regulatory powers of the State Board of Health, or are concerned with the administration of the tuberculosis sanatoria. Other measures relating to sterilization, aid to dependent children, tax on medicinal alcohol, hours of labor in state institutions,

county department of public welfare, physical examinations under the compensation act, appropriation for enforcement of medical practice act, a state administered system of poor relief, reporting narcotic law convictions and other similar measures have all been brought to your committee's attention.

In the final analysis, the effort of all legislators is to reconcile the experience of others that laws may be, in themselves, not only the result of that composite experience, but designed in the best interest of the public welfare. In the whole subject of the public welfare, there is nothing more important than public health. And physicians are in a better position to know its problems, and to judge of the efficacy of proposed solutions, than any other group. Thus it is the purpose of this report of your Committee on Public Policy to outline some of the more important problems in the general field of the public health that have been encountered in the present legislative session. As the sixty-fourth session approaches a close, it is not premature to say that it would appear to have a splendid record in this field. The cooperation of Society members in presenting to individual legislators the public health implications of various proposals is acknowledged, as is the spirit of legislators in their willingness and wish to secure that full information necessary to adequate consideration and the exercise of their best judgment.

Group Health

How the Doctors Are Trying It in Wisconsin

By TED LEITZELL
Chicago, Ill.

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SO MUCH propaganda has been directed against organized medicine in the past few years that the following statement may surprise many readers:

More sound, constructive work is being done within the ranks of the American Medical Association on the problem of widening medical service and lowering its cost than by all of the quacks and political screwballs who are so busy damning organized medicine to hell. Just as it was organized medicine that instituted every important public health measure (quarantine, vaccination and other immunization, sanitation, elimination of quackery) so it is organized medicine that is finding real solutions to the problem of medical economics.

The State Medical Society of Wisconsin gives a good example of what is going on. Three years ago the members assessed themselves to send J. G. Crownhart, the society's secretary, to Europe for a study of the various forms of compulsory and voluntary health insurance schemes there, some of which have been in operation for more than fifty years. He spent many months in travel and study, through England, Scotland, Scandinavia, Germany, Hungary, Switzerland and France. On the basis of his observations Wisconsin's doctors went to work.

The problem is not so simple as it seems. Nobody can sit down and say positively that it will cost so many dollars a month for every family in a community to insure good medical care when they get sick. The life, accident, fire, and burglary insurance companies have accurate figures to work on; they can tell you how many people of your age are going to die in the next year, how many fires there will be in your community. But nobody has ever figured out actuarial rates for sickness, not even in the various schemes that have been operating in foreign lands. Again, just what are they going to insure against? What is sickness, and what is health, and who does the defining? Is the service to be limited to what can be called ordinary medical demands, thereby keeping the rates low, or is it to include such costly requirements as radium therapy, mental diseases, drug and alcohol addiction? Who is going to administer it? How will rates be adjusted to take care of the increased demands for medical service that always come during periods of unemployment, demands that come from men who have postponed long-needed operations, etc., because they did not

want to take time off from work? These are just a few of the puzzlers that have had George Crownhart scratching his head.

The only way these questions can be answered is by trial and error, the good old scientific method of careful experimentation. That is what Wisconsin's doctors are doing.

The state society is sponsoring a series of plans which will be carried out by different county societies. Two of them are now in effect; a third will probably be offered to the public by the time these words see print. All are frankly experimental. The society wants to find out how different schemes will work, what rates are fair to both the public and the physician, what income groups should be included. At the same time the society guarantees that during a year's trial period the contracts will be fulfilled 100% regardless of how they work out financially for the doctors involved.

The first plan was installed in Douglas County, up on the shores of Lake Superior. This is in a part of Wisconsin where it would be more hazardous to insult the co-operative movement than it would be to spit on the Koran in Istanbul, so it is quite natural that the contract should be between the Douglas County Medical Society and a Cooperative Health Association formed by members of other co-ops.

Twenty-three members of the county society accepted the plan and are listed on the panel of physicians. Subscribers have their free choice of physicians from any of those listed on the panel, which covers every specialty represented in the community except urology and dermatology. The plan is being managed by Bernard Gray, a full time employee of the association, under the supervision of a joint conference committee with representatives from the association and the county society.

Dues for subscribers are $2.90 per month per family; $2.25 per month for man and wife; and $1.50 per month for a single person. For this the subscribers are entitled to receive unlimited medical care for all professional services within the capabilities of the physicians on the panel. Services excluded are those ordinarily excluded from prepayment plans, including dental work, treatment of drug and alcoholic addicts, workman's compensation cases, venereal diseases, tuberculosis, radium and X-ray therapy, and special services when the patient is hospitalized. Subscribers are free to consult the physician at any time, at office, home or hospital.

Physicians are paid on the basis of work done. A schedule of minimum fees has been set up. Each month the physicians send their statements to the county society. These are audited by the medical members of the conference committee, and turned over to the Association for payment. The physician receives 35% of the approved statement each month. The unpaid balance is carried over to the end of each quarter. Then, if there are sufficient funds in the treasury, the balance is paid; if not, each physician is paid on a pro-rata basis for work done. The contract is for one year. If it is not renewed, and if there are funds left in the treasury after the physicians have been paid in full, they will be returned to the members of the association, following the standard co-operative plan of distributing dividends.

To measure results, the state society has set up a detailed punch card system. The rates may be too high; they may be too low. Perhaps single persons should pay more, or less, than the present schedule. Children may increase costs out of proportion with the present rates. Nobody knows, but by the time the system has been operating for a full year the people in Wisconsin *will* know a great deal about it.

The Milwaukee County Medical Society has worked out a different plan, comparable to a deductible collision insurance policy on an automobile. Instead of paying a monthly premium to cover practically all medical service, the subscribers pay the first $24 of medical fees in any one year. Rates are correspondingly low; $1 per month per family, 75¢ per month for man and wife, 50¢ per month for a single person. This works out that no family can have doctor bills of more than $36 in one year, but that it might spend $12 on monthly dues without receiving any benefit.

The Milwaukee plan is available only to families living in two governing housing projects, Greendale and Park Lawn, and to one large industrial unit. This automatically limits it to moderate income groups, ranging from $1,000–$1,600 per year for man and wife to $1,900–$2,400 per year for families of seven or more. The maximum number of units accepted will be 1,000. As with Douglas County, the subscribers have free choice of physician, and all services are guaranteed for the year of the contract.

A third type of plan is being developed as this is written, which will provide complete medical care, including all the specialties. Unlike the other two plans, which are between specific organizations and the county society, this plan will accept individuals from any organization where at least fifty per cent of the members wish to participate. During the first year there is a limit of five hundred family units which will be accepted. Tentative rates are $1.50 per month for a single person, $2.00 per month for man and wife, and $3.00 per month for a family, regardless of size. The plan will be managed by the doctors themselves.

State and county societies are working in collaboration to develop other plans of prepaid medical service. By the time the entire series has been in operation for a year, the State Medical Society of Wisconsin will have contributed something new to the study of medical economics.

These experiments in sickness insurance are by no means the only recent contributions Wisconsin's organized doctors have made to better health standards. A few years ago the Lafayette County Medical Society launched a plan that is now as permanent a part of the county budget as the highway department. The problem was to wipe out tuberculosis among school children, and the program was offered

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INDIANAPOLIS, INDIANA, U. S. A.

to the county purely on a basis of mathematics; is it worth spending $5,000 a year to save $60,000?

The county society, acting as a unit, contracted with the county board to do the job. Knowing their people as no outsider could, they understood why programs sponsored by the Wisconsin Anti-Tuberculosis Association had met with only moderate success, frequently missing the very people who needed examination. They realized it was a tough job of education, for the public in general still thinks of TB in terms of gasping coughs that seldom appear until the disease is too far advanced for a quick cure.

To reduce overhead the society organized a central clinic in the county seat. Then they went in pairs to every school in the county, giving tuberculin tests. Because single serum tests sometimes make violent reactors ill for several days (thereby giving substance to the old wives' tale about doctors putting disease germs in the body when vaccinating or testing), they gave the two serum Mantoux test, where each child was inoculated on Monday, had the reaction read on Wednesday, and if there was no reaction was given the second inoculation. Every child with a positive reaction was given a free X-ray examination, and from more than two thousand they detected twenty cases of active tuberculosis. Every one of these youngsters was diagnosed early enough to be cured within a year.

The county nurse went to the homes of every one of the four hundred children who showed a positive reaction, explaining just what it meant, telling them what danger signs to watch for. An effort was made to locate the person who had innocently infected each child who reacted, which resulted in several adults learning they had active tuberculosis. In one school they found that the janitor was infecting the youngsters, and caught his case soon enough for him to get cured.

In the second year they broadened the program to include smallpox vaccination and diphtheria immunization for school kids. Tuberculin tests are given every two years, and youngsters who have ever reacted to a test receive a free X-ray once a year.

This program has made it virtually impossible for any child to grow up with tuberculosis in Lafayette County, and is rapidly cutting the incidence in adults. Directed by local physicians it has won a popular acceptance much greater than any ever received by programs from the outside. By grouping the youngsters for tests and inoculations, it is possible for the physicians to receive reasonable financial compensation while keeping the total cost low. It is a very interesting example of physicians applying the technic of industrialization to those elements of medical practice that can successfully be handled that way, and of retaining the highly important personal relationship between physician and patient where that is necessary.

Wisconsin is only one of many states where the medical societies are working out the problems as they apply locally. The American Medical Association provides a central clearing house for the experiences of different programs in different parts of the country. It would seem that the bleating of propaganda agencies, job seeking politicians, and congenital demagogs who would like to tell our doctors what to do, is just another case of carrying coals to Newcastle.

The Journal Bookshelf

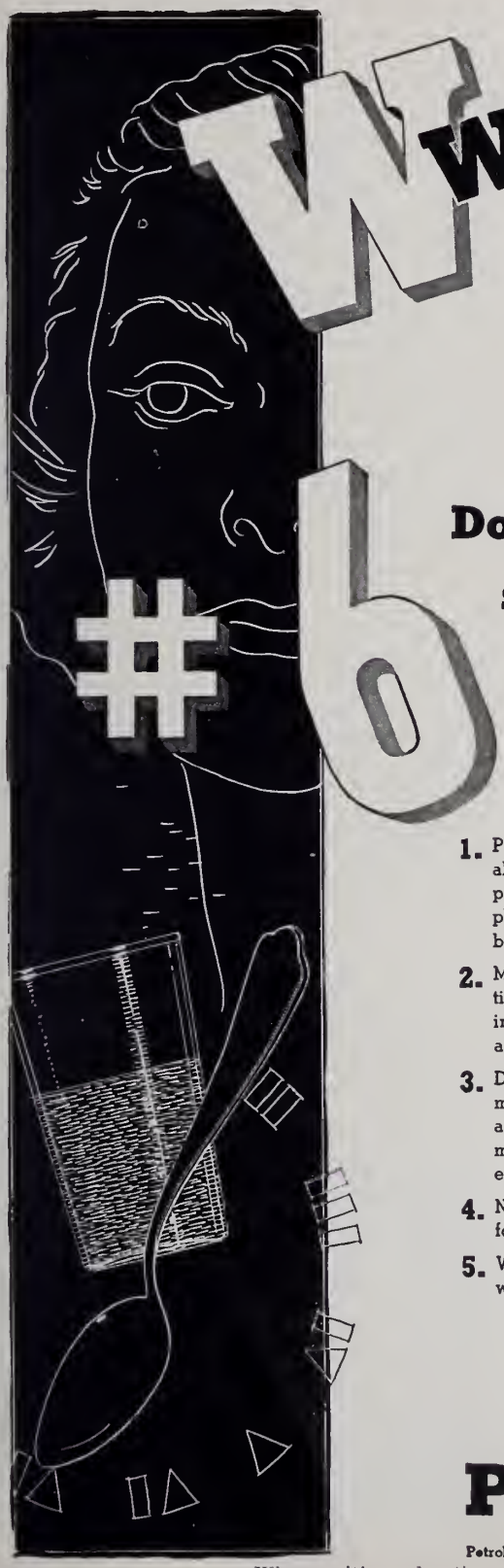
Headache and Head Pains. By Walton Forest Dutton, M.D. Formerly medical director, Polyclinic and Medico-Chirurgical Hospitals, Graduate School of Medicine, University of Pennsylvania; visiting physician to the Northwest Texas Hospital; visiting physician to St. Anthony's Hospital; director, Medical Research Laboratories, Amarillo, Texas. Three hundred and one pages. Price, cloth, $4.50. Philadelphia: F. A. Davis Company, 1939.

Functional Disorders of the Foot: Their Diagnosis and Treatment. By Frank D. Dickson, M. D., F.A.C.S., orthopedic surgeon, St. Luke's, Kansas City General, and Wheatley Hospitals, Kansas City, Mo., and Providence Hospital, Kansas City, Kansas. In collaboration with Rex L. Diveley, A.B., M.D., F.A.C.S., orthopedic surgeon, St. Luke's Kansas City General, Research, and Wheatley Hospitals, Kansas City, Mo., and Providence Hospital, Kansas City, Kansas. Three hundred and five pages and 202 illustrations. Price, cloth, $5. Philadelphia: J. B. Lippincott Company, 1939.

Do You Want to Become a Doctor? By Morris Fishbein, M.D., Editor, Journal of the American Medical Association, Chicago. One hundred and seventy-six pages. (One of first two volumes in Stokes Vocational Guides series.) Price, cloth, $1.50. New York: Frederick A. Stokes Company, 1939.

Epidemic Encephalitis. (Third Report by the Matheson Commission.) Four hundred and ninety-three pages. Price, cloth, $3. New York: Columbia University Press, 1939.

The Art of Anaesthesia. By Paluel J. Flagg, M.D., visiting anesthetist to Manhattan Eye and Ear Hospital; consulting anesthetist to St. Vincent's Hospital, New York City; consulting anesthetist to the Woman's Hospital, Sea View Hospital, Jamaica Hospital, Mt. Vernon Hospital, Flushing Hospital, Mary Immaculate Hospital, and others, New York; director of pneumatology, World's Fair, New York City, and chairman of Committee on Asphyxia of the American Medical Association. Ed. 6, revised. Four



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hundred and ninety-one pages; 161 illustrations. Philadelphia: J. B. Lippincott Company, 1939.

Surgery of the Eye. By Meyer Wiener, M.D., professor of clinical ophthalmology, Washington University School of Medicine, St. Louis, Missouri, and Bennett Y. Alvis, M.D., assistant professor of clinical opthalmology, Washington University School of Medicine, St. Louis, Missouri. Four hundred and forty-five pages with 396 illustrations. Price, cloth, $8.50. Philadelphia: W. B. Saunders Company, 1939.

Proctology for the General Practitioner. By Frederick C. Smith, M.D., M. Sc. (Med.); F.A.P.S., proctologist to St. Luke's and Children's Hospital, Philadelphia; formerly associate in proctology, Graduate School of Medicine, University of Pennsylvania. Three hundred and eighty-six pages illustrated with 142 half-tones and line engravings and three color plates. Price, cloth, $4.50. Philadelphia: F. A. Davis Company, 1939.

New and Nonofficial Remedies, 1939 (Containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1939). Six hundred and seventeen pages. Price, cloth, $1.50. Chicago: American Medical Association, 1939.

Modern Clinical Psychiatry. By Arthur P. Noyes, M.D., superintendent, Norristown State Hospital, Norristown, Pa. Ed. 2, rewritten and enlarged. Five hundred and seventy pages. Price, cloth, $5. Philadelphia: W. B. Saunders Company, 1939.

Operative Orthopedics. By Willis C. Campbell, M.D., Memphis, Tenn. Eleven hundred and fifty-four pages with 845 illustrations, including four color plates. Price, cloth, $12.50. St. Louis: The C. V. Mosby Company, 1939.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Medical Jurisprudence and Toxicology. By William D. McNally, A.B., M.D., assistant professor of medicine and lecturer in toxicology, Rush Medical College, University of Chicago; attending toxicologist, Presbyterian Hospital; attending staff, St. Joseph's Hospital, Chicago. Three hundred and eighty-six pages with twenty-three illustrations. Price, cloth, $3.75. Philadelphia: W. B. Saunders Company, 1939.

This handy-sized volume is a concise, condensed treatise in which the subject matter of toxicology is brought up to date.

Approximately the first seventy pages are divided into seven chapters on "Medical Jurisprudence." Under that heading some terse comments are made on such "institutions" as the coroner, industrial commissions and courts. Following is a discussion of death in general; a highly technical chapter on insanity, injuries, accidents and crimes; and consideration of blood stains, the medicolegal aspects of roentgenology, etc.

The bulk of the work is taken up in twelve chapters (300 pages) which contain a condensation of the author's larger work on toxicology. This, of course, is splendidly done and the student of the subject will find the book a convenient text for reference. There is a brief appendix containing an alphabetical list of some common factors in mass, length, time, angle, area and volume. R. L. M.

A Textbook of Obstetrics with Special Reference to Nursing Care. By Charles B. Reed, M.D., F.A.C.S., associate professor of obstetrics, Northwestern University Medical School; head of obstetrical department, Wesley Memorial Hospital, Chicago. In collaboration with Bess I. Cooley, R.N., supervisor and instructor, department of obstetrics, Wesley Memorial Hospital, Chicago. Four hundred and seventy-six pages with 209 illustrations. Price, cloth, $3. St. Louis: The C. V. Mosby Company, 1939.

This is a textbook of obstetrics written for nurses. It is well written and easily read but it does not place the special emphasis on nursing care that it professes to do. The discussion on a number of rather important points seems brief while, on the other hand, some things are mentioned which could well be omitted. Because of the large number of illustrations there is not as much room for discussion as there would seem to be in 476 pages.

There are three chapters on prenatal care which include the minor disturbances expected during pregnancy and also the complications that may arise but which do not stress sufficiently the duties of the nurse during the prenatal period. Only eleven pages are devoted to a discussion of the toxemias of pregnancy and one page of this describes the treatment of bedsores. The nursing care is very briefly mentioned. Presentation and position would be very difficult to understand from the short discussion in this book. Illustrations are omitted here where they would be of much value.

The care of the patient during labor and the puerperium is fairly well covered. The nursing care includes the technic of preparing the patient for delivery and setting up the delivery room. It mentions that if a home delivery is planned the nurse should visit the home and make up and sterilize supplies a week before expected delivery. This does not seem early enough because of the possibility of a premature delivery.

Examples of points in nursing care which seemed rather unusual were the following:

1. It was suggested that the nurse "may be compelled to massage the uterus or pack the vagina on account of hemorrhage until the doctor comes" in an inevitable abortion.

2. The eight kinds of pain associated with tubal pregnancy which the nurse should know about include "pain on deep palpation of the parietal peritoneum" and "pain due to moving the cervix or fundus during an internal examination."

Our Exhibitors Say . . .

Philip Morris and Company write that demonstrators in booth 3 at the annual meeting of the State Medical Society of Wisconsin, Milwaukee, September 13–15, will show the method by which it was found that Philip Morris cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representatives at the meeting will be happy to discuss researches on this subject and problems having to do with the physiologic effects of smoking.

Borden Company says: "New, yet already remarkably successful in infant feeding, Biolac will be exhibited for the first time in Wisconsin at the Borden booth at the State Medical Society meeting, booth 30." Competent representatives will gladly provide specific, helpful information on the unique virtues of this *liquid* modified milk.

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Some of the material is arranged poorly, and some is presented under headings which do not seem to cover it. The hospital house rules and personnel and the formula room are discussed in the middle of the chapter on the management of normal labor. Under the chapter on minor technics and subsidiary operations there is mention of the hypodermoclysis, then means of applying heat to the patient and removal of stitches, and then proctoclysis and intravenous treatment. Thrush and mastitis neonatorum are discussed under the abnormal puerperium.

This book seems to over-emphasize the importance of the endocrine system in pregnancy. It gives the technic for measuring the intra-uterine child which is not usually found in a nursing textbook.

The good points of this book are that the importance of aseptic technic is frequently mentioned and the various means of preventing infection are pointed out. The illustrations are, in general, unusually good and there is a good glossary. E. E. Z.

Recent Advances in Medicine (Clinical, Laboratory, Therapeutic). By G. E. Beaumont, M.A., D.M. (Oxon.) F.R.C.P., D.P.H. (Lond.), physician to the Middlesex Hospital, physician to the Hospital for Consumption and Diseases of the Chest, Brompton, lecturer in medicine at Middlesex Hospital Medical School, etc. In collaboration with E. C. Dodds, M.V.O., D. Sc., Ph. D., M.D., F.R.C.P., Courtauld professor of biochemistry in the University of London, director of Courtauld Institute of Biochemistry of Middlesex Hospital, pathologist to the Royal National Orthopoedic Hospital. Ed. 9. Four hundred and thirty-one pages with forty-two illustrations. Price, cloth, $5. Philadelphia: P. Blakiston's Son & Company, Inc., 1939.

This small book has been revised after an interval of three years. The nature of the subjects which are included make almost certain the suggestion that the information will be very shortly outdated.

Part of the subjects are clinical and part are predominantly laboratory. There are a great many formulae and biochemical discussions. These almost unbalance the book. The section on treatment of heart disease is satisfactory, as is the one on endocrinology. The use of sulfanilamide and its compounds has been discussed but, as one would imagine, it is difficult to be authoritative when the information is accumulating so rapidly.

The discussion of the treatment of diseases of the lungs is highly unbalanced. Pneumothorax is discussed at great length, a procedure which cannot be considered a recent advance. In the author's opinion this procedure also is valuable for the treatment of lung abscess and bronchiectasis, which varies from the currently held opinion in this country.

The book provides a considerable amount of information regarding controversial subjects and is quite entertaining to read. W. H. O.

Treatment by Diet. By Clifford J. Barborka, B.S., M.S., M.D., D.Sc., F.A.C.P., department of medicine, Northwestern University Medical School, Chicago; formerly consulting physician, The Mayo Clinic, Rochester, Minnesota. Ed. 4, revised. Six hundred and forty-two pages, illustrated. Price, cloth, $5. Philadelphia: J. B. Lippincott Company, 1939.

This volume is an extension and improvement over the preceding three editions of an exceptionally able book for the general practitioner or the individual who is not himself a specialist in dietetics. It is thoroughly up to date, includes bibliographic reference to special methods concerning which the physician occasionally may want to read more, and it goes into detail on the selection and preparation of foods, as well as the principles of physiology and pathology that are involved.

The book can be heartily commended to any clinician who wants on his desk in one volume a guide to clinical dietetics. E. L. S.

Canned Food Reference Manual. Two hundred and forty-two pages, illustrated. Published by the American Can Company, 230 Park Avenue, New York City, 1939.

This small volume is prepared by the American Can Company to explain to physicians, nutrition workers and the intelligent general public the nature of the processes by which cans are manufactured and filled with food for human use. It has numerous interesting illustrations and contains a great deal of popular material about foods taken from the literature of nutrition and the published books which are available to dietitians and physicians. It is not comprehensive enough to use as the one dependable reference work on food composition. It points out, however, the safety factors which are being incorporated into fabricated and preserved foods and gives information which the physician can use to reassure his patients about such material. The price of the volume is not stated, because copies can be secured on request from the publisher. E. L. S.

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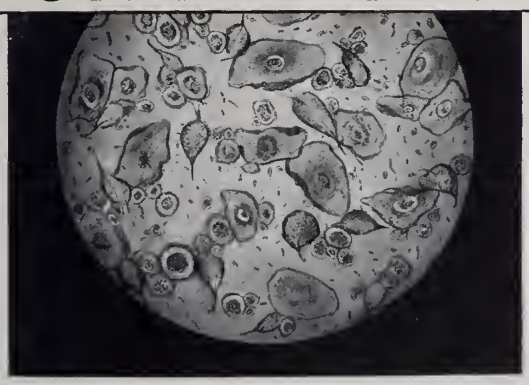

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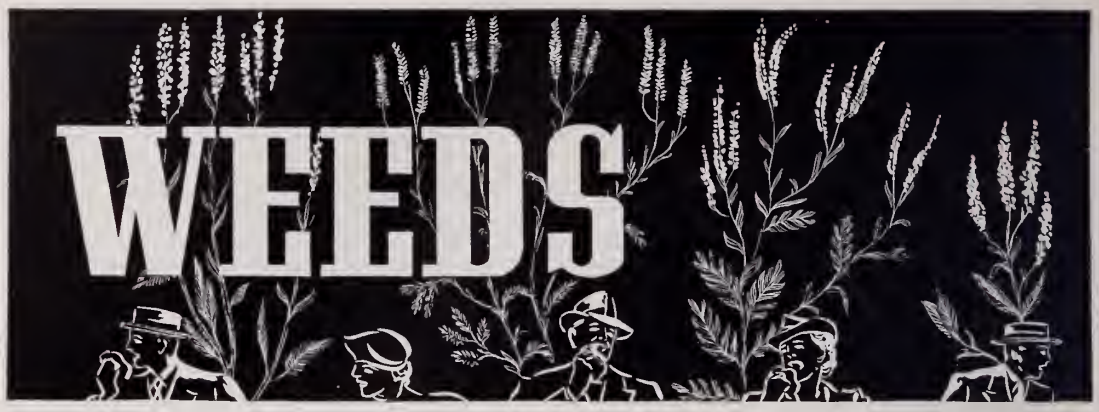

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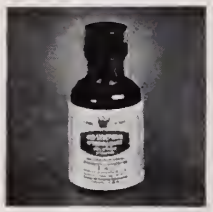

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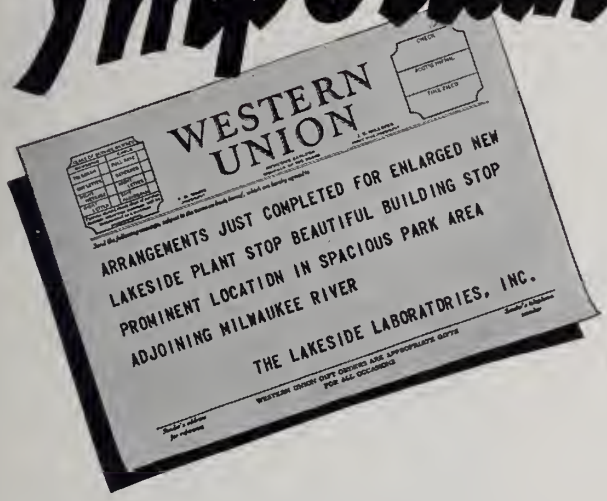

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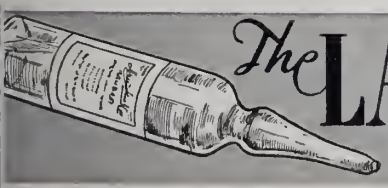

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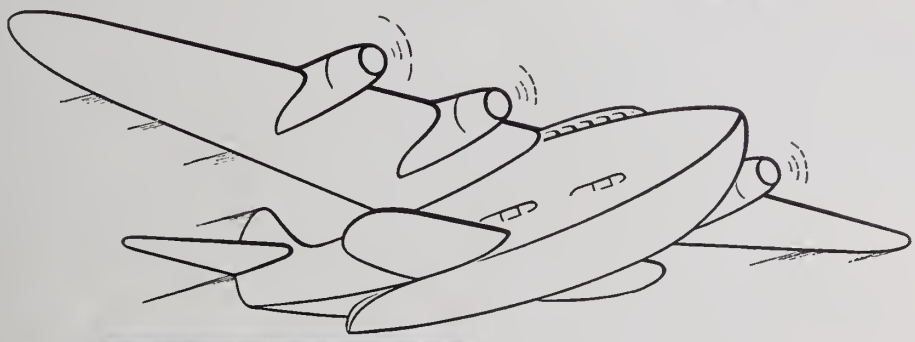

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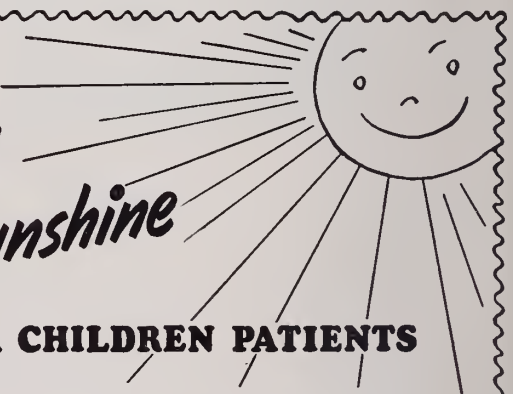

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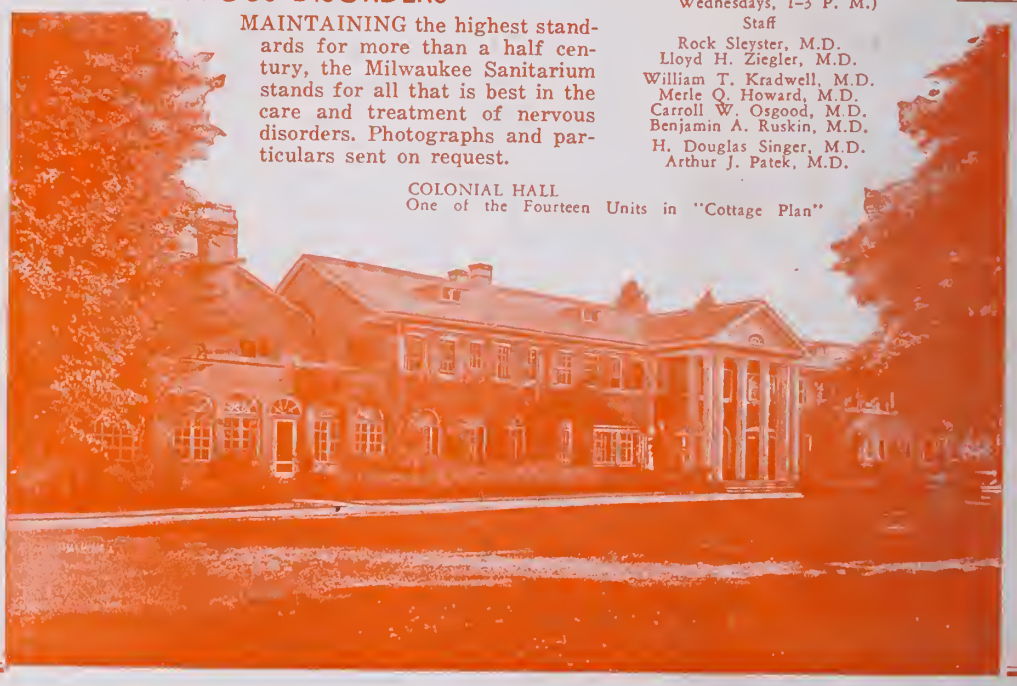

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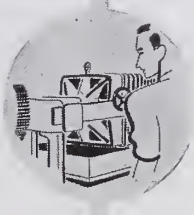

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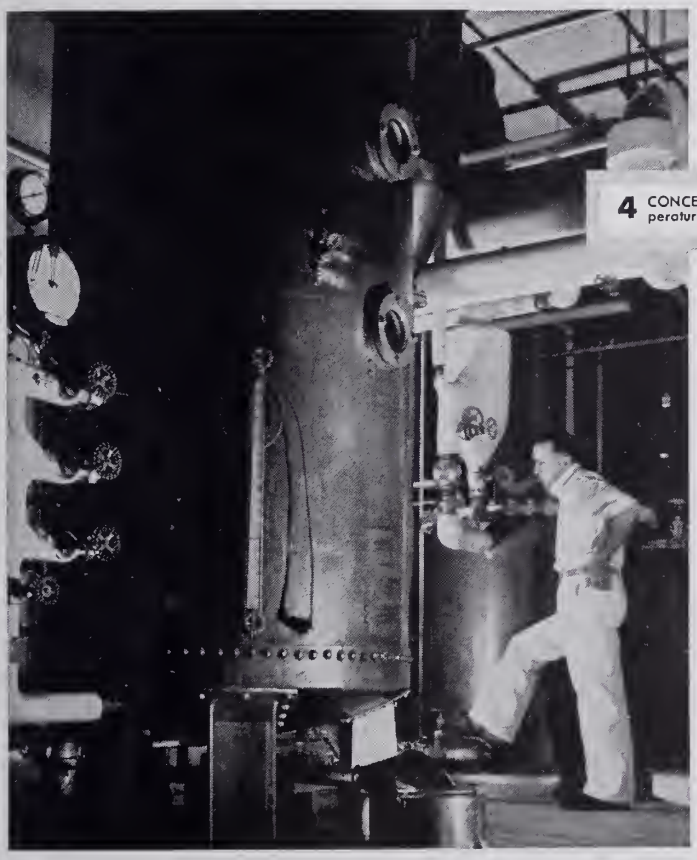

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METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

1. The Determination of Vitamin D Activity

● About fifteen years ago it was clearly established that there could be present in certain foods or biological materials some substance which possessed antirachitic potency. Subsequently this "antirachitic factor" became known as vitamin D. Today, we know that at least ten sterol derivatives may exert antirachitic effects closely comparable to those of the originally discovered vitamin D (1).

Recognition of the existence of the antirachitic vitamin naturally stimulated investigation of methods whereby this dietary essential could be quantitatively estimated. Steady advances in knowledge of the causes and effects of rickets brought gradual improvements in these methods. Consequently, there are now available several techniques for the quantitative determination of vitamin D in foods or other biological materials.

The first and probably most widely employed method for estimation of vitamin D is by means of the so-called "line test" (2). In this technique as now employed (3), young rats are confined for 18 to 25 days to a diet conducive to development of rickets. These periods of time, with proper handling and confinement of the animals, are sufficient to induce a definitely rachitic condition. The rachitic rats are then properly grouped with respect to negative control groups to receive no supplements to the rachitic ration; positive control or reference groups to receive graded doses of some standard reference material; and "assay groups" to be given graded doses of the material under test. For the next 8 days the animals are fed daily doses of the proper supplement, either assay or reference material. No supplements are fed on the ninth and tenth days.

On the eleventh day the animals are sacrificed and either the proximal end of the tibia or the distal end of the radius or ulna dissected out, sectioned, cleaned and finally immersed in silver nitrate solution. By double decomposition reaction, silver salts deposit where calcium is present in the metaphysis of the bone. When exposed to light these silver salts are reduced and form a dark line indicating the extent of calcium deposition. The experienced technician can estimate the degree of healing from rickets by the continuity and area of the line. By comparison of the results obtained on the various groups of animals, a quantitative expression of the antirachitic activity of the material under assay may be obtained.

A second method for evaluating vitamin D activity is that involving determination of "bone ash" (4). In this technique, final estimation of the degree of bone calcification—and thus the antirachitic potency of the substance under assay—is made by chemical analysis of specific bones of the experimental animals. A third assay method (5) is that involving roentgenological examination of certain bones. Comparisons of the bone densities of the various experimental animals serve as a basis for estimating the degree of healing from—or prevention of—rickets and hence permit determination of the vitamin D activity of the material under test.

Common foods as they naturally occur can hardly be considered as food sources of vitamin D. However, as exceptions, certain foods of marine origin (6) might be mentioned which consistently contribute small but definite amounts of the antirachitic factor to the diet. In addition, development of various means of fortifying foods with vitamin D—particularly those foods of importance in infant and child feeding—has made available other food sources of the vitamin (7). Among the many varieties of commercially canned foods will be found products of both types, which, when properly used or supplemented, should prove of value in obtaining an adequate intake of vitamin D, particularly by infants and children.

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(1) 1938. J. Am. Med. Assoc. 110, 2150.
(2) 1922. J. Biol. Chem. 51, 41.
(3) 1936. The Pharmacopeia of the United States of America, Eleventh Decennial Revision, 482.
(4) 1923. J. Biol. Chem. 58, 71.
1924. Ibid. 61, 405.
(5) 1928. Biochem. J. 22, 135.
(6) 1938. J. Am. Med. Assoc. 111, 528.
(7) 1937. J. Am. Med. Assoc. 108, 206.

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*Frazer, J. G.: The Golden Bough, vol. 1, New York, Macmillan & Co., 1923

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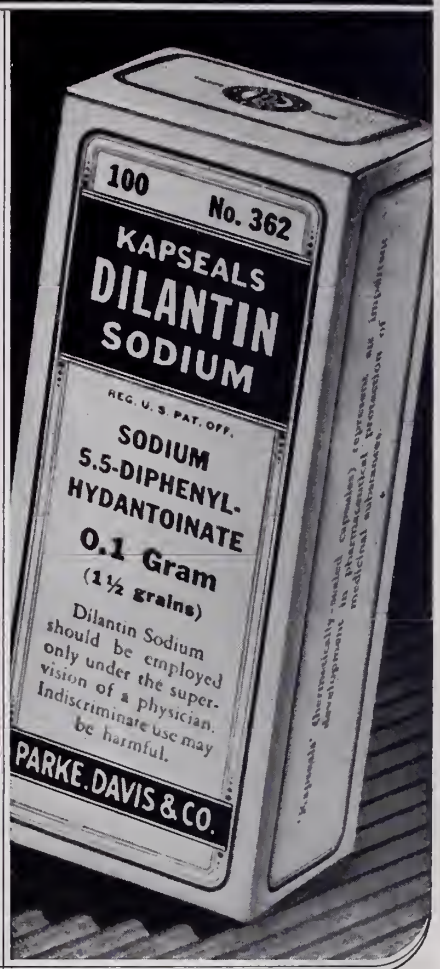

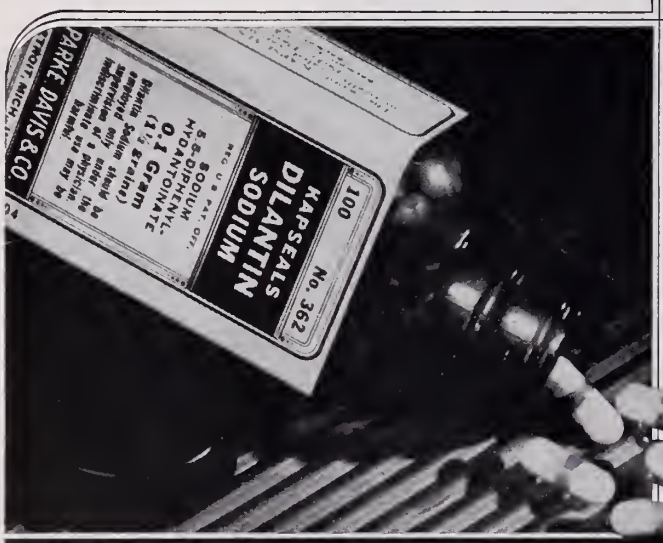

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*Gynecology and Obstetrics, Vol. I, Chapter V, Page 44, Carl Henry Davis, Editor. Published by W. F. Prior Co., Inc., Hagerstown, Md.

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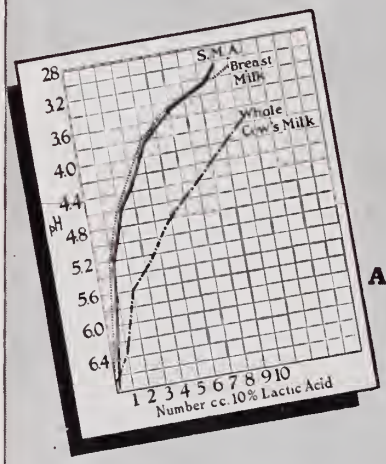

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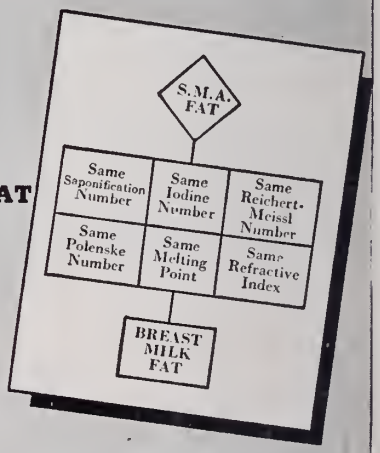

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THE WISCONSIN MEDICAL JOURNAL

VOLUME XXXVIII, NO. 10 Copyright, 1939, by The State Medical Society of Wisconsin OCTOBER, 1939

The Challenge to Medicine

By R. G. ARVESON, M. D.
Frederic

LET us establish our proposition at once. It is common place for me to begin this address by saying we are in the midst of a social revolution. We have read that statement, heard it, and repeated it so often that it stirs little interest to hear it again. But unless a person is blind or indifferent to his surroundings he sees the effects and feels the pressure of its consequences.

Etiology of a "Great Plague"

I have read with interest some of the reports of our social changes and recall a brief summary which one of our leading commentators uses in the introductory chapter of his book. He talks about the changes that have taken place in the world since the World War. He tells, for instance, about the role of a dominant nation. Previous to the War there was always one strong nation and this has been so as far back as history is written. This nation maintained the "status quo."

Prior to the War the dominant nation was Great Britain. For more than a century England ruled the seas, opened up avenues of trade on both land and water, dealt justice to dependent people, advanced her language to the far reaches of the globe, established the pound as the unit of trade, and promoted international law. The supremacy of her reign was challenged by Germany. This challenge brought war. While the challenger was defeated, in her defeat the power of the superior nation was reduced and England emerged gasping from the fight and unable to resume her dominant position in the world. The United States failed to, or did not want to, assume this position which was logically hers. This left no nation able to set the standards of commerce and give balance to world affairs. The League of Nations was set up with the idea that there should be no *one* strong nation, but that *all* should rule as one for the good of all. This failed.

All over the world there were nations defeated or victorious, but still defeated. Each attempted to work out its own salvation. Governments crumbled daily. Kingdoms fell on every hand. Out of seventeen nations established previous to the War there emerged twenty-seven nations, and most of these were dissatisfied with their boundaries, the system of government, and their language. Russia, with its new ideal for society, denied the very things governments are founded to secure. It denied the rights of the individual to own property, interfered with his family life, prohibited him to practice his religion according to the dictates of his conscience; in fact, it uprooted religion and cast it out.

Later, still other concepts of government emerged. Fascism came into power in Italy, to be followed, after ten years, by Nazism in Germany. In all the leading nations old standards were shattered. The things which youth formerly had been taught were wrong, now were sanctioned and practiced by the state. Everywhere there was the tendency of the state to set standards and supplant individual ones. In our own country, as a result of the War, we find our people influenced by the regimentation of army life. Four million men and women were inducted into the service and these previously had accepted the American way—that of individual initiative. In the army they took orders from above and grew content to have

* Presidential address, read before the 98th anniversary meeting of the State Medical Society of Wisconsin, Wednesday, September 13, 1939.

someone else both think and provide for them. Consequently, as far as they are concerned, the idea of a benevolent government is supreme today.

The commerce of the world has been in a great upheaval and this affects everyone of us. The great web of international trade routes has been broken and, in many instances, will not be repaired in our lifetime. It is as though the whole web of international trade, which took centuries to build and develop, had been swallowed up in rough seas. The very existence of people and nations depends upon trade and trade routes.

Along with the break in trade routes came the collapse of world currency. It was devaluated hourly. That, too, made its inroads on commerce and disrupted commercial conditions, to say nothing about bringing nations to the verge of bankruptcy, both materially and morally. The War left every nation burdened with debt from borrowing, and the borrowing had been done not to create more wealth or for constructive means, but rather for the purpose of destruction. In the end this mad process of borrowing went beyond the capacity of any of the borrowers to repay. Germany could not pay the staggering war indemnity levied against her. She collapsed and the world collapsed around her.

There is a great helplessness in the world. When the condition is such, men greedy with power assume control, and the rights of man, which have been talked about for centuries, are again threatened today. There is an insanity of ideas and the unfortunate thing is that they are contagious and infectious and know no state or boundary line of country. They sweep across the world like a great plague.

Present Perils

I have gone into some detail in recalling the past twenty years for the benefit of the younger men in the State Society whose only actual knowledge of world affairs is the post-war period. True, they have read about the pre-war period, but they did not live in it and, consequently, cannot realize the security that existed then. I think that Dean Garrison, of the University of Wisconsin Law School, made a great statement this summer when he said, substantially, that we never shall have peace in the world until such time as nations go back to mutual trust and abide by international law. Show me the nation today whose word is good.

Democracy in this country, supported by Christianity, which we have idealized for a century and a half, is in peril. It is common knowledge that men who seize power, under the guise of saving a people, usually inflict upon them a greater despotism than that under which they suffered before. Democracy in this country has been not only threatened, but the work of its destruction is now going on around us. I wish to substantiate this truth by a quotation from "*We Phrophesy in Part,*" a book written by Dean Sperry of Harvard.[1] He says in part:

> For myself, I have come slowly to the conclusion that we must realize that in many nations *we are dealing with a radically diseased mind,* which at times seems to take on the form of a suicidal mania. Our problem is quite as much medical as it is economic and ethical. If I were asked to defend this imputation of corporate insanity to whole societies of persons, I should say that the loss of the right to self-criticism and the power of self-criticism is proof of the fact. A madman cannot criticize himself. The criterion of sanity is a willingness to admit that other people may be right and you may be wrong. *Today there is no such thing left in our world as immunity to ideas.* Infections and contagions take place across all borders. For three centuries the happenings of Europe have had a way of being reenacted in America. Such is the profit and such is the penalty we pay for our diverse origins in the Old World. Nothing is more likely than that we shall see in this country re-enactments of the drama being worked out in Europe. The catch-words and the names are already a commonplace among us, and are bandied back and forth as terms of praise and blame applied to our own affairs. The words take on a deadly seriousness precisely because they represent ideologies, a far more terrible reality than the native yelp of the animal man. You can tame a brute in time; it is hard to convert a doctrinaire philosopher.

We agree with the Dean in his statement that we are dealing with a radically diseased mind.

Will Durant[2] wrote recently:

> In the year 1888, shortly before his collapse into insanity, Friedrich Nietzsche predicted that the time would come when history would be divided, not into Before Christ and Anno Domini but into Before and After Nietzsche. He was confident that his attacks upon democracy and Christianity would be fatal to

those allied creeds, that the twentieth century would see their disappearance, and that the future would date a new era from his work.

Fifty years after this mad prophecy half of Europe has rejected Christianity—explicity in Russia, implicity in Germany. Two thirds of Europe and half of South America have deposed democracy, have established martial law over life and industry, and have submitted to the rule of "supermen." Nearly all of Europe has put aside the ethics of Christ as incompatible with military vigor, and has adopted the Nietzschean "master-morality" of power.

The totalitarian state has arrived in Europe and is fast making inroads here. Again we agree with Dean Sperry that there is no such thing as immunity to ideas. We have not found ourselves immune to totalitarian philosophies.

What has affected others affects us. May I call your attention at this time to how those in political power and those who sit beside them—men who would rescue society and transform it in the human equation to make two times two always equal four—fondly look to Europe for the pattern of socialized medicine to cure all our ills. It is true that what has affected others affects us. It always has been easy to draw boundary lines to separate one country from another. It is comparatively easy to prevent foreign invasions, but it is another thing to bar foreign philosophies and political influences. Notice for example how, in our land, the philosophy of regimentation is laying its hands upon finance, agriculture, industry, and labor.

Evidence of Contagion

What has happened to our banking system? You will remember twenty-five years ago it was relatively easy to borrow money if you had reasonable collateral and a good character. Today the average bank acts merely as a receiving station. It collects the money, sends it East, and the government borrows it for 1½ per cent to as low as 1/87 of 1 per cent. We are told, upon good authority, that savings banks which formerly paid 4 per cent interest now have reduced it to 1 per cent in many states. Government borrowing now has reduced the interest in some banks to nothing. In this picture where can the average man upon the street get a foothold to start in business; in fact, where can he get money with which to do anything?

The control of money is power. True, the government has said of late that it was going to help the little fellow, but when one reads in the daily paper that the little fellow is a corporation beginning at $60,000,000 one wonders how many average people will be helped. Take money away from the little man on the street and you take away his liberty. He feels the urge to educate his children, engage in business, and build a roof over his head the same as anyone. Our government is now our banker.

Someone perhaps will rise up here and say that there was a banking fiasco which culminated in 1928–1929 under private control. I recall, as vice-president of a bank for a number of years, and every man here who was a director of a bank will likewise recall, that the bank examiner told us what bonds we could and could not buy. For a time they ordered all banks to buy bonds, then the next order was to get rid of the bonds and buy farm mortgages, and in the crash the banker held the bag. Through it all we can see the clever, manipulating hands of government stretching down and covering finance.

What is happening to agriculture? Is the condition of this country healthy when, say, in the State of Wisconsin approximately 50 per cent of its people live as tenant farmers? The land is going out of the hands of individuals to a centralized government. If this continues at the present rate, individual ownership of farms will be a thing of the past. As it is, whether it is government owned or individually owned, the farmer is told how much he shall plant and what he shall harvest. Everything of value comes from the earth, and the plight of the American farmer never has been worse than it is today. We should like to believe there are some superminds that could tell us what to do and how to do it, but we have become very suspicious of so-called supermen. A few years ago a farmer was told to kill his pigs, and then found himself in the plight of a surplus of corn with nothing to which he could feed it.

What is happening to industry? Talk to any industrialist and he will tell you who is

controlling or attempting to control him. May I add here that my admiration for the independence of Henry Ford increases daily. The industrialist will tell you whom he has to fear and the forces which are converging to control him. The hands of the government are upon industry even stronger than in wartime.

What is happening to labor? Labor has organized itself as never before, which, of course, is no discredit to it. But, again, we are led to wonder if this is going to be for its own best good, or whether in the end it will be more enslaved than now to forces over which it will have no control. By what we have seen thus far we cannot help but believe that government is building up labor for its own interests. We have not been radical in our accusations; the government has been saying it right along.

I quote from a member of the inner circle of the New Deal, Mr. Adolf A. Berle. He said, testifying before the O'Mahoney committee:

> Briefly the government will have to enter the direct financing of activities now supposed to be private, and a continuance of that direct financing must mean inevitably that the government ultimately will control and own these activities. Put differently, if the government undertakes to create wealth by using its own credit at the rate of four billions or so a year, and if its work is well done, the government will be acquiring direct productive mechanisms at the rate of four billions worth a year or thereabouts. Over a period of years the government gradually will come to own most of the productive plants in the United States.

And the President, you will remember, did ask for his spending program, $3,860,000,000, which is exactly 96½ per cent of the Berle figures.

I do not want to give you the impression that I am not for progress. I am. I am for all the progress we are capable of handling, but what I am trying to show is, that in this regimentation of finance, industry, agriculture, and labor, we are fast losing the freedom our government was established to give. There is no question but that we are losing the democratic principles. The freedom of which we once bragged here in America fast is being demolished. The ideas of Europe, with all their tragedy, are being engrafted upon America.

Frank J. Hogan, president of the American Bar Association, said not so long ago in his address to the Association's sixty-second annual convention, "What was a constitutional principle yesterday may be a discarded doctrine tomorrow. Yet this has often been proudly proclaimed to be a government of laws and not of men."

This is alarming and every man who cares about democratic principles is challenged.

The Doctor's Problem

In this brief survey of conditions here and abroad we have paid particular attention to the contending forces, that is, *Regimentation versus Freedom.* At this time we feel we must line up on one side or the other. We must remind ourselves that the choice we make is significant, not only to us professionally, but to the people generally.

Is it possible there is a doctor who is proud of his profession and his degree, who would consent to sell out his patients to a system of regimented medicine for a price? To be sure, the government and the foundations have promised us a greater income, a surcease from long hours and hard labor; but think of the constricting hand of force on science in centuries past, think of Bacon, of Galileo, of Copernicus. Do you want this to happen again and to you?

I should like to stop here and pay my respects to the authors of all the "doctor" books that have flooded the bookstalls in the last few years. They remind me of one who has eaten heartily at the table and now, with a full stomach, pushes himself away from the table to lecture others in the twilight of his life on the penalties of over-eating.

Since the world is flooded with isms antagonistic to freedom, it naturally follows that we are affected. Our profession is one of the oldest and most honored since society took on any form of organization. "Are we going to be swallowed up and lose our identity in this clamorous demand for regimentation?" There is no need for me to remind you that there are organized forces working to regiment and coerce us.

We have been plagued by that statistical gatherer of human emotions, the social worker, because she knows that the greatest field of social betterment today is offered by medical application.

There are many lay groups who have been aroused by the social worker and who are waiting to rape the medical profession. These are the people who voice the cry, "One-third ill housed, ill fed, and ill clothed," and are laying much of this blame at our doorstep. We admit that we are a part of the economic order, but certainly not responsible in such great measure for the economic conditions. The social worker is a newcomer to the field. She feels there is something wrong with the practice of medicine and she wants to remake it. She knows nothing about the intricacies of medicine, but feels, if given a chance, she could do much better on a socialized or regimented basis.

But will socializing medicine be the answer to social ills? We, too, are concerned about the people we serve. And for the one-third that has been talked about, we are as deeply anxious as the social worker and probably more so. We want them properly housed, fed and clothed, but we do not want them disfranchised.

We wonder why labor should be against us, qualifying the use of the word "labor" to mean certain labor leaders. In traveling about the State of Wisconsin last year we found no group, including labor, complaining of inadequate medical care. Labor has no grounds for charging medicine with being unfaithful to it. Most doctors have come out of the laboring class. No man coming from such circumstances will forget the struggle of his parents. Is it possible that medicine could forget labor? As a matter of fact, show me any profession or any group of people who has done so much for labor as the doctor!

I was startled awhile back by the statement of an officer of a large insurance company who told me that he had spent much time and finally had convinced certain labor leaders that all workers should submit to a physical examination before being employed. Does this mean that medicine is going to judge who shall work and who shall not? It was organized medicine that fought for labor and insisted that workers have free choice of physician in the insurance panel and now labor turns against what it formerly has demanded. Further, we want no quarrels with labor; we consider ourselves a part of labor, highly skilled to be sure, but none the less laborers. Labor may get socialized and regimented medicine, but does labor realize the price, and I emphasize *price*, it will have to pay for it?

The Doctor and "Foundations"

What have we to say about the accusations against us by the foundations? I smile when I think of the spot Standard Oil and United States Steel were on thirty years ago, and I smile wider now when, by a quizzical twist of my mind, I wonder if the rich man is trying to pass through the eye of the needle. This is not the time or the place to go into the position of the Foundations in American life. Suffice it to say there is some question as to the amassing of great fortunes at the expense of a low wage system, and, as it were, setting up a super-government.

Three of the Foundations, particularly, have found fault with us, and they are the Rosenwald Fund, the Milbank Memorial Fund, and the Twentieth Centry Fund. The latter was set up by Edward A. Filene, the Boston merchant. From the introduction to "Speaking of Change,"[3] a selection of speeches and articles by Edward A. Filene, I quote as follows:

> In many American cities, in recent years, medical clinics have been organized to meet the needs of masses of people of small income who were too self-respecting to accept charity and yet to whom the cost of adequate medical care had become an almost unbearable burden. This movement has been so pronounced that the whole medical profession is now in the throes of an acute controversy between advocates of social medicine and the champions of the old-style family doctor. Whatever one thinks of this, all will admit that it is a movement of vital importance to the whole nation. It was an idea Edward A. Filene approved and pushed with unremitting energy. He spent a small fortune in fighting for it. But not at all in the interest of the poor sufferers who could not afford adequate medical

attention. He did it, he insists, in the interest of business and in the glorious cause of greater total profits.

Money spent for one thing, he observed, cannot be spent for another; and the family of limited means which has to pay more than necessary for medical care will almost certainly pay less than otherwise for other services and for goods offered for sale by merchants.

What candor!

This is the same man who became sick in Russia while studying "red" medicine, and sent by airplane for the best lung specialist in Berlin. We also keep in mind that most of the wealth of this man who was so anxious to help the poor, was amassed under a low wage system, and now we question whether his investigations and propaganda are not one method of seeking forgiveness. Or is it a picture of a privileged man creating a trust fund of untold millions, imitating Europe again, and establishing, as it were, another feudal system? Or is the thought of the endower magnanimous and are petty agents, now in the employ, buttressed by fat salaries and dreaming that they have joined the galaxy of supermen that always know the questions and answers?

More can be said. However, it is sufficient here to say that the committees of the Foundations and their agents talk of the masses in terms of statistics, but 130,000 physicians in America talk of people in terms of individuals.

The Doctor and Government

Finally we are forced to deal with the government. Shall we submit to government regimentation? We have been charged of being inefficient, unable to take care of the people and provide them with adequate medical care and, yet, the health record of Wisconsin stands today as one of the three highest in the Union. If the government were allowed a free hand it would impose upon the American people a system of medicine similar to that in Europe and the results of that system are amazing. You have read George Crownhart's "Sickness Care in Europe," and now listen to this extract from the columns of Time magazine. It compares illness in Germany in the year 1933 with illness five years later in 1938.

	1933	1938
Diphtheria	77,340	149,429
Scarlet fever	79,340	114,243
Meningitis	617	1,826
Infantile paralysis	1,318	5,757
Contagious dysentery	2,865	5,265
Trichinosis	2	21

Do the American people want to engage in a system that produces such results? We cannot believe they would if the full facts were brought before them. In fact, we wonder if the people generally are interested in regimented medicine. Our *Special Committee to Study the Distribution of Health Services and Sickness Care in Wisconsin*, sent out last year by Dr. J. C. Sargent, brought back a report after lengthy talks with people in all walks of life that the question of socialized medicine was being superimposed upon them from above.

The public's indifference is shown by the fact that three attempts have been made in this State to set up voluntary sickness insurance. Only one of them has been able to get sufficient subscribers to begin functioning, —and that with the untiring efforts of our assistant secretary, Mr. Larson, and the excellent cooperation of the Douglas County Medical Society. Even those well versed in the local cooperative movement have grave doubts of its ultimate success.

Conclusions

The following letter to the editor appeared in the Minneapolis Journal and it interested me. Under the caption "What Does it Mean?" the writer declares:

We read a lot about "Socialized Medicine," but very little about what Socialized Medicine is. Those who make speeches or write articles about it seem as hazy as I am about what they have in mind. If it means a vast enlargement of city hospitals and dispensaries to give free service to people who could pay something, I'm against it because it would just mean more taxes for the white collar people who wouldn't get any benefits but would have to pay for it. Why not say just what is proposed or quit arguing.

That is also my opinion. The papers and magazines are filled with long articles about

the Utopia that will come under regimented medicine, but they never go into the details. Our profession has been lax in not stating our opinion to the people or attempting to give them the cold facts that regimented medicine involves. Dean Carey had the right idea when he tried to organize you to go out in the State and tell the story of regimented medicine to your people. In some sections there was success but many of you have been indifferent.

In the Constitution and By-Laws of the State Medical Society of Wisconsin, under Article II, its purposes are stated:

"The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Wisconsin, and to unite with similar societies of other states and territories of the United States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life."

May I re-emphasize one line, "to enlighten and direct public opinion in regard to the great problems of state medicine." Is it now too much for me to say that the crisis we face is critical? It is our duty to enlighten the public opinion to the great problem of state medicine. But it seems to me that the problem takes on a greater aspect; this question involves not only the medical profession but all society.

I have tried to describe the social unrest throughout the world, how it has affected our own country, what forces have converged to engulf us, and why the profession faces a crisis. We believe that across the centuries of historical medicine the medical profession can justify itself. We have never been regimented, and, on the contrary, in spite of the cry of radically diseased minds for regimentation abroad, we feel we can do our work, benefit society, and justify ourselves as a profession best under a free practice. I think this thought is justified in history. When have men made their greatest strides? When they have been hampered, coerced, regimented, moulded into form, or when they have been free? The question answers itself. Galileo was a scientist and taught the theory that the earth revolved around the sun; the forces in power laid hold of him and made him recant, made him put back the earth as the immovable center of the universe. When man is denied freedom, truth suffers. The same holds true with us. When society today attacks us and would regiment us, it destroys itself. When one sees all the mistakes and tragedy in recent years of that type known as the "brain trust," one must wonder whether or not education has not come back to plague us.

And let me remind those of you who opiate your minds by saying, "It will all come out in the wash," of this:

The Russian clergy were arguing over what color robes they should wear in administering communion. While they were arguing, the revoluton, which destroyed their religion, was starting three blocks away from the scene of their gathering.

Will the same be said of us? The forces which are against us are better organized than we are, but we must attack. Foch, in the battle of the Marne, wired back to Paris, "My right is broken, my left is retiring, my center is weakening, but the situation is well in hand. We are attacking."

BIBLIOGRAPHY

1. Sperry, W. L.: We prophesy in part, pp. 173–175, New York: Harper & Brothers, 1938.
2. Durant, Will: The Crisis in Christianity. Sat. Eve. Post 212: 5–6, 35–36 (Aug. 5) 1939.
3. Filene, E. A.: Speaking of change, pp. xvi–xvii. Washington, D. C.: National Home Library Foundation, 1939.

Indigenous Malaria*

By L. M. MORSE, M. D.
Neillsville

THE physician who practices medicine in Wisconsin ordinarily has very little occasion to give any attention to the subject of malaria, either from an academic or practical standpoint, and perhaps the disease well may be considered more or less of a rarity in the State. Nevertheless, malaria does exist in Wisconsin, has existed in the past, and the potential possibilities for its existing in the future appear excellent.

Malaria is not a reportable disease, but the Wisconsin State Board of Health knows that malaria used to be a relatively common disease, particularly in southern Wisconsin, prior to 1885. It disappeared during the latter part of the last century or early in this century. The physician who has practiced medicine along the Mississippi river for forty years or more and has gone over the records of his predecessors knows that malaria formerly was quite prevalent.[1] Many of the old settlers know that sixty years ago many individuals had "ague" and thought nothing of it, giving it about as much attention as we do now to the common cold. The river folk thought their malaria was coming from the loggers, who were sorting logs and who lived and worked in the "bottoms." It also was thought, at that time, that the increased river traffic, which brought in many southerners who were afflicted with malaria, was a factor. Many years ago, the physicians in La Crosse knew that Genoa,[2] which was inhabited by Italian people who had come over to this country suffering from malaria, was a focus from which they were getting malaria patients.

Malaria in Recent Years

The records of the State Board of Health[3] over a number of years show that about every other year there has been a death or two from malaria in the State, and evidence usually is available regarding anywhere from five to six persons with malaria, some being residents who contracted the disease here and some being nonresidents.

In 1930[4] there was a marked increase in malaria in Wisconsin; evidence of thirty-four cases was received either through blood specimens coming to the laboratory or through voluntary reports from physicians. Practically all of them occurred in the southern part of the State. Prior to this time an occasional case was reported near Stevens Point among the Polish people who resided in the marsh country, and the deaths recorded were usually in nonresidents.

In 1937 seven cases of malaria were recorded, five of which were in residents. In 1938 seven cases were reported (four from La Crosse) all of which were believed due to the proximity of the Mississippi river. The reports from Minnesota reveal that between 1935 and 1937[5] there were nineteen cases of malaria reported and seven of these were in natives. Since the Mississippi river is the dividing boundary between the States of Minnesota, Iowa and Wisconsin, it is reasonable to suppose that whatever occurs on one side of the river just as well could be present on the other side, although many lay people have the impression that the Mississippi river acts as a physical barrier. There is a great deal of traveling back and forth among residents on either side of the river for purposes of shopping and obtaining medical care. In some instances of malaria in residents of Minnesota, the diagnosis has been made on the Wisconsin side of the river.

During June, July and August of 1939 an epidemic of malaria occurred, thirty-six cases being found in an area along the Mis-

* From the State Board of Health.

Editor's note.—Since the writing of this paper, malaria has been made a reportable disease by the State Board of Health. In September, 1939, funds were obtained from the United States Public Health Service for an emergency study of the mosquito problem along the Mississippi river. The investigation is now in progress.

sissippi river, extending from Wabasha and Brownsville, Minnesota, to Lansing, Iowa, on the west side of the river, and on the Wisconsin side from Nelson to La Crosse. All afflicted persons were natives of Minnesota, Wisconsin or Iowa and all resided in close proximity to the Mississippi river. None of these patients had ever traveled South or had visitors from the South. In age they ranged from a two and one-half months old baby to a sixty-seven year old invalid. One of the patients took a boat ride on the excursion boat called the Capitol and developed malaria within a short time. Some spent a great deal of time on the Mississippi river, fishing, swimming and camping. Some were employed on dam construction or as mail clerks, store clerks, waiters and housewives. Others were retired or on relief.

Twenty of the thirty-six cases occurred in Wisconsin residents and in all but seven of these the plasmodium was found by smear-culture. The distribution as to type of malaria was approximately equal between tertian and quotidian. All patients made an uneventful recovery under quinine therapy. In Minnesota there were fourteen clinical cases of malaria and the plasmodium was found in all but one case. Nine of these were tertian in type, four were quotidian and one was quartan. In addition, it might be well to record that during this period the illnesses of three transients (two hoboes and one person traveling with a carnival) were diagnosed clinically as malaria.

Another interesting case was that in a native of Minnesota who had contracted her malaria in South Africa in June, 1938. It was diagnosed as estivo-autumnal malaria in March, 1939, with an incubation period of seven or eight months. In Lansing, Iowa, two cases of tertian malaria were found and the smear tests were positive for the parasites.

A review of the literature on malaria appearing in the WISCONSIN MEDICAL JOURNAL and the Minnesota Medical Journal discloses a paucity of reports. Coon and Overton,[6] 1923, reported six cases of malaria at the University of Wisconsin Students' Infirmary, Madison, at least four being in students who were not residents of Wisconsin. Schutte and Hallman,[7] in 1927, reported a case of "primary malarial infection" in a boy, a native of Wisconsin. Peterman,[8] in 1929, reported three instances of indigenous malaria in children. Mattson,[9] in 1934, reported a case of malaria in a native of Minnesota. Weir,[10] in 1937, reported a case of malaria in a native of Minnesota. Anderson[11] of the Mayo Clinic reported two cases in 1937 in natives of Minnesota.

Etiologic Considerations

Blood transfusion and malaria therapy.—Occasionally in blood transfusions malaria is transmitted to the recipient. Malaria therapy is used in the treatment of neurosyphilitic patients and the transmissibility of the parasite from an artificially inoculated individual to a susceptible one by mosquito is possible.[12]

The anopheles mosquito.—The anopheles mosquito does exist in Wisconsin. Formerly it was stated it extended as far north as Oshkosh and west through Chippewa county. There is a recent statement that it might extend further north than Oshkosh. In Minnesota, Riley[13] has found the following mosquitoes: Anopheles walkeri, Anopheles punctipennis, Anopheles maculipennis, and Anopheles quadrimaculatus. Of these four, walkeri and punctipennis are the most common in the southern part of Minnesota and Riley is of the opinion that all four species may be found in Wisconsin.

Increase in travel on the Mississippi river.—In the last two or three years the Mississippi river has enjoyed a tremendous

Typical swamp and marsh areas filled with an abundance of algae growths, excellent for mosquito breeding.

increase in river traffic and this is expected to increase every year. The freight traffic on the section of the river between Alma and La Crosse consists almost entirely of "through traffic" between the Twin Cities and down-river points. In 1936, 130,533 tons of freight were hauled, and in 1938, 518,250 tons were hauled.[14]

Since many of the vessels engaged in carrying freight on the upper Mississippi river headquarter in Missouri, Kentucky, and Tennessee, it is safe to assume that a relatively high percentage of the personnel employed on these barges are from below the Mason and Dixon Line. When there is a long chain of barges being pushed it is necessary to split them up, taking as long as an hour or more to go through the dam. The barge workers, in the meantime, will go ashore either on the Wisconsin or the Minnesota side. The principal unloading points along the river, at present, are the Twin Cities, Winona and La Crosse. From twenty-four to forty-eight hours may be consumed in discharging and taking on cargo. The railroads employ a number of "gangs" each composed of 100 men, all of them transients who come from various parts of the United States and live in railroad cars parked along the Mississippi. These men repair and maintain the tracks and roadbeds. There is also an excursion steamer which plies the Mississippi that is manned almost entirely by southern workers.

The Northwest Airlines and the Chicago and Southern Airlines are the only airlines making regularly scheduled flights which parallel the Mississippi river. The only airports along the Mississippi, at which airplanes of the Northwest Airlines regularly land, are located at St. Paul and Minneapolis. The airplanes of the Chicago and Southern Airlines make stops at St. Louis, Memphis, Greenwood, Jackson, and New Orleans.

Creation of quiescent pools, etc., along the Mississippi river. — The Mississippi river used to average a four-foot water level. Since the dams have been built a nine-foot water channel is maintained, although in the spring of 1938 and 1939 a height of thirteen feet was reached at Winona with the gates and locks wide open.[15] By raising

Quiescent dam pools.

the water level, dam pools, sloughs, and backwater areas have been created on either side of the river, especially in the sandy areas, which form excellent breeding places for mosquitoes. In addition there are man-made quiescent pools which are the result of constructing railroad bridges and railroad beds. It has been observed that one or two years after a dam has been built physicians begin to report finding malaria.

Signs and Symptoms

The clinical signs and symptoms of malaria can be read in any standard textbook of medicine. The common forms are characterized by recurring paroxysms in which, as a rule, chills, fever, and sweats follow in orderly sequence. Three conditions must always be fulfilled before infection with malaria can take place:

(1) Persons must be present who have the sexual form of the parasite in their blood.

(2) Anopheles mosquitoes must exist to become infected from these persons, and, incidentally, the warmth required for the development of parasites in the mosquitoes must be available.

(3) There must be a possibility of healthy people being bitten by the infected mosquito.

At least three separate malarial parasites of man are known; namely, (1) plasmodium malariae, producing quartan fever which is mild and rare and marked by paroxysms every seventy-two hours; (2) plasmodium vivax, producing tertian fever which is common and apt to relapse and is characterized by paroxysms every forty-eight hours; (3)

Backwater areas or sloughs produced by raising water level.

plasmodium falciparum, producing estivo-autumnal or tropical malaria, which is prevalent and pernicious in tropical areas. There is also a quotidian malarial fever, characterized by paroxysms every twenty-four hours.

Malaria is peculiar to man.[16] There is no animal reservoir and female anopheles are the only mosquitoes that can transmit the parasite. Man is the intermediate host, harboring the asexual phase, and the mosquito is the definitive host, harboring the sexual phase of the life cycle of the plasmodia. After the mosquito has become infected it takes from seventeen to thirty-five days to complete the life cycle in the mosquito, and after the lapse of this extrinsic period of incubation the mosquito may live for a long time and infect many individuals. The anopheles are not active at temperatures below 40 F. nor above 104 F.

Discussion

The question arises in indigenous malaria as to whether it has been imported, since it is known that prolonged incubation periods do occur.[17] If the 1939 epidemic is sporadic then perhaps malaria in the Mississippi river basin may not assume the proportions of a public health problem. On the other hand, malaria cannot be considered a problem limited to the river, but rather one which affects the entire population of Wisconsin and Minnesota. As has been stated, it is possible to import infected mosquitoes, due to the rapid means of transportation available today. We know that barges and excursion boats on the Mississippi are operated for the most part by southern workers, who may be infected with malaria or may be carriers. These workers mingle with inhabitants of the river towns on either side of the river. We also know that many people from the South come to Wisconsin and Minnesota to spend their vacation time in fishing, swimming and boating.

Since more natives of Wisconsin and Minnesota are being afflicted with malaria, it is evident there will be an increase in native malaria carriers. The fact that malaria requires prolonged treatment to be entirely driven from the body is one reason for its spread. Many people tire of the treatment when they feel better and discontinue it, thus becoming carriers. Perhaps some type of legislation may be necessary as one of the steps in control.

Mention has been made of dam construction along the Mississippi and the production of additional pools, sloughs and backwater areas of the type conducive to mosquito breeding. It is significant in this connection that mosquitoes have been more prevalent this year than in any previous year.

Sportsmen feel that the Mississippi river is becoming the "Fishermen's Paradise" and it is expected that more people will fish the Mississippi from year to year. This, together with the fact that a large number of unemployed individuals spend their leisure time in fishing, may result in a concentration of susceptible individuals.

With destructive logging still going on extensively on both sides of the river and the possibility in some years of excessive rain-

Pools and shallow water areas produced in part by railroad bed construction.

fall, potentialities exist for producing flood conditions which may be disastrous.

The physician will have to give more thought to malaria in differential diagnosis. The fact that indigenous malaria occurs in Wisconsin and Minnesota is proof that the life cycle of the parasite may be completed here. In other words, foci may exist in Wisconsin or Minnesota or are being imported.

It is suggested, for the purpose of compiling statistics on malaria, that physicians continue to report malaria to the State Board of Health.*

Summary

During June, July and August, 1939, thirty-six cases of malaria occurred along the Mississippi river basin, all in natives of Wisconsin, Minnesota or Iowa. Twenty of the persons so afflicted were residents of Wisconsin, fourteen were residents of Minnesota and two were residents of Iowa. Tertian, quartan and quotidian malaria were found. All of the patients responded to quinine therapy.

This epidemic has given rise to speculation as to whether malaria may become a public health problem. A number of facts concerning this potentiality are presented.

BIBLIOGRAPHY

1. Personal communication from J. S. Tenney, M.D., Alma, Wisconsin.
2. Personal communication from W. E. Bannen, M.D., La Crosse, Wisconsin.
3. Personal communication from H. M. Guilford, M.D., director of Bureau of Communicable Diseases, State Board of Health, Madison, Wisconsin.
4. Wisconsin State Board of Health Biennial Report, 1930–1931.
5. Riley, W. A.: Indigenous malaria and its vectors in Minnesota. Journal–Lancet 59: 311–312 (July) 1939.
6. Coon, H. M., and Overton, O. V.: Malaria in Wisconsin. Wisconsin M.J. 22: 225–226 (Oct.) 1923.
7. Schutte, A. G., and Hallman, B.: Primary malarial infection; report of a case. Wisconsin M.J. 26: 618–619 (Dec.) 1927.
8. Peterman, M. G.: Malaria in children. Wisconsin M.J. 28: 597–599 (Dec.) 1929.
9. Mattson, C. H.: Malaria. Minnesota Med. 17: 414–415 (July) 1934.
10. Weir, J. F.: A case of malaria developing in Minnesota. Minnesota Med. 20: 673 (Oct.) 1937.
11. Anderson, M. J.: Malaria—report of cases. Proc. Staff Meet., Mayo Clin. 13: 117–118 (Feb. 23) 1938.
12. Possibility of malarial transmission through inoculation of patients with paresis. In *Queries and Minor Notes*, J.A.M.A. 92: 1207 (Apr. 6) 1929.
13. Personal communication from W. A. Riley, M.D., chief of the Division of Entomology, University of Minnesota, Minneapolis, Minnesota.
14. Personal communication from Philip B. Fleming, Lt. Col., Corps of Engineers, United States Engineer Office, St. Paul, Minnesota.
15. Personal communication from W. Lindsay, M.D., Winona, Minnesota.
16. Rosenau, M. J.: Preventive medicine and hygiene. Ed. 6, p. 214. New York: D. Appleton–Century Company, 1935.
17. Boyd, M. F., and Kitchen, S. F.: An instance of protracted latent incubation period in a patient infected with a North American strain of plasmodium vivax. Am. J. Trop. Med. 18: 729–732 (Dec.) 1938.

Author's note.—Acknowledgment is made of assistance from the physicians of Winona and Wabasha, Minn., and of La Crosse, Wis., and Mr. G. Halverson, district sanitary engineer. Valuable information and suggestions were obtained from Dr. W. V. Lindsay, Winona, Minn., and from the following Wisconsin physicians: W. E. Bayley, La Crosse; M. O. Bachhuber, Alma; and F. C. Skemp, Fountain City.

DISCUSSION

M. Fernan–Nunez, Milwaukee: Malaria, once a great health problem in Wisconsin, largely disappeared as a result of agricultural drainage and cure of existing cases. During the past decade it has been steadily on the increase again. Each year there have come to my attention around fifteen cases in Milwaukee county and about five cases in Racine county.

Many of these patients acquired their infection in the South where malaria has increased greatly since the depression because of lack of funds with which the rural people were accustomed to buy their daily ration of quinine. Several of the cases occurred in persons who had not been out of the Milwaukee area for years. A contributing factor may have been the popularity of rock gardens which, with their often stagnant water, afford excellent mosquito breeding places. The malaria mosquito is known to be prevalent in Wisconsin practically up to the Michigan border. These mosquitoes acquire the malaria plasmodia from persons infected in the South and pass the disease on to others here.

Many cases of malaria in the chronic stage are never diagnosed. Usually they are mistaken for lead poisoning or some type of anemia, due to the presence of stippled red cells in the blood smear, a common finding in malaria. In such cases the parasites often are not seen in the blood smear. A useful aid to diagnosis is an increased monocyte count in which the monocytes often contain malarial pigment (hemozoin). In these chronic cases a course of neoarsphenamine is indicated in addition to the usual quinine or atabrin treatment. Most cases of malaria seen here are of the tertian type. Occasionally we see the pernicious estivo-autumnal type which sometimes produces cerebral symptoms due to the parasites plugging the capillaries of the brain. Immediate injection of 15 grains of quinine dihydrochloride or other soluble salt into the veins is required and is a life-saving measure.

The probability of malaria should be considered in obscure cases in which diagnosis is uncertain, especially in persons who have visited regions where malaria is prevalent.

* See editor's note, page 864.

Ear Injuries

By W. E. GROVE, M. D.
Milwaukee

THE ear is damaged more frequently by the accidents of civil life than is commonly supposed. In discussing injury of this organ we must consider its three main divisions: the external ear, consisting of the auricle and the external auditory canal; the middle ear; and the internal ear. In fact, we must go further than this and consider also its intracranial connections.

Common Traumata

The external ear, especially the auricle, is particularly subject to the effects of external violence because of its projection from the side of the head. It can be torn loose from its attachment by an injury in its neighborhood. I have seen many such cases and, in general, the results, after stitching it back in place, are relatively good when care has been taken to keep down infection and to prevent the accumulation of blood and serum between perichondrium and cartilage. After the reposition of the auricle all serum and blood must be removed by aspiration and incision and moist dressings applied. The approximation of skin edges must be meticulous. Inasmuch as the ear usually is torn loose from above downward we generally need not worry about damage to the facial nerve below but when a facial paralysis follows an injury to the auricle the cut edges of the nerve should be found and sutured.

You are all acquainted with the cauliflower ear of the boxer and the wrestler, occasioned by blows and vigorous rubbing. This condition is the aftermath of a hematoma directly resulting from the trauma. These unsightly ears could be prevented, in a large measure, if the original injury received prompt and careful attention. The condition is due to an effusion of blood between perichondrium and cartilage. When seen early it is sufficient to aspirate the effusion and put on a pressure bandage to preserve the normal contour of the auricle. It may be necessary to repeat this procedure a number of times until the effusion has absorbed and the perichondrium is again adherent. Needless to say, this must be done under strict asepsis. Occasionally it may become necessary to make concave incisions parallel to the helix in order to evacuate the contents and permit the insertion of drains. The wound edges can be approximated and a pressure bandage applied. If infection of the hematoma takes place it leads to perichondritis and abscess formation which results in considerable deformity.

When the auricle is burned by flame, hot gas, or liquids, the burns are treated as they would be in other parts of the body but here again it must be remembered that the cartilage of the ear lies just beneath the skin and that in many locations the two are almost adherent. So when the auricle receives more than a first degree burn we must be constantly on guard for the appearance of perichondritis and abscess formation and outline treatment accordingly.

Occasionally individuals come in with discharging ears which they attribute to a hot spark in the ear. It has always been very difficult for me to see how a hot spark in the ear could cause a middle ear abscess. We know that, except in infancy, the external auditory canal is not straight; that it consists of a double truncated cone with a narrow isthmus between, the outer portion being cartilaginous and the inner bony; that the direction of the outer portion is upward and backward and the inner portion downward and inward; that we cannot even see the drum after a speculum is inserted unless we pull the auricle upward and backward, thus straightening out the canal. With these facts in mind it is indeed difficult to see how a spark can do more than burn the posterior surface of the outer portion, external to the isthmus. It may cause an inflammation of the external canal wall and an external otitis but it cannot cause an otitis media and a perforation of the drum. When such an otitis media is present in an individual who has

suffered a "spark in the ear" it either antedated the spark or resulted from infection traveling up the Eustachian tube in the usual way. It must be conceded, of course, that, if an individual is lying on his side and hot liquid or molten metal enters his external canal, the drum itself may be burned, after which a perforation and subsequent infection of the middle ear may ensue. However, these cases are relatively rare.

Damage from Blows and Noise

The drum can be ruptured by the sudden compression of the column of air in the external auditory canal. The "box on the ear" or the German "Ohrfeige" with which certain misguided parents salute their erring youngsters can produce such a condition. For the condensation of the air column to produce such a result it must be quite sudden and intense, for the normal drum membrane—concave to the exterior and at an obtuse angle to the axis of the canal—consisting, as it does, of three layers, the middle of which is tough fibrous tissue, is quite thick and resistant. A similar rupture of the drum can take place as the result of the discharge of a large gun or any other explosion in the near neighborhood of the ear. Such a bleeding ear usually heals quickly if left strictly alone, but, occasionally, as the result of well meaning but misguided efforts on the part of the physician in treating the condition, infection enters the middle ear and an otitis media results.

More serious than the ruptured drum in these cases is the perception type of deafness with a loss of hearing for high tones, resulting from the sudden and violent movement and impaction of the foot plate of the stapes when the sudden inward movement of the membrana tympani is transmitted to the oval window by the ossicular chain. This causes perilymphatic hemorrhage into the basal coil of the cochlea with subsequent degeneration of Corti's organ in this region. These individuals often are not aware of any hearing loss, however, for it occurs in the tone range above that of the spoken voice.

Damage to the hearing occasioned by noisy occupations certainly must be considered in discussing ear injuries. The term "boiler maker's catarrah" is well established in the literature and it long has been known to otologists that working in certain noisy occupations has a definite and permanent deleterious effect on the hearing. Among workers in such occupations may be mentioned boiler makers, blacksmiths, machinists, riveters, railroad engineers, tinsmiths, coopers, iron workers, automotive trade employees and the like.

Among those who have worked in this environment any great length of time we find a loss of hearing in the upper tone range and this hearing defect is apt to be of the abrupt type. In other words, when examined with the audiometer the hearing curve is fairly normal up to and including the tone of 2,048 double vibrations and then it takes an abrupt drop above this point, characteristic of typical nerve deafness. That this deafness is not due to the age factor is evidenced by the fact that it occurs in middle age and youth as well as in old age and by the further fact that the loss is more or less abrupt and not the gradual loss found in this part of the tonal range as age advances. Naturally, the longer the individual is exposed to this noisy environment the greater the relative loss of hearing.

Otologists are not agreed that the ordinary use of the telephone by telephone operators, or the usual crackling noises and the ordinary "bang on the ear" so often heard, result in any deterioration of the hearing, but there is rather general agreement that the more severe shock or "bang" received over the wire during an electric storm or from a high tension wire can and does cause a hearing loss of the perceptive type. The deafness so produced often clears up to some extent under treatment because, added to the actual injury, there is a certain nervous upset but even when this has cleared up definite and permanent damage to high tones will remain.

Caisson workers are liable to develop nerve deafness if compression or decompression is carried out too rapidly. This is due to actual hemorrhage or the introduction of air bubbles into the internal ear. Flyers, mountaineers and divers are subject to similar hazards.

In connection with industrial deafness certain axiomatic facts are mentioned by Bunch*—

> "All ears may not be equally affected by the same traumatic noise. . . . The greater loss of hearing in the left ear of hunters, sportsmen and infantrymen who shoot right-handed illustrates this point . . . Explosive sounds and other loud noises within an enclosed chamber have a greater traumatic effect than similar noises in the open. When blasts are fired in a tunnel or caisson, the ears of the workmen need additional protection. Shooting galleries should be in the open. The locomotive engineer should not blow the whistle in a tunnel, train shed, or near a station where people are standing. The telephone receiver, with its very small air chamber, should be adequately protected from the effects of lightning and other high voltages."

Intracranial Connections

The ear mechanism can be definitely damaged by head trauma. From an exhaustive study of over 1,200 patients with head injuries in my own practice and from a further study of 152 similar patients consecutively examined within twenty-four hours of their admission to the Emergency Unit of the Milwaukee County Hospital, I am convinced that this damage occurs in three separate groups: (1) brain concussion without any demonstrable skull fracture; (2) skull fractures which do not directly involve the temporal bone; and (3) basal skull fractures involving the temporal bone.

(1) Brain concussion.—How is the ear damaged by concussion without visible or demonstrable bone fracture? In the sudden movement imparted to the skull it strikes the brain. When the movement of the skull ceases, the brain strikes the skull contrecoup. Because of the elasticity of even the adult skull a certain amount of compression takes place. This sets the cerebrospinal fluid into motion by a compression action on the ventricles. The greatest damage done by this compression wave of fluid is to the delicate nuclear gray matter just under the floor of the fourth ventricle, the central vestibular nuclei. In addition to this the brain compresses the soft structures on the surface of the petrous pyramid, the internal auditory meatus and the saccus endolymphaticus. If we add to all this certain swinging movements of the petrous pyramid, permitted because of its generally loose attachments, we see that a compressive fluid wave can develop even in the fluids of the internal ear which may damage the delicate neuroepithelium of both cochlea and vestibule. Indeed there is ample reason why a brain concussion without a bone lesion should be able to damage the functions of the ear.

(2) Skull fractures not involving the temporal bone.—Among 1,200 cases of head trauma, I found 211 cases of proven skull fracture and forty-nine of these did not in any way involve the temporal bone. In 46 per cent of the ninety-eight ears studied I found evidence of perceptive deafness, and disturbances of equilibrium were found in 75.5 per cent of the cases. Inasmuch as the temporal bone itself was not fractured in this group we must conclude that the modus operandi in the production of pathologic changes in the ear is the same as in brain concussion, for concussion was certainly also present in these cases.

(3) Temporal bone fractures.—There are two general varieties of temporal bone fractures: the *longitudinal fracture,* running along the anterior border of the petrous pyramid and usually opening into the middle ear with rupture of the drum, which is essentially a middle fossa fracture; and the labyrinthine or *transverse fracture,* crossing the labyrinth and destroying it, which is essentially a posterior fossa fracture. We may also have combinations of longitudinal and transverse fractures.

The longitudinal fracture may be either unilateral or bilateral. In my series there were 112 cases of unilateral fracture and thirty-four cases of bilateral fracture. This type of fracture more often results from trauma to the front or side of the head than from injury to the occiput. The diagnosis is made from the history of the injury, a period of unconsciousness (although this is not essential), bleeding from the ear, the escape of cerebrospinal fluid, the presence of hematotympanum or liquor tympanum, the development—four to five days later—of

* Bunch, C. C.: The diagnosis of occupational and traumatic deafness. Laryngoscope 47: 615–691 (Sept.) 1937.

ecchymosis over the mastoid, facial paralysis, radiological confirmation, and the state of the hearing.

Significant Symptoms

Bleeding from the ear is almost indubitable evidence of a basal skull fracture involving the middle fossa. In a few isolated instances it may have a different basis but in the vast majority of head injuries it is caused by a basal fracture. We must be sure, however, that the bleeding is coming from the ruptured drum or from a crack in the external wall, and is not flowing into the ear from a skin wound in the neighborhood. Once having determined this point we should put on an aseptic dressing and permit no further manipulation of the ear.

The escape of cerebrospinal fluid also predicates a rupture of the drum and a communication of the middle ear with the subarachnoid space. Nine such cases were found in my series. The discharge is first bloody and later serous. It usually ceases after a few days but in one of my cases it continued for six weeks and the discharge has been known to continue for years. Both hemorrhage from the ear and the escape of cerebrospinal fluid usually occur immediately but the discharge may be delayed from a week to a month.

While bleeding from the ear and the escape of cerebrospinal fluid are found in longitudinal fractures, hematotympanum and liquor tympanum may be caused by either the longitudinal or the transverse fracture of the temporal bone. By *hematotympanum* we mean an effusion of blood into the middle ear which causes a bluish discoloration of the drum and a bulging of this membrane but does not occasion a rupture of the drum. It may be caused by a longitudinal fracture which has reached the tympanic cavity or by a transverse fracture which has splintered the lateral wall of the inner ear. *Liquor tympanum* means a collection of cerebrospinal fluid in the middle ear cavity which may be caused by a longitudinal fracture but is more often caused by the transverse variety of fracture. On inspecting the drum one frequently can make out a line of fluid level which remains horizontal irrespective of the position of the head.

In this connection let me make a plea that when you suspect a basal skull fracture you inspect the external canals and drums early or call in an otologist to do so. The evidence of hematotympanum, liquor tympanum, fracture lines and hyperemia of the external canal may be very evanescent and after the lapse of a few days to a week may disappear completely.

An ecchymosis developing over the mastoid process or in the external canal four or five days after a head injury is evidence of a longitudinal fracture. This ecchymosis has no connection with and must not be confused with the hematoma which develops immediately at the site of impact. It bears the same relation to middle fossa fractures as does suggilation about the eyes to fractures of the anterior fossa.

Facial paralysis occurred in 18 per cent of my cases of longitudinal fracture and in 31 per cent of the transverse fracture cases. If it comes on immediately and is complete it is apt to be permanent. When, however, it appears in the first week or two after the injury it is not due to actual injury or severance of the nerve itself but rather to pressure and inflammatory processes in its neighborhood and is therefore more in the nature of a neuritis. These late paralyses show a remarkable tendency to improve.

Because of the varying thickness of the bone, the presence of many foramina and the angle at which the exposure must be made, the roentgenogram is notoriously unreliable in delineating middle fossa fractures. Even when we take the roentgenogram as soon as the condition of the patient warrants and take many exposures at varying angles, it is usually impossible to make out the longitudinal fracture, though from other symptoms and signs it is known to exist. The story is quite different with posterior fossa fractures which cross the pyramid. Here because of certain peculiarities of the enchondral layer of bone in the otic capsule, which never closes by bony union when once fractured, the fracture line can be demonstrated on x-ray films many years after the fracture occurred, if the exposure

is made in Stenver's position. In one such case I demonstrated the fracture line eight and one-half years after injury.

Other Important Signs and Factors

In regard to the hearing function in cases of longitudinal fracture let me say that no accurate test of hearing can be made in the first few days after the injury because of the disturbed state of the sensorium. When a satisfactory hearing examination can be made it is found that the hearing loss varies greatly. From a summary of 146 cases I can draw the following general deductions:

(1) The function of hearing is more severely damaged by longitudinal fractures as age increases, the percentage of normal or only slightly damaged hearing being 60 per cent in the age group up to twenty years, 32.4 per cent in the group from twenty to fifty years, and zero in the group above fifty years.

(2) Although the ear on the side of the fracture frequently showed a greater loss of hearing than its fellow, in many cases the degree of hearing loss was almost the same in both ears.

(3) The perceptive type of deafness was frequently encountered, indicating damage to the internal ear.

About 75 per cent of the 146 patients with longitudinal fracture had disturbances of equilibrium, central in origin, and therefore caused in a large measure by the accompanying concussion and not by the fracture per se.

The diagnosis of a transverse fracture of the petrous pyramid rests on signs of intense vestibular disturbance, the absence of bleeding from the ear, the total ablation of both cochlear and vestibular function on the affected side and positive roentgenographic findings. I have seen sixteen such cases.

When one vestibular mechanism is suddenly thrown out of commission, as in a transverse fracture or a labyrinthitis, the patient has such violent vertigo that he cannot raise his head from the pillow or change his position. And this lasts for three to four weeks until compensation has taken place. The two vestibular mechanisms in a way act as antagonists and when the action of one is suddenly removed the action of the other produces violent vertigo and nystagmus. After three or four weeks, however, this gradually disappears and the patient no longer has vertigo or, if the central vestibular nuclear territory also has been injured by the accompanying concussion, it is of much milder intensity and appears in spells only.

As I noted above, the uncomplicated transverse fracture does not cause bleeding from the ear. If ear hemorrhage exists with other signs of cochleovestibular paralysis, the transverse fracture is combined with a longitudinal fracture as well.

One cannot say that hearing is completely gone until one has tried every sort of hearing test while the opposite ear is adequately masked. One cannot say that the vestibular mechanism is dead until one has douched the ear with ice water for at least three to five minutes.

Some fractures of the otic capsule are microscopic fissures but most of them can be shown by means of x-ray films taken in Stenver's position, and they can be demonstrated many years after they occur.

EXAMINATIONS AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The written examination and review of case histories (Part I) for Group B candidates will be held in the various cities of the United States and Canada on Saturday, January 6, 1940, at 2:00 p.m. Formal notice of the place of examination will be sent each candidate several weeks in advance of the examination date. No candidate will be admitted to examination whose examination fee has not been paid at the secretary's office. Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held in June, 1940.

Candidates for reexamination in Part I (written paper and submission of case histories) must request such reexamination by writing the secretary's office not later than November 15, 1939. Candidates who are required to take reexaminations must do so before the expiration of three years from the date of their original examination.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting in Atlantic City, N. J., on June 8, 9, 10, and 11, 1940, immediately prior to the annual meeting of the American Medical Association in New York City.

Application for admission to Group A, Part II examinations must be on file in the secretary's office not later than March 15, 1940.

After January 1, 1942, there will be only one classification of candidates, and all will be required to take the Part I and Part II examinations.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pa.

A Simplified Infant Feeding Formula

A Report of the Use of Irradiated Evaporated Milk and Water in 2,004 Cases*

By HENRY O. McMAHON, M. D.
Milwaukee

BASED on a long experience in private practice with feeding infants on milk mixtures containing no additional carbohydrate, some observations were made at the Milwaukee County Hospital to test the suitability of this type of feeding for normal infants under controlled conditions.

Previously, in this hospital, there had been considerable latitude in the construction of infant feeding formulas. This was particularly true with respect to carboydrate additions. Various types of carbohydrate were in use. Carbohydrate was routinely added to all formulas. The infants received additional carbohydrate in their prelacteal feedings in the form of lactose water. In these procedures the hospital was following common practices. Digestive upsets, diarrheas and rashes were frequent among the infants and for their correction protein milk, barley water and other special formulas were prescribed. Occasionally there was disagreement or lack of cooperation on the nursery staff.

In an effort to improve the condition a system was started whereby accurate and detailed records were kept on the progress of all babies from birth to discharge from the hospital. Feeding mixtures were standardized as to type of milk and carbohydrate, but essentially the same proportions of these substances were used as formerly. At the end of a year (November, 1936) the records showed that little progress had been made in reducing gastrointestinal disturbances.

At this point, carbohydrate was omitted entirely from infant feeding formulas. Standard mixtures were installed. The mixtures consisted of irradiated evaporated milk and water. They were standardized at four dilutions (see table 1) and graduated in milk content in proportion to the average infant's needs for growth.

TABLE 1.—*Standard Feeding Mixtures at Milwaukee County Hospital*

Mixture	No. 1	No. 2	No. 3	No. 4
Irradiated evaporated milk -----	5 parts	7 parts	8½ parts	10 parts
Water -----	10 parts	10 parts	10 parts	10 parts

Mixture 1 is the standard complementary feeding mixture for newborns and also is used as the entire feeding for the newborn where breast feeding is contraindicated. At the fifth day the formula is raised to mixture 2, which in most cases is continued during the balance of the lying-in period. At the time of discharge the mother is given instructions for preparing mixture 3, which is used until the infant is one month old, at which time mixture 4 is started. Mixture 4 has the strength of whole milk. No further modifications are necessary.

Each normal infant weighing six pounds or over at birth goes to the breast every eight hours from birth to forty-eight hours after birth. Only sterile water is used during the prelacteal period. On the third day the infant goes to the breast every four hours if *over* six and one-half pounds in weight, and every three hours if *under* six and one-half pounds in weight. If by the end of the fourth day the baby's hunger is unsatisfied, complementary feeding with mixture 1 is started. Complementary feedings are poured in two ounce quantities.

If the infant comes off the breast, three ounces of total fluid per pound of body weight are given. A seven pound infant, for example, receives two and one-half ounces of mixture 1 seven times, plus two bottles of water in twenty-four hours. Such an infant receives thirty-six calories per pound of body weight, which corresponds closely to

* From the Department of Pediatrics, Marquette University, and the Pediatric Clinic, Milwaukee County Hospital.

TABLE 2.—*Record of Feedings Prepared Before and After November, 1936, When Standard Mixtures Containing No Additional Carbohydrate Were Adopted*

Date	Barley Water	Protein Milk	Special Formulas	Lactose Water	Old Standard Mixtures (With Sugar)	Sterile Water	New Standard Mixtures 1 and 2 (Without Sugar)
1936 (Jan. 1–Nov. 15)	492	3,050	1,507	25,571	26,660		
1936 (Nov. 15–Dec. 31)		364	222			5,440	3,331
1937		210	292			24,440	35,904
1938 (Jan. 1–Nov. 1)						31,595	32,658

the number of calories in the diet of the breast-fed infant at this early age. At the same time the infant receives ample protein and calcium for optimal development.

With the installation of the new feeding plan, stools were carefully checked and found to be within average limits of frequency and normal in appearance. Repeated analyses indicated that fat was being metabolized satisfactorily. Routine blood sugar analyses showed normal blood sugar despite the lower carbohydrate intake. For a period of a year and a half from the beginning of the study, several home calls were made on every baby to check its progress and assure continuation of the feeding regimen. In June, 1938, an outpatient clinic was set up to follow the progress of the children systematically.

Results

There was a striking reduction in the occurrence of such symptoms as loose stools, sore buttocks, rashes, and excess regurgitation. This improvement followed the standardization in the hospital of infant feeding mixtures consisting of irradiated evaporated milk and water without carbohydrate. In table 2 the records of the hospital's milk laboratory are set forth.

It is noteworthy that the use of preparations for the management of digestive disturbances such as barley water, protein milk and special formulas decreased abruptly with the installation of the new schedule and disappeared from the milk laboratory's records in 1938.

There occurred a marked increase in the percentage of infants who had regained or were above birth weight at the time of discharge from the hospital. Table 3 shows the percentages for each year of the study.

From a "low" of 38.4 per cent discharged at or above birth weight during the year when carbohydrate was included in the feedings, this percentage rose to 72.4 during the first year of the "no sugar" regime and to 75.6 during the second year.

Discussion

Smith[1] has demonstrated the importance of avoiding overfeeding during the neonatal period. The caloric intake of the infant who is wholly or partially bottle-fed should correspond throughout infancy to that of the breast-fed infant. Especially is this important during the early weeks of life. House formulas in many hospitals supply more food than the infant needs, particularly as regards caloric value. This results frequently in symptoms such as loose stools, vomiting, colic, or rashes, and may lead, later on, to failing appetite or other feeding problems.

In this study the milk mixtures were reduced in caloric value by omitting carbohydrate. The amount of milk in the formula

TABLE 3.—*Record of Weight of 2,004 Normal Newborn Infants on Discharge from Hospital, Before and After November, 1936, When "No Sugar" Formulas Were Adopted**

	Nov., 1935–Nov., 1936 (Sugar Formulas Used)		Nov., 1936–Nov., 1937 ("No Sugar" Regime)		Nov., 1937–Nov., 1938 ("No Sugar" Regime)	
	Number	Per cent	Number	Per cent	Number	Per cent
Number discharged at or above birth weight	331	38.4	567	72.4	923	75.6
Number discharged below birth weight	531	61.6	216	27.6	298	24.4
	862		783		1,221	

* Average weight of infants, five and one-half to eleven and one-half pounds; average age at time of discharge, ten days.

was increased slightly but remained within the accepted limits of one and one-half to two ounces of milk per pound (three-fourths to one ounce of evaporated milk), thus complying with the optimal requirements for protein and calcium. Obviously the sum of the fat, carbohydrate and protein occurring naturally in the milk satisfied the caloric needs of the infants. In view of the lower carbohydrate intake, it is probable that the diet more nearly met the infants' vitamin B_1 requirements than would a diet high in carbohydrate, since, as pointed out by Elvehjem,[2] and Williams and Spies,[3] vitamin B_1 (thiamin) is concerned quantitatively with carbohydrate metabolism.

Irradiated evaporated milks were used exclusively throughout the last two years of study. It was felt that the infants benefited from the vitamin D which was thus provided in the early days of life. Formulas were uniformly well tolerated. Also irradiated evaporated milks were prescribed for infants in the outpatient clinic since it seemed desirable for them to have this additional and automatic protection against rickets.

Summary

Accurate records were kept for three years of all normal newborn infants in a large hospital.

During the first year various types of feeding formulas were used, all containing carbohydrate. During the second and third years, standard mixtures of irradiated evaporated milk and water with no carbohydrate were used.

The infants given feedings without additional carbohydrate had, to a marked extent, fewer gastrointestinal symptoms.

During 1937 and 1938 when the "no sugar" formulas were used, more infants were discharged at or above birth weight than in the period when sugar formulas were used.

The new standard milk mixtures simplified hospital routine.

BIBLIOGRAPHY

1. Smith, C. H.: The diet of the infant. Maine M. J. 28: 89–100 (May) 1937.
2. Elvehjem, C. A.: The vitamin B complex in practical nutrition. J. Am. Dietet. A. 15: 6–12 (Jan.) 1939.
3. Williams, R. R., and Spies, T. D.: Vitamin B_1 (thiamin) and its use in medicine. New York: The Macmillan Company, 1938.

POSTGRADUATE COURSE IN ENDOCRINOLOGY

The Medical Society of Milwaukee County will present a postgraduate course in endocrinology during October and November on consecutive Tuesdays. The lectures will be held in the auditorium of the Marquette University School of Medicine and the fee will be $3. The dates, titles of lectures, and speakers are listed below:

Tuesday, October 31st—8:15 p.m.

"Pituitary—The Master Gland"

SAMUEL SOSKIN, M.D., Director Metabolic and Endocrine Research, Michael Reese Hospital, Chicago, Illinois.

Tuesday, November 7th—8:15 p.m.

"Female Endocrinology"

JEAN PAUL PRATT, M.D., Surgeon-In-Charge, Division of Gynecology and Obstetrics, Henry Ford Hospital, Detroit, Michigan.

Tuesday, November 14th—8:15 p.m.

"Male Endocrinology"

ALLAN T. KENYON, M.D., Assistant Professor of Medicine, The School of Medicine of the Division of Biological Sciences, University of Chicago.

Tuesday, November 21st—8:15 p.m.

"Adrenal Gland"

EDWIN J. KEPLER, M.D., Mayo Clinic, Rochester, Minnesota, and Assistant Professor of Medicine, Graduate School of the University of Minnesota.

Regional Enteritis

The Relation of Its Onset, Clinical Course and Pathologic Manifestations to Its Cause*

By J. ARNOLD BARGEN, M. D.
Rochester, Minn.

A SUBACUTE or chronic, destructive, exudative and proliferative regional inflammatory process may involve any segment of the intestine. Such a process commonly and perhaps usually consists of a regional ileitis. The origin of the term regional ileitis dates back to the discussion of a paper by Crohn, Ginzburg and Oppenheimer in the year 1932.[1,2] The name refers to a disease entity well understood by many and adequately described in numerous publications since that time. It is hardly necessary to review again its historical background except for calling attention to the fact that knowledge of the condition is not new. W. J. Mayo[3] reported a group of nontuberculous inflammatory lesions of the ileocecal coil in 1893. Since then, sporadic reports have appeared in the literature, but sustained interest in the disease dates from its accurate description by Crohn, Ginzburg and Oppenheimer in 1932.[1]

Three groups of patients with regional enteritis have been reported from The Mayo Clinic and my interest has been centered about these, inasmuch as I have had the privilege of observing most of them throughout their illness, following some subsequent to their illness and studying the recorded histories of others. The first group of eighteen cases was reported by Brown, Weber and me[4]. The second group of thirty-nine cases (which included the first group of eighteen) was reported by Pemberton and Brown.[5] The third group of forty-four cases was reported by Dixon and Clark.[6] It is of interest to note that the first thirty-nine case histories were selected from the records of the clinic from January, 1922, to September, 1936.

In the next two years, forty-four other patients who had this condition were treated surgically. Up to January 1, 1939, thirty other cases of this disease were diagnosed and in twenty-three surgery was employed.

The onset of the disease is usually insidious but, by the time medical aid is sought, well pronounced features of advanced disease are frequently apparent and the diagnosis can be established readily. It is for this reason that some cases in which surgical treatment was not given are included in this report. They will be considered separately.

Onset and Clinical Course

As with so many chronic infections of a proliferative and destructive nature, the story frequently begins with the complaint of fatigue, general malaise and loss of weight. Associated with these symptoms, or soon after their onset, a patient will complain of a mild, usually intermittent, type of diarrhea. The stools will be loose and watery, and defecation will be associated with cramps. Periods in which normal or even hard, dry stools are passed may alternate with diarrhea. The story in these respects is similar to that of an individual who has intestinal tuberculosis. As a rule, however, in cases of regional ileitis, progression to the next phase is more rapid and symptoms are more severe than in cases of intestinal tuberculosis. In the former, attacks of abdominal pain soon supervene and the pain may be of the dyspeptic or obstructive type from the first. In either event, obstructive features will soon predominate.

Generally speaking, there are four phases of the disease. The earliest manifestation is that of an acute inflammatory process. As the terminal portion of ileum is the most frequent initial site of the disease, irritation of this portion of the intestine and its adjacent peritoneal covering produces a picture difficult to distinguish from acute appendicitis. The most common symptoms are fever of low grade, leukocytosis, nausea, vomiting,

* From the Division of Medicine, The Mayo Clinic. Read before the Milwaukee Academy of Medicine, Milwaukee, February 21, 1939.

and tenderness and pain in the epigastrium or right lower abdominal quadrant. Diarrhea and cramps are unusual at this stage of the process. That such symptoms are confusing is attested by the fact that twenty-four of the forty-four patients of Dixon and Clark[6] had been subjected to appendectomy prior to coming to the clinic for treatment of one of the later phases of regional enteritis. As the disease advances, intermittent attacks of diarrhea are characteristic. This is the stage that is confused most frequently with chronic ulcerative colitis. The typical syndrome of enteritis of low grade then prevails, for the patient has fever, anemia, a palpable mass in the right lower abdominal quadrant and has lost weight; his stools are loose or watery and if any pain is present it is mild and colicky.

Remission of symptoms is common in the two stages described, but as the stenosing effects of the disease increase, the periods of relief are of shorter duration and occur less frequently. The symptoms typical of intestinal obstruction are superimposed on those of chronic enteritis. The attacks of diarrhea are more profound and are accompanied by severe abdominal cramps, borborygmus, abdominal distention or visible contracture of the coils of the small intestine proximal to the diseased segment. Malnutrition and anemia become prominent features since much of the nourishment and fluids is lost because of the diarrhea. Furthermore, intake may be greatly limited on account of persistent nausea or even vomiting.

The fourth and final phase of the disease is attained when either acute obstruction is superimposed on the chronic condition or when perforation of the bowel occurs and there ensues the formation of an abscess or fistula. The fistula may communicate with an adjacent portion of the intestine, with other viscera or with the abdominal parietes. The debility occasioned by the sepsis and deprivation from nutritional elements and fluids assumes great significance and in itself may be the terminating factor.

The course of regional enteritis as delineated is uniform only in a very general way. In the individual case the first signal of impending trouble may be the onset of the syndrome of the late phases, or the symptomatology may have progressed from an occasional episode of pain in the right lower abdominal quadrant or epigastrium to intestinal occlusion although there may have been very little intervening disturbance. In an occasional case the chief complaint will be one which is only remotely associated with the malady.

Pathologic Manifestations

The following data about patients with regional ileitis who were observed at The Mayo Clinic from January 1, 1938, to December 31, 1938, inclusive, and have not been considered in reports appear to be of interest. Of the twenty-three cases in which operation was performed, the lesions were confined to the distal portion of the ileum in seventeen. In three other cases, the distal portion of ileum and the cecum were involved at the ileocecal orifice and in three other cases the distal portion of the ileum, the cecum and part of the ascending portion of the colon were involved. During 1938, forty-six patients who had regional ileitis were observed at The Mayo Clinic; of these, the records of sixteen were reported previously by Dixon and Clark. Only fifteen of these forty-six patients had appendectomy performed prior to coming to the clinic and during the time of symptoms of ileitis. Among the forty-four cases reported by Dixon and Clark in the two previous years (1937 and 1938) twenty-four had had appendectomy after symptoms were well advanced. This fact would suggest that the condition is now being recognized earlier and more generally than it has been in the past. At any rate, the decrease in the incidence of operation in these groups from more than 50 per cent to less than 33 per cent seems encouraging. Other evidence pointing to earlier diagnosis is the fact that of the thirty additional patients seen during the latter part of 1938, eleven had symptoms for less than a year; the average duration of symptoms was twenty-nine months.

Interesting complications were noted. Abdomino-intestinal fistulas occurred in five cases, entero-enteric fistulas occurred in three cases, an enterovesical fistula occurred

in one case and an enteroperitoneal fistula occurred in one case. A severe degree of obstruction occurred in sixteen cases and in two it was complete. Some of the patients who had fistulas also had obstruction. Pellagra occurred late in one case, massive hemorrhage occurred in one case, perirectal abscess occurred in one case, carcinoma in association with or in close proximity to the inflamed bowel occurred in one case, arthritis occurred in one case, tuberculosis occurred in one case and unusually rapid progression of the disease was observed in one case.

These facts and others to be mentioned concerning the pathologic anatomy of the diseased segment of bowel give further evidence of the destructive, proliferative and progressive nature of the disease. Generally speaking, when we first see these patients the disease is in the advanced stage and the pathologic process already has produced unmistakable gross deformity. There is evidence of an attempted fibrotic repair associated with chronic inflammation on which acute exacerbations of the disease have been superimposed. Pathologic descriptions of the condition have been comparatively uniform. The terminal portion of ileum, as has been indicated repeatedly, is the segment most frequently involved. Thickening of the wall of the bowel, narrowing of the lumen of the bowel and ulceration of the mucosa with the formation of pseudopolyps are noted. These associated characteristics have been described often as granulomatous ileitis. The character of the lesions may range from subacute to chronic. At times the intestinal wall is greatly thickened by edematous infiltration. Pseudotubercles, in association with large foreign body giant cells, are common. Perforation with the formation of an abscess is not uncommon. As a result of this, multiple communicating fistulas may develop. These are the result of chronic perforation which takes place so slowly that time is allowed for segregation of the process from the peritoneal cavity and usually small walled-off abscesses form. These, in turn, discharge their contents into a neighboring viscus. Grossly, the most striking features are typical enlargement and loss of flexibility of the affected segment of bowel and shortening and great thickening of the mesentery in which the regional lymph nodes are large and firm. The tissues have a dusky, bluish-red appearance and a phlegmonous exudate is distributed over the serosal surface of the intestine.

In the instances in which the condition is of long standing, many exacerbations usually have occurred and a large phlegmonous mass may have resulted. It is often very difficult to separate such a mass from the surrounding structures. At times, too, such lesions may affect the bowel in segmental fashion with relatively normal uninvolved segments lying between the involved portions. The involved segments are readily distinguishable from the normal portions by their loss of elasticity and soggy, hose-like appearance. The microscopic appearance of the lesion does not have any characteristics which distinguish it from other chronic inflammatory processes. Cells of the lymphoid series appear to predominate, except in the earlier, more acute stages. In the chronic process, the small lymphocyte, plasma cell and fibroblastic elements are in the ascendancy; eosinophils may be present. Submucous lymphoid follicles are usually very numerous. Giant cells are frequently encountered and often contain particles of a crystalline or lipoid nature. Focal collections of lymphocytes under the serosa with the giant cells here and there make the picture simulate tuberculosis.

Thus, it is a local, highly destructive, inflammatory disease, associated with a well defined clinical entity, which should be considered whenever a patient presents himself with intestinal symptoms the nature of which is not promptly apparent when the usual laboratory tests are made. These symptoms, one or more of which may occur in any case, are diarrhea, bouts of fever, anemia, loss of weight, symptoms of obstruction, perforation with the formation of a fistula, dyspepsia and attacks of abdominal pain, the characteristics of which are their variability, periods of freedom and recurrence.

The pathologic manifestations are constant at the various stages of the disease and are well defined. Such a definite clinical and

pathologic entity should be caused by some infectious agent. It has been my purpose to review the facts known about the course and pathologic characteristics of this disease and to trace these facts in whatever more or less obvious direction the search for the etiologic agent would lead.

As previously stated, some nontuberculous regional inflammatory conditions were described by Dr. W. J. Mayo as early as 1893. From then until 1932 sporadic reports, such as the one by Mock,[7] found their way into the literature, but most of these local inflammatory processes of the intestine were called tuberculosis by the surgeon as well as by the pathologist. Case 1, presented herein, illustrates this fact.

Case Reports and Discussion

Case 1.—A man, aged forty-two years, from Seattle, Washington, came to The Mayo Clinic on December 23, 1938, and gave a history of intestinal difficulty of eleven years' duration. During the first four years, 1927 to 1931, he experienced only heaviness in the right lower abdominal quadrant, cramps, some loss of energy and a few questionable febrile attacks. The bowels were regular.

In 1932 roentgenologic examination elsewhere showed a "strange disease of the intestine." In November, 1932, an exploratory laparotomy was performed elsewhere and an ileo-ileostomy made because of a regional "tuberculous enteritis." For six months after this he appeared well, his condition improved steadily and he gained thirty pounds. Then he experienced a recurrence of the heaviness in the right lower abdominal quadrant with considerable pain, associated with vomiting which finally became fecal in character and was accompanied by a fever of 101 F. (38.3 C.). He lost fifty-five pounds in a few weeks. A second exploratory laparotomy had to be performed and the diseased segment of bowel which previously had been short-circuited had to be removed. There had not been any evidence of peritoneal tuberculosis but the local lesion which had been removed was diagnosed as "stenosing tuberculous enteritis."

He then remained well for three years but in 1936 all his symptoms recurred, more severe than previously and associated with febrile attacks; at this time he experienced a mild diarrhea and passed three to four stools a day. A subsequent intestinal resection was done elsewhere on August 4, 1936. A diagnosis was made of "tuberculous enteritis with almost complete obstruction in several areas." In all, 170 cm. of bowel were removed. He then remained well until September, 1938, when there was another recurrence of his former symptoms, this time more severe than on any previous occasion. The clinical picture at that time had consisted of loose stools, a loss of thirty pounds in three weeks, and fever around 100 F. (37.7 C.).

The patient came to The Mayo Clinic for the first time, on December 23, 1938, and during the first ten days in the hospital his temperature ranged from 100 to 102 F. (37.7 and 38.8 C.) daily. Stools numbered between four and six in each twenty-four hours. There was nothing unusual about them except that they were loose or watery. Severe abdominal cramps occurred and a sausage-shaped mass would appear and disappear in the left lower portion of the abdomen with increased peristalsis. An exploratory laparotomy was performed on January 10, 1939, and approximately 30 cm. of ileum was resected; "subacute regional ileitis" was found. A lymph node obtained at the time of the first operation elsewhere was diagnosed by Dr. Broders of the clinic as tuberculous. A section of bowel removed at the time of the second operation elsewhere and sent to us was diagnosed by Dr. Broders as "very inflammatory tissue with epithelial hyperplasia." Numerous sections of the specimen removed at the time of operation at the clinic were examined and evidence of tuberculosis could not be found. Some of this material was injected into guinea-pigs and rabbits and cultures were made from some of the material for various pyogenic bacteria and for tubercle bacilli. At present the patient is again making a satisfactory postoperative convalescence.

Another example is a case in which operation was performed at The Mayo Clinic, in 1931; a diagnosis of "tuberculosis" was made; the patient was operated on in New York two years later because of a recurrence of symptoms. There, a diagnosis of "regional ileitis" was made. A third rather impressive case was one in which operation was performed at the clinic in 1928. An ileocolostomy was performed for what appeared to the surgeon to be "tuberculosis of the distal ileum." Complete relief of symptoms lasted for ten years. In 1938, this patient returned with symptoms similar to those which he had experienced prior to 1928 and at the second operation the surgeon called the lesion "regional ileitis" without reservation, and the pathologist confirmed this diagnosis after examining the resected specimen. These and innumerable similar instances point to the fact that many so-called tuberculous lesions were at least not the garden variety of tuberculosis. At the clinic, material from every specimen resected during the last two years has been injected into guinea-pigs; only twice did tuberculosis develop in the pigs. However, as Dr. W. J. Mayo inquired, could this not be some unusual type of tuberculo-

sis? Because of this possibility, such material now is being injected routinely into guinea-pigs and rabbits and cultures for tubercle bacilli are being made. It is obvious from these facts that the question of whether tuberculosis is the cause of these lesions must be settled. I feel that this can be done. It also should be noted that some men, particularly Mallory in Boston, have found regional ileitis associated with a sarcoid of the face. Whether these two lesions have any connection or only happen to occur coincidentally has not been established.

Another turn which our investigations have taken has been in the direction of intensive search for the pyogenic bacteria and organisms of the group Shigella paradysenteriae. In this regard, evidence from cultures of stools or tissues or from serologic tests has not been obtained.

Cultures for other bacteria so far have been indeterminate. In some instances, streptococci similar to the organism of ulcerative colitis have been isolated from the adjacent lymph nodes and the wall of the diseased bowel. This may be the organism which Mixter[8] found in the lymph nodes in some cases, that is "an anaerobic streptococcus." In most instances, however, either bacteria did not grow or only the usually prevailing intestinal flora grew. That stasis occurs in the ileocecal region is well recognized and enlarged lymph nodes are found frequently in the mesentery of this region at the time of operation. Furthermore, Reichert and Mathes[9] have produced a local intestinal lesion in animals by injecting irritating and sclerosing materials in the mesenteric and subserous lymphatic vessels of this region. At times, too, cases have been observed during the first attack of what was suggestive of an infectious abdominal disease. These frequently have been ushered in by an acute upper respiratory infection and two cases in point observed recently may be mentioned at this time.

Case 2.—A girl aged nine years, came to the clinic on September 1, 1938. She had experienced chilly sensations and fever for several days. These were followed by severe attacks of sharp, recurrent, abdominal pains and without complete remission. The day before admission she had passed two or three bloody stools. She had had an acute upper respiratory infection for a week. The whole affair had lasted for only eight days. When the exploratory laparotomy was performed two feet of bowel involved by hemorrhagic ileitis were found associated with huge, acutely inflamed, mesenteric lymph nodes and a serosanguineous fluid was present in the abdomen. The process seemed too acute for further operation and the abdomen was closed. The patient recovered completely and has been well for the last three months.

Case 3.—A man aged thirty-eight years, came to the clinic on April 20, 1938, complaining of anemia and recurrent gastrointestinal hemorrhages. These symptoms had been present for three years. All our objective tests gave negative results, except for the obvious anemia. An exploratory laparotomy was performed on May 2, 1938, and a diffuse hemorrhagic gastroenteritis of the stomach and entire small intestine was found. The condition was obviously too extensive for further operation. Symptomatic treatment was outlined and instituted.

These last two cases well may represent phases of the same disease as existed in case 1 but with more acute and more diffuse manifestations than those which occurred in case 1. They point to the fact that these inflammatory conditions, although similar to one another in some respects, may assume bizarre manifestations. These observations point to the presence of an infectious agent in the mesentery and lymph nodes of certain regions, which attacks the portion of bowel that is in closest proximity to the seat of the infectious agent. Search, then, should continue for a specific streptococcus or possibly for some virus. Although these lesions are not characteristic of those usually associated with virus disease, the possibility that a virus is the etiologic agent should be thoroughly investigated.

From these observations it would seem apparent that a comparison of all investigations of the tuberculous etiology of the disease with one another is necessary, that further search for pyogenic bacteria and, particularly, for anaerobic streptococci must be considered and finally, that an intensive search should be undertaken for some form of virus as a possible causative agent.

Summary

I have attempted to outline the clinical course and inception of the disease entity now known as regional enteritis, and have tried to correlate the clinical picture with the pathologic anatomy of this intestinal disease.

I have emphasized the nature of its onset and its progression and have tried to explain its complications by virtue of its pathologic process. I have tried to show how these data direct into certain definite channels our investigations concerning its etiology. Much information about the disease is at hand. The etiology of regional enteritis should be clarified by continuous and persistent study.

BIBLIOGRAPHY

1. Crohn, B. B., Ginzburg, L. and Oppenheimer, G. D.: Regional ileitis; a pathologic and clinical entity. J.A.M.A. 99: 1323–1329 (Oct. 15) 1932.
2. Bargen, J. A., Friedenwald, Julius, and Hirschman, L. J.: Discussion J.A.M.A. 99: 1328–1329 (Oct. 15) 1932.
3. Mayo, W. J.: Less commonly recognized forms of surgical tuberculosis. Northwest. Lancet 13: 7–8, 1893.
4. Brown, P. W., Bargen, J. A., and Weber, H. M.: Chronic inflammatory lesions of the small intestine (regional enteritis). Am. J. Digest. Dis. & Nutrition 1: 426–431 (Sept.) 1934.
5. Pemberton, J. deJ. and Brown, P. W.: Regional ileitis. Ann. Surg. 105: 855–870 (May) 1937.
6. Dixon, C. F., and Clark, R. L.: Regional enteritis. Ann. Surg. 108: 857–863 (Nov.) 1938.
7. Mock, H. E.: Infective granuloma; nonspecific chronic tumor-like productive inflammations of the gastrointestinal tract. Surg., Gynec. & Obst. 52: 672–689 (Mar.) 1931.
8. Mixter, C. G.: Regional ileitis. Ann. Surg. 102: 674–694 (Oct.) 1935.
9. Reichert, F. L., and Mathes, Mary E.: Experimental lymphedema of the intestinal tract and its relation to regional cicatrizing enteritis. Ann. Surg. 104: 601–614 (Oct.) 1936.

Transposition of the Viscera With Asymptomatic, Arrested Cardiac Development

A Case Report

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THE following case is presented because it exhibits a complete transposition of the viscera, together with an enlarged thymus and a heart which was arrested in its development at a submammalian level, producing no murmurs, cyanosis or other evidence of cardiac disease until the tenth and last day of the infant's life.

The baby, a seven pound female, was delivered by a nonsyphilitic "para two" on August 23, 1938. It cried lustily at birth, had a good color and appeared entirely normal. The first nine days of the neonatal period were uneventful. The weight dropped to six pounds, eleven and one-half ounces on the second day and increased thereafter from one and three-fourths to three and one-fourth ounces daily. Examination on the first and fifth days after birth and one-half hour before death on the tenth day failed to elicit cardiac murmur.

The tenth day was uneventful until 4 p.m. when the baby became cold, cyanotic and dyspneic. The symptoms subsided in about fifteen minutes but recurred with increased severity at 6:30 p.m. The baby was seen about forty-five minutes later, at which time it was cyanotic, dyspneic and in shock. It was immediately moved to the hospital and died a few minutes following admittance.

Postmortem Findings

The body was that of a well developed well nourished, ten-day-old female with a moderate amount of mottling of the abdomen and lower extremities. On opening the chest, transposition of the viscera was noted. A thymus 2.5 x 2 x 1 cm. was present, apparently not producing obstruction. The lungs, both of which were trilobular, showed multiple hemorrhagic infarcts 1 to 3 mm. in size, predominantly peripheral and most numerous in the right upper and middle lobes. The right upper lobe had an infarct 1.3 cm. in diameter, the only one found that exceeded 3 mm.

On opening the pericardium, about 4 cc. of fluid blood escaped, presumably from a needle wound in the auricle. The heart had stopped in diastole. Both right and left ventricular walls were 6 to 7 mm. in thickness. The interventricular septum was represented by a muscular ridge approximately 5 mm. in thickness, which, at the apex, extended into the common ventricular cavity 1 cm. and blended into the ventricular wall at the level

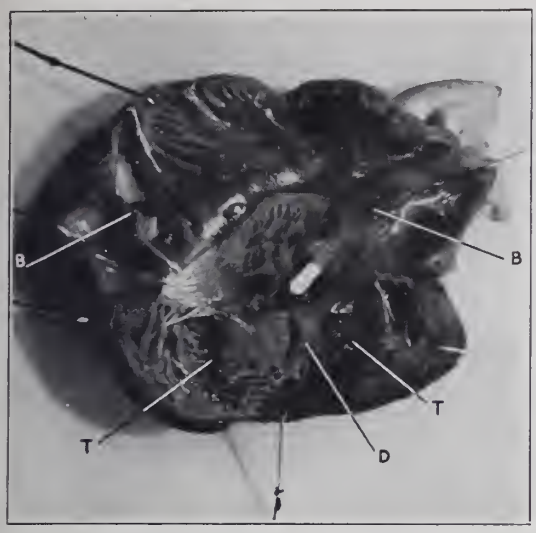

Fig. 1.

of the atrioventricular ring. (Fig. 1-D) The interauricular septum was represented by a bridge of tissue (septum primum) 1 to 2 mm. in thickness, triangular in shape, 3 mm. wide at its posterior insertion just above the atrioventricular ring and fanning out to 1.5 cm. anteriorly. (Fig. 1-B)

The atrioventricular ring was 6.3 cm. in circumference (Fig. 1-B) and the valve, which composed a ring in which the individual leaflets were indistinguishable, was thin, smooth and glistening except for small marginal nodulations. The superior and inferior venae cavae and the pulmonary veins entered the posterior aspect of the auricle in the usual manner, and the arterial circulation to the lungs was supplied by a vessel branching at a fairly acute angle from the inferior aspect of the first part of the aortic arch, 2.5 cm. above the aortic ring. Both cavities when opened contained multiple mural thrombi. (Fig. 1-T.)

Upon opening the abdomen, approximately 20 cc. of bile-stained fluid escaped. The viscera were transposed and the colon had failed to complete its leftward rotation so that the ascending portion of the colon occupied a transverse position in the upper abdomen, and the cecum, along with the appendix, was in the location normally occupied by the splenic flexure. Its mesentery was adherent to the inferior aspect of the liver and gallbladder and was moderately

Fig. 2.

edematous with bile-colored fluid, the origin of which could not be determined. The balance of the gastrointestinal tract and the genitourinary apparatus were normal, aside from the transposition.

Death was due to multiple pulmonary emboli of cardiac origin.

Comment

The significant point in the case, aside from the anatomic and embryologic aspects, is the fact that this cardiac apparatus, the development of which was arrested at a stage approximately that of a 6 mm. embryo, was entirely competent to supply the pulmonary and systemic circulatory requirements of a full term baby, and, in addition, in spite of gross deformity, produced no murmurs. There was one particularly curious detail in the anatomy of this heart. In the normal course of development, the aortic bulb contains four valve leaflets which, on longitudinal division of that vessel into the aorta and pulmonary artery, are converted into two three-valve units. This conus arteriosis, as is evident in Fig. 2, had only three such valve leaflets, like mature fish hearts, and suggests the interesting speculation that this particular heart is more of an atavism than simply a case of arrested development.

Vaginal and Perineal Trauma

By JAMES W. McGILL, M. D.
Superior

THERE is still some argument, at present largely academic, as to whether the function of childbearing in the life of woman is a normal or a pathologic process. No one contends that it is not a physiologic phenomenon, but, as it affects the majority of women of this generation, a constantly diminishing number regard it as a normal process. The reason for this changed attitude of mind, which at one time would have been regarded as bizarre, is that in practically all instances, if indeed not in all, the obstetric patient carries with her through life some evidence of pelvic traumatism. Even in a healthy woman, with adequate pelvic measurements, the soft parts are stretched forcibly by the passage of the normal fetal head. Part of that stretching is compensated for by physiologic repair, but part of it persists, to a greater or lesser degree, in the form of cystocele, rectocele, enterocele or relaxation of the pelvic floor.

The vagina is essentially a fibromuscular tube, lined with mucous membrane. It can be dilated to surprising proportions by the fetal body. It has a considerable faculty of regeneration. But because of its fibromuscular nature, it almost invariably will sustain a certain amount of permanent damage in child bearing. Torn muscles may regenerate to a degree, elastic tissue may theoretically regain its tone; but fibrous tissue, if badly stretched or lacerated, will almost invariably show some persistent defect with a resultant loss of support in most cases. Anteriorly this will result in cystocele of varying size, present in most women postpartum. Posteriorly, if the injury is in the upper vagina, enterocele may occur; lower down, rectocele may occur, varying from a small knuckle-like projection in slight injuries to a complete absence of support in severe ones.

Injuries in the upper vagina.—Forceful efforts directed toward delivery of the head, whether they be caused by uterine contractions and voluntary straining by the patient from above, so to speak, or by traction from below through the medium of the obstetric forceps, result in a two-fold stress: (1) lateral or radial distention of the vagina, the less serious type, I believe, because radially there is more room for distention and expansion; and (2) longitudinal stress, which stretches the vaginal wall lengthwise, and is less likely to spontaneous repair. Added to that, neglect of the theory of axis-traction with the head at a high station results in the compression of the anterior vaginal wall against the posterior surface of the symphysis pubis. This, together with direct trauma, causes additional damage by the production of varying degrees of ischemia, with eventual fibrous replacement of the normal structures. The same factors tend to affect both anterior and posterior walls of the vagina. Forceps pressure on the posterior wall may be even more destructive from the standpoint of longitudinal stress. Another potentially dangerous procedure from the angle of vaginal damage, is the Scanzoni maneuver. If badly executed, an actual torsion of the vaginal wall may occur, with excessive stretching and tearing.

As the head approaches the vaginal outlet, the same factors may contribute to vaginal and also perineal damage; namely, forceful efforts from above or below, plus the distention caused by the fetal head itself. There is another factor as regards the perineum, operative in some instances; namely, extraction of the head with the Kielland forceps. Due to the comparative absence of a pelvic curve in this instrument, it is responsible for a great deal of additional distention of the perineum, with consequent stretching and tearing. Excellent as it undoubtedly is for rotation of the head at higher levels, it is distinctly inferior to the ordinary obstetric forceps with a definite

(Continued on page 922)

Comments on Treatment

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Carbon Dioxide

Since carbon dioxide plays such an important physiologic rôle in the maintenance of acid-base balance and serves as a stabilizer of respiratory and circulatory activity, it has been advocated for numerous conditions, particularly those which are termed commonly the asphyxial states.

It is not difficult to rationalize the use of carbon dioxide in certain conditions in which a deficiency of this gas in the body can be shown to exist, i.e., states which involve a primary oxygen deficit with a secondary carbon dioxide deficiency, such as carbon monoxide poisoning, mountain sickness, methemoglobinemia, etc., or in other hyperventilation syndromes such as those originating from anxiety neuroses.

When, however, this gas is administered in the true asphyxial states (those involving either obstruction to, or diminution of, respiratory activity, or circulatory failure), carbon dioxide must be considered as a pharmacologic agent and as such compared and evaluated with other agents which will increase respiratory or circulatory activity. Since asphyxia by definition implies both oxygen deficiency and carbon dioxide accumulation, it must be appreciated, furthermore, that a high level of carbon dioxide already exists in the body; that this high concentration is inadequate to serve as a stimulant or the administration of more would not be considered; and that carbon dioxide is depressant in excessive concentration. In asphyxia the purpose of carbon dioxide administration might be considered to be to favor oxygenation by effecting a greater dissociation of oxygen from hemoglobin, reduce the demand by depressing oxidations, or increase the supply by increasing respiratory or circulatory activity. Of these possibilities the most important is the effect on respiratory activity. Increase in the supply of available oxygen can be accomplished equally satisfactorily by either artificial respiration or oxygen therapy, and without the danger of introducing excessive concentrations of carbon dioxide. Numerous studies indicate that the administration of oxygen alone yields better results in true asphyxia than those obtained with carbon dioxide-oxygen mixtures. The sensitivity of the normal respiratory and cardiovascular "centers" to minor changes in carbon dioxide concentration is well known. In disease, drug poisoning, etc., we are not dealing with normal "centers." Whereas concentrations of carbon dioxide up to 10 per cent may usually, but not always, be considered to have a stimulant action on normal "centers," they may contribute to the further inactivation of depressed "centers." Failure to obtain a satisfactory respiratory stimulation with 5 per cent carbon dioxide mixtures should be a sufficient clinical guide that further increases may not only be ineffective but undesirable.

The regulatory action of carbon dioxide on the circulation is based both upon a central nervous and a peripheral chemical action. It is safe to say that the normal vasoconstrictor "centers" are usually stimulated with concentrations of carbon dioxide up to 10 per cent with a resulting elevation in arterial pressure. This tendency to a pressor response is counteracted by the paralytic action of carbon dioxide on peripheral vessels. This latter action is uniform and obtains whether the "centers" respond by stimulation or not. If, therefore, the "centers" are too depressed to respond to the stimulant action of carbon dioxide or impulses are prevented from reaching the splanchnic vessels (as in high spinal anesthesia), carbon dioxide produces an arterial hypotension. M. H. S.

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« « « EDITORIALS » » »

Pathologic Aspects of Head Injuries

FOR clinical purposes, head injuries are classified as (1) mild, those in which recovery is the rule regardless of the therapy; (2) severe, those in which treatment is of no avail; and (3) moderately severe, those in which proper management may make the difference between life and death.

Since treatment in the first two groups admittedly has no influence on the outcome, and, since, in the third group, equally careful workers using entirely different methods report equally high percentages of good results, there is justification for the conclusion that the patient's chance for recovery following a head injury depends more on the nature and extent of his injury than it does on the particular plan of treatment his doctor follows.

This does not mean the outcome in all cases is determined at the time of accident and cannot be influenced either by gross neglect or by careful attention. Nothing is gained by understating the importance of close observation and good judgment where cerebral trauma is involved. Certainly no one would say too much has been written about treatment. Every doctor knows he meets in these cases as great a challenge to his skill and ingenuity as in any other type of case.

We do not wish to emphasize the importance of treatment for such injuries *less,* but rather to stress the importance of their pathologic aspects *more.* Most of the articles on head injuries in periodicals read by the average practitioner deal with the pathologic phase summarily but take up the treatment phase in elaborate detail. There is a real need for lengthier and clear-cut discussions of the changes within the cranial cavity that result from trauma.

Wider dissemination of information on the pathologic aspects of head injuries will stimulate doctors to make more thorough examinations, overcome the indifference of some, and the fear of others of augmenting the injury. A better understanding of the pathologic aspects of such cases will permit individualization in treatment, enable the doctor to place his judgments on a more rational basis, and help clarify the confusion which results from reading conflicting opinions on treatment. R. S. B.

RAYMOND G. ARVESON, M.D.
President, State Medical Society of Wisconsin, 1940

Dr. Raymond G. Arveson, Frederic, the new president of the State Medical Society of Wisconsin, was born in Duluth, Minnesota, in 1883. He was graduated from the Wisconsin College of Physicians and Surgeons, Milwaukee, in 1906. After a year of internship in St. Joseph's Hospital, Milwaukee, he took postgraduate work in surgery in Chicago and Minneapolis.

Dr. Arveson began the practice of his profession in Frederic in 1909 and has practiced there continuously except for a period in 1918–1919 when he served as lieutenant in the medical corps of the United States Navy. He is the founder of the Frederic Hospital and is associated with the Arveson–Andrews Clinic, Frederic.

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

OFFICERS

Mrs. Frank W. Pope, Racine, President
Mrs. Donne F. Gosin, Green Bay, President-Elect
Mrs. Thad W. Ashley, Kenosha, Vice President
Mrs. Homer M. Carter, Madison, Recording Secretary
Mrs. Charles E. Constantine, Racine, Corresponding Secretary
Mrs. Edwin P. Bickler, Milwaukee, Treasurer
Mrs. William M. Jermain, Milwaukee, Parliamentarian

COMMITTEE CHAIRMEN

Archives—
Mrs. Cornelius A. Harper, Madison
Convention—
Mrs. Eben J. Carey, Milwaukee
Finance—
Mrs. Arthur J. McCarey, Green Bay
Hygeia—
Mrs. Irenaeus N. Tucker, Racine
Organization—
Mrs. Ernest S. Schmidt, Green Bay
Philanthropic—
Mrs. Edgar F. Andre, Kenosha
Press and Publicity—
Mrs. Arnold S. Jackson, Madison
Program—
Mrs. James C. Hassall, Oconomowoc
Public Relations—
Mrs. Ira F. Thompson, Racine
National Exhibit (Special Committee)—
Mrs. E. Lee Lochen, Waukesha

Mrs. Donne F. Gosin, Green Bay, Named President Elect of Auxiliary at Milwaukee Meeting

AT THE eleventh annual meeting of the Woman's Auxiliary to the State Medical Society of Wisconsin on September 12, 13, and 14, Mrs. Donne F. Gosin of Green Bay was named president elect; Mrs. Thad W. Ashley of Kenosha, vice president; Mrs. Homer M. Carter of Madison, recording secretary; and Mrs. Edwin P. Bickler of Milwaukee, treasurer.

The meeting opened on Tuesday evening, September 12, with a dinner for the members of the Board of Directors. The past presidents of the Woman's Auxiliary had been invited as guests of honor, and the following were present: Mrs. Timothy L. Harrington of Stevens Point; Mrs. Henry J. Gramling and Mrs. Eben J. Carey of Milwaukee; Mrs. Rock Sleyster of Wauwatosa; Mrs. Cornelius A. Harper of Madison; and Mrs. Oscar W. Friske of Beloit.

Mrs. Frank W. Pope was inducted as president on the last day of the meeting, and was presented with a pin by Mrs. Robert E. Fitzgerald, retiring president, in accordance with the custom established a year ago. Mrs. Pope's appointees for the next year are as follows:

Corresponding secretary.—Mrs. Charles E. Constantine, Racine

Parliamentarian—Mrs. William M. Jermain, Milwaukee

Committee chairmen—

Archives—Mrs. Cornelius A. Harper, Madison
Convention—Mrs. Eben J. Carey, Milwaukee
Finance—Mrs. Arthur J. McCarey, Green Bay
Hygeia—Mrs. Irenaeus N. Tucker, Racine
Organization—Mrs. Ernest S. Schmidt, Green Bay (reappointed)
Press and publicity—Mrs. Arnold S. Jackson, Madison
Program—Mrs. James C. Hassall, Oconomowoc
Public relations—Mrs. Ira F. Thompson, Racine
Philanthropic—Mrs. Edgar F. Andre, Kenosha
National exhibit—(special committee)—Mrs. E. Lee Lochen, Waukesha

The following Committee on Nominations was elected:

Delegates—

Mrs. Oscar W. Friske, Beloit, chairman
Mrs. Robert E. Fitzgerald, Wauwatosa
Mrs. Walter E. Sullivan, Madison
Mrs. Raymond B. Dryer, Poynette
Mrs. Robert E. McDonald, Milwaukee

Alternate delegates—

Mrs. Henry G. Nixon, Hartland
Mrs. Reuben H. Bitter, Oshkosh
Mrs. Stanley J. Briggs, Madison
Mrs. William E. Buckley, Racine
Mrs. Albert J. Randall, Kenosha

Assisting the members of the Woman's Auxiliary to the Medical Society of Milwaukee County at the social functions were members of the Racine and Washington–Ozaukee

auxiliaries. On Wednesday there was a luncheon and bridge at the Wisconsin Club, followed in the evening by old time movies, music, and refreshments at the Hotel Schroeder. The guest speaker at the luncheon at the Milwaukee Athletic Club on Thursday was Dr. Rock Sleyster, Wauwatosa, president of the American Medical Association. Describing himself as "the husband of a doctor's wife for thirty-six years," Dr. Sleyster paid a touching tribute to the wives of physicians in his statement—"Nothing is as important in shaping the doctor's career as his wife and his home . . . Considering all the responsibility he carries and the support he requires in assuming it, the job of being a doctor's wife is an art and a career."

The meeting closed on Thursday evening with a dinner, at which the Hon. Arthur T. Vanderbilt, president of the American Judicature Society, was the guest speaker. This was followed by a reception in honor of Dr. and Mrs. Rock Sleyster.

Report of the 1938-1939 Auxiliary President

By MRS. ROBERT E. FITZGERALD
Wauwatosa

SINCE many reports are to follow mine, I shall be as brief as possible, presenting only a bare recital of the actual happenings of the last year in order to have time to discuss some of the things I have seen and learned during my term of office.

The post-convention meeting of the Board of Directors followed on the heels of the last business session of the 1938 convention. In an efficient manner presidential appointments were ratified and a nominating committee was elected. Within thirty days of this meeting each standing committee chairman had submitted to the president for her approval a plan of work for the coming months. These plans have been published in the WISCONSIN MEDICAL JOURNAL at intervals throughout the year.

The mid-year board meeting was held in Milwaukee at the Y.W.C.A. on January 25 and county presidents and state chairmen discussed their problems informally. From time to time, during the year, your president visited county auxiliaries, meeting with the members of Sheboygan, Fond du Lac, Waupaca, Waukesha, Kenosha, Outagamie, Dane, Milwaukee, and Walworth counties. The meeting with the Walworth group was its organization meeting. Your president was unable to attend the meeting of the Woman's Auxiliary to the American Medical Association held in St. Louis, but the report of the State was read by Mrs. James C. Sargent of Milwaukee. At this meeting, the Wisconsin exhibits, so ably arranged by Mrs. J. Boardman Noble, were a source of pride in our state work. Wisconsin placed third among the states in the number of "Hygeia" subscriptions, and a Wisconsin woman, Mrs. Eben J. Carey, Milwaukee, was appointed national "Hygeia" chairman. We are happy to announce that three new counties have been added to our rolls this year and that our paid-up membership has been increased substantially.

These facts, however, fail utterly to give a real picture of the work done throughout the State, but they do act as a framework upon which have been built the accomplishments of 1938–1939. Twelve months ago when this year was starting, we expressed the hope that each county auxiliary would adopt an educational program. We also urged that each auxiliary member realize and accept her obligation to become a well-informed member of our organization. We asked that individuals and groups study current health legislation and pass on their findings to others.

How well have these things been done? A perusal of the reports sent in to the WISCONSIN MEDICAL JOURNAL answers our question in a definite way.

According to the meetings reported in the JOURNAL there were seventeen talks given on medical legislation and health problems. And in compiling the list we find that of the seventeen talks, four were heard in the

Brown–Kewaunee–Door Auxiliary, four in Milwaukee, two in Dane, and the other seven in seven other counties. Consequently, if we are to judge from the published accounts in the JOURNAL, as far as we know, ten of our twenty-seven auxiliaries enjoyed educational programs. However, these reports do not tell of the informal discussions which took place when auxiliary members gathered together; they give no hint of the thoughtful questions asked and answered by auxiliary members. It was a source of real satisfaction to visit county groups, to hear tne widespread discussions of health education questions and to see the intelligent interest displayed in problems concerning the medical profession. These informal discussions plus the letters that have come to my desk throughout the year have convinced me that the educational program of the auxiliary has advanced to a stimulating degree.

In the report of our "Hygeia" chairman you will hear facts concerning our work in that field. We are proud of the work done, but we are sorry that so great an effort had to be expended by such a small number of people. It is unfortunate that there is not more enthusiasm over "Hygeia" among our own ranks. With the growing circulation of unauthorized health publications, with the increasing popularity of certain health columns in our daily papers, and with the never-ending interest displayed by most women in food fads and diets, it is hard to understand why the promotion of the only authentic lay health publication is such an arduous task. I have often wondered if the reason is not almost entirely a psychological one, whether this too prevalent disinterest does not indicate some of the same type of thought processes which make our children prefer candy to carrots. If so, perhaps some reeducation would help. It is my sincere hope that another year will find Wisconsin auxiliary members more familiar with this splendid magazine and more enthusiastic over sharing with others the benefits which may be derived from its pages.

As you will learn from the report of your treasurer, our treasury is in a sound condition. We have felt that for the future good of the organization a definite amount should be set aside for a sinking fund, and we hope that such a sum will be voted by this convention to be used for that purpose. This, we believe, should be done in the event of a state philanthropic project being undertaken in the future.

This year we are honored signally in having the presidency of the American Medical Association held by our beloved Dr. Rock Sleyster. Those of us who have profited from the kindly counsel of Dr. Sleyster know that no honor is too great for him, but only those of us who have had the opportunity to study the American Medical Association realize that with this great honor goes tremendous responsibility. The American Medical Association is one of the greatest organizations in the world. Since its inception it has worked unceasingly to fight communicable disease, to promote preventive medicine, to do everything which would better the health record of the general public. As mothers who no longer need to fear the ravages of yellow fever, smallpox, diphtheria and other scourges for our children, we know (without looking at the statistics which prove the point) how well organized medicine has succeeded. We, as doctor's wives, have reason to know the work of the American Medical Association in assuming the burdens and sharing the sacrifices of the individual physician. We have seen the conservative policy of the American Medical Association withstand criticism and prove itself the greatest safeguard to public health. And because we know these things we are proud that our husbands are members of such an organization and proud, too, that Wisconsin is privileged to give to the organization so able and wise a leader as Dr. Sleyster.

The past twelve months have been pleasant ones for me and they have been made so because of your splendid cooperation and help. I feel very humble as I thank you now for the fine work you have done and for the graciousness with which you have responded to every request. Since 1933 I have held office in the national and state auxiliary without respite and in all that time I have been conscious of your friendliness; these have been happy years, busy and full of interesting experiences.

To say that I am grateful to you would be the greatest understatement, for in retiring from the presidency at the end of this meeting I shall do so with the acute consciousness of the debt of gratitude I owe each one of you. I shall step down with the sincere prayer that in these six years I may have justified in some slight way your confidence in me.

The Auxiliary Presidential Address

By MRS. FRANK W. POPE
Racine

AT THE age of eleven years the Woman's Auxiliary to the State Medical Society of Wisconsin begins another year. It is fitting at this time to pay tribute to the many good women who have given so freely of their time and effort in the making of this splendid organization. It is all that is fine in service and sociability.

Almost 100 years have passed since the inception of the American Medical Association, and when we consider the individual struggles of the men who make up this great body, it is no wonder that their courage and skill have our admiration. These are the men we are to serve.

In troubled times, as now, the existence of an auxiliary should be a comforting thought. We are united in a firm purpose,—that of doing right as we see it. We are strongly organized, standing quietly by, and ready to do, whenever called upon, whatsoever may be the wish of our State Medical Society.

Our National Auxiliary is just seventeen, and while our own auxiliary is considerably younger, its purpose is just as sincere. We hope that many new county auxiliaries will be added this year, each one striving to assist in this fine work, making stronger the bonds of friendship in accomplishing our aims.

The last year has brought me great interest in our progress, and I hope that I may carry on as my predecessors have so ably done in overcoming the troubles that beset our path. Our joy and privilege in aiding the State Medical Society should give us great satisfaction. Loyalty to our husbands and ourselves will help to maintain the finer things in medicine, the respect and love of our communities, and our individuality and freedom.

Our greatest concern today is socialized medicine. What are we to do about it? Let us be ever interested, every watchful, and ever helpful to the men whose cherished ideals are in danger. Let us understand the troubles that confront them. Do not forget that much agitation for socialized medicine is propaganda and not based upon actual facts. Let us keep informed, and, by talking with our neighbors, fellow club members, and acquaintances develop their ideas along channels which will assist the voting public in adopting legislation which will be to the best interests of our people. This is of such importance that it well could be made a project.

In discharging one's duties as an individual member, such as acquainting oneself with state legislation and reading our own pages in the WISCONSIN MEDICAL JOURNAL and the Journal of the American Medical Association, one becomes interested in the many new ideas put forth by other auxiliaries. This is time well spent for in developing such interest you become a better member. And through such development and state service, many of our own women have been chosen for positions in the National Auxiliary where there is even wider opportunity for service.

Plans for the coming year do not depart from last year's schedule. Let us keep uppermost the thought of the good to be accomplished. Many fine things in the report of the last National Auxiliary meeting bring to mind these issues,—"the establishment of a fund to help needy widows and children of doctors, rural library distribution, student loans, and the placing of 'Hygeia' in schools and public buildings."

Our objectives are clearly defined, and there should be no asking, "What is the pur-

pose of the medical auxiliary?" Each department of our organization is most essential, although a few stand out as being of paramount importance. "Hygeia" is one of these. Let us make an earnest effort this year to bring it to the front and to place Wisconsin in first place in the national contest. The best way to do this is to read the magazine yourself; you will find it interesting and instructive. Its greatest value lies in the fact that through it the lay public receives valuable and easily understood information. It is full of good advice and is a splendid publication. With Mrs. Eben J. Carey acting as the new national chairman of this project, we, in Wisconsin, should go far in carrying the banner of good health. May I repeat,—it is a vital project. *KNOW "HYGEIA" YOURSELF* and sell it to others. Bear in mind that through its circulation we are arriving at the very thing we wish to accomplish, that is, the dissemination of authentic health information.

The national advisory council has urged that public relations be given special consideraton this year. With a wealth of good speakers at our disposal, men capable and willing to give of their time, let us take advantage of this opportunity. Attend the lectures and take with you other people who are interested. We hope for an active year in public relations.

In the matter of organization, a drive for new members may add considerably to our number. There are many women in our State who are eligible to membership who do not belong. There is some reason for this, and we wish to find it. We hope to organize more county auxiliaries and add members to those already organized. Sociability can be stressed at this point. It is essential that members attend regularly in order to maintain interest. Let us keep our meetings friendly, kindly, and full of interest, an event to be anticipated with pleasure. If you think of anything to make a meeting better, send in your suggestions. We want them.

I appreciate fully the honor you have bestowed upon me and realize the many responsibilities. I shall give sincerely all I have in trying to serve you well, carrying on with the help of those about me the work that has been done. I look forward to a pleasant year and hope that it will be as successful as the eleven previous ones.

Registrants at Auxiliary Meeting

Brown–Kewaunee–Door
Dana, Mrs. D. B.
Fuller, Mrs. M. H.
Gosin, Mrs. D. F.
Kispert, Mrs. R. W.
McCarey, Mrs. A. J.
Nadeau, Mrs. E. G.
Schmidt, Mrs. E. S.

Columbia–Marquette–Adams
Caldwell, Mrs. H. M.
Dryer, Mrs. R. B.
MacGregor, Mrs. J. W.
McNamara, Mrs. L. V.
Radl, Mrs. C. J.

Dane
Briggs, Mrs. S. J.
Crownhart, Mrs. J. G.
Ganser, Mrs. W. J.
Harper, Mrs. C. A.
Jackson, Mrs. A. S.
Krehl, Mrs. W. H.
Larson, Mrs. G. B.
Lindsay, Mrs. W. T.
Littig, Mrs. L. V.
Middleton, Mrs. W. S.
Sullivan, Mrs. W. E.
Werrell, Mrs. W. A.
Williams, Mrs. D. L.

Dodge
Karsten, Mrs. J. H.

Douglas
O'Leary, Miss Mary Alice

Fond du Lac
Hutter, Mrs. A. M.
Layton, Mrs. O. M.
Twohig, Mrs. H. E.
Waffle, Mrs. R. L.

Grant
Bailey, Mrs. M. A.

Kenosha
Kleinpell, Mrs. W. C.
Mayfield, Mrs. A. L.
Rauch, Mrs. A. M.
Ripley, Mrs. H. M.
Schlapik, Mrs. A.
Schulte, Mrs. G. C.
Sokow, Mrs. T. H.

La Crosse
Mast, Mrs. E. W.
Montgomery, Mrs. S. A.
Reay, Mrs. G. D.

Manitowoc
Bussey, Mrs. A. D.
Cary, Mrs. E. C.
Donohue, Mrs. W. E.
Rees, Mrs. T. H.

Marinette–Florence
Kingsbury, Mrs. C. H.
May, Mrs. J. V.

Milwaukee
Ackermann, Mrs. Wm.
Adamkiewicz, Mrs. J. J.
Armbruster, Mrs. J. L.
Bach, Mrs. M. J.
Barta, Mrs. E. F.
Baum, Mrs. E. L.
Behnke, Mrs. E. J.
Bergen, Mrs. R. D.
Bernhard, Mrs. L. A.
Bickler, Mrs. E. P.
Blumenthal, Mrs. R. W.
Bork, Mrs. A. L.
Bourne, Mrs. N. W.
Brumbaugh, Mrs. E. V.
Brussock, Mrs. W. A.
Brzezinski, Mrs. E. A.
Budny, Mrs. C. L.
Carey, Mrs. E. J.
Champney, Mrs. R. D.
Churchill, Mrs. B. P.
Coffey, Mrs. S. E.
Currer, Mrs. P. M.
Davidoff, Mrs. I. Z.
Dempsey, Mrs. G. P.
Diamond, Mrs. C. O.
Dunker, Mrs. G. O.
Durner, Mrs. U. J.
Elconin, Mrs. D. V.
Enzer, Mrs. Norbert.
Everts, Mrs. E. L.
Feldt, Mrs. R. H.
Fidler, Mrs. Chas.
Fitzgerald, Mrs. G. F.
Fitzgerald, Mrs. R. E.
Fox, Mrs. M. J.
Frawley, Mrs. D. D.
Friedman, Mrs. G. H.
Froelich, Mrs. J. A.
Fromm, Mrs. A. H.
Gebhard, Mrs. U. E.
Gilchrist, Mrs. R. T.
Gingrass, Mrs. R. P.
Gramling, Mrs. E. H.
Gramling, Mrs. J. J. Jr.
Grob, Mrs. A. R. F.
Grotjan, Mrs. W. F.
Hardgrove, Mrs. M.
Heifetz, Mrs. E. C.
Heise, Mrs. H. A.
Heeb, Mrs. H. J.

Milwaukee—continued
Heidner, Mrs. F. C.
Hermann, Mrs. A. H.
Hirsh, Mrs. L. H.
Hoffman, Mrs. G. H.
Howard, Mrs. M. Q.
Jackson, Mrs. Edward
Jekel, Mrs. J. M.
Jermain, Mrs. W. M.
Joseph, Mrs. W. A.
Kozina, Mrs. F. J.
Kradwell, Mrs. W. T.
Kretlow, Mrs. F. A.
Krygier, Mrs. W. L.
Kult, Mrs. A. S.
Langjahr, Mrs. A. R.
Lawler, Mrs. E. M.
Lee, Mrs. P. A.
Lettenberger, Mrs. Jos.
Liefert, Mrs. W. C.
McDonald, Mrs. C. F.
McDonald, Mrs. R. E.
McGovern, Mrs. J. J.
McKillip, Mrs. W. J.
Mendeloff, Mrs. Hyman
Morgan, Mrs. J. E.
Murphy, Mrs. J. A.
Neilson, Mrs. G. W.
Nichols, Mrs. C. H.
O'Hara, Mrs. J. J.
O'Neill, Mrs. E. J.
Osgood, Mrs. C. W.
Partridge, Mrs. C. D.
Peterson, Mrs. E. F.
Pfeil, Mrs. R. C.
Pollack, Mrs. S. K.
Powers, Mrs. H. W.
Pugh, Mrs. G. J.
Purtell, Mrs. P. J.
Reinke, Mrs. C. C.
Rettig, Mrs. E. H.
Rettig, Mrs. Frank
Rettig, Mrs. H.
Sargent, Mrs. J. C.
Schelble, Mrs. E. J.
Schlueter, Mrs. U. A.
Schowalter, Mrs. R. P.

Milwaukee—continued
Schulz, Mrs. Irwin
Scollard, Mrs. W. J.
Schubert, Mrs. F. J.
Schutte, Mrs. A. G.
Seegers, Mrs. F. W.
Sleyster, Mrs. Rock
Smith, Mrs. H. S.
Stamm, Mrs. L. P.
Sure, Mrs. J. H.
Swindle, Mrs. P. F.
Szymarek, Mrs. J. E.
Taylor, Mrs. J. G.
Thill, Mrs. G. E.
Tufts, Mrs. Millard
Walton, Mrs. W. B.
Warschauer, Mrs. B.
Wenstrand, Mrs. D.E.W.
Witte, Mrs. D. H.
Ziegler, Mrs. L. H.
Zurheide, Mrs. H. O.

Outagamie
Benton, Mrs. J. L.
Carlson, Mrs. G. W.
Curtin, Mrs. D. W.
Gallaher, Mrs. D. M.
McGrath, Mrs. E. F.
Neidhold, Mrs. C. D.
Rector, Mrs. A. E.

Polk
Arveson, Mrs. R. G.
Johnson, Mrs. K. F.
Simenstad, Mrs. L. O.

Portage
Dunn, Mrs. A. G.
Kidder, Mrs. E. E.
Miller, Mrs. S. R.

Racine
Adamski, Mrs. A. W.
Buckley, Mrs. W. E.
Constantine, Mrs. C. E.
Docter, Mrs. J. C.
Gillett, Mrs. G. N.
Hanson, Mrs. W. C.
Hemmingsen. Mrs. T. C.

Racine—continued
Hermes, Mrs. M. J.
Jamieson, Mrs. R. D.
Keland, Mrs. H. B.
Kreul, Mrs. R. W.
Marek, Mrs. F. B.
Miller, Mrs. H. C.
Pfeifer, Mrs. E. C.
Pfeiffer, Mrs. A. S.
Pope, Mrs. F. W.
Roth, Mrs. W. C.
Schacht, Mrs. R. J.
Thompson, Mrs. I. F.
Wagner, Mrs. N. B.

Rock
Binnewies, Mrs. F. C.
Friend, Mrs. L. J.
Friske, Mrs. O. W.
Hartman, Mrs. E. C.
McGuire, Mrs. W. H.
Snodgrass, Mrs. T. J.

Sheboygan
Brickbauer, Mrs. A. J.
Ford, Mrs. W. A.
Hansen, Mrs. H. J.
Hildebrand, Mrs. G. J.
Hougen, Mrs. E. T.
Mason, Mrs. P. B.
Russell, Mrs. J. A.
Yoran, Mrs. C. M.

Trempealeau-Jackson-Buffalo
Jegi, Mrs. H. A.
Meili, Mrs. E. A.

Washington-Ozaukee
Barr, Mrs. A. H.
Bauer, Mrs. K. T.
Fisher, Mrs. D. J.
Fisher, Mrs. R. S.
Lehmann, Mrs. F. W.
Lynch, Mrs. H. M.

Waukesha
Biehn, Mrs. R. H.
Clark, Mrs. O. C.
Daniels, Mrs. E. R.

Waukesha—continued
Edmondson, Mrs. C. C.
Egloff, Mrs. L. W.
Hassall, Mrs. J. C.
Lochen, Mrs. E. Lee
Nammacher, Mrs. Rose
Olsen, Mrs. L. C. J.
Wilkinson, Mrs. D. C.

Waupaca-Shawano
Irvine, Mrs. W. J.
Irvine, Mrs. Robert K.
Miller, Mrs. E. A.
Patterson, Mrs. L. G.

Winnebago
Bitter, Mrs. R. H.
Forkin, Mrs. G. E.
Kronzer, Mrs. J. J.
Lowe, Mrs. R. C.
Pfefferkorn, Mrs. E. B.
Smith, Mrs. T. D.
Stein, Mrs. J. F.
Wagner, Mrs. W. A.

Wood
Potter, Mrs. R. P.
Wright, Mrs. P. E.

Guests
Bayer, Mrs. Lester, Merrill, Wis.
Henske, Mrs. William, Chippewa Falls, Wis.
La Breck, Mrs. F. A., Eau Claire, Wis.
Pippin, Mrs. B. I., Richland Center, Wis.
Porter, Mrs. M., Darlington, Wis.
Ross, Mrs. M. E., Milwaukee
Rouse, Mrs. J. J. Hillsboro, Wis.
Vandevanter, Mrs. V. H., Ishpeming, Mich.
Wild, Mrs. Jos., Chicago, Illinois

SOCIETY PROCEEDINGS

Dane

The annual Dane County Medical Society golf meeting was held at the Blackhawk Country Club, Madison, on Thursday, September 21, 1939. Dr. Peter Duehr was the winner of the traveling trophy donated by Dr. A. R. Tormey in 1934.

Winners of prizes and scores are as follows:

Low Net

1st. Dr. Peter Duehr ---------- 69
2nd. Dr. H. P. Greeley ---------- 72
3rd. Dr. Homer Carter ---------- 73

Gross Net

1st. Dr. Joseph Dean ---------- 85
2nd. Dr. R. Quisling ---------- 86
3rd. Dr. S. A. McCormick ---------- 86
High net score—Dr. Mark Nesbit ---------- 92
High gross score—Dr. C. A. Fosmark ---------- 117
Closest to Pin #18 ---------- Dr. C. Miller

Blind Bogey

1st ---------- Dr. C. F. Rosenberg
2nd ---------- Dr. J. B. Wear, Dr. A. C. Stehr
3rd ---------- Dr. J. W. Gale, Dr. G. H. Ewell
4th ---------- Dr. K. E. Lemmer, Dr. D. M. Britton, Dr. C. N. Neupert, Dr. G. J. Maloof
5th ---------- Dr. H. L. Green, Dr. E. B. Keck
6th ---------- Dr. J. E. Dollard
7th ---------- Dr. F. O. Meister
Most Strokes on second nine --- Dr. C. O. Vingom 60
Most Honest Golfer ---------- Dr. M. H. Seevers
Most Tired Golfer (could only play nine holes) -------- Dr. C. G. Reznichek, Dr. T. W. Tormey
Worst Dressed Golfer ---------- Dr. J. W. Gale

Dinner followed by a short business session concluded a very successful meeting.

Dodge

The Dodge County Medical Society met at the Lutheran Deaconess Hospital, Beaver Dam, on September 28. Dr. Robert E. McDonald, Milwaukee, was the guest speaker on the scientific program. He discussed "Toxemias of Late Pregnancy." The group also heard a report on the actions of the House of Delegates at the annual meeting of the State Society in Milwaukee, September 13–15.

Douglas

The Douglas County Medical Society cooperated with the Crippled Children Division of the State Department of Public Instruction on September 16 in conducting a clinic for crippled children in Superior.

The Douglas County Medical Society met on September 6 at the Hotel Superior, Superior. Dr. A. C. Kerkhof, Minneapolis, was the guest speaker on the scientific program. He discussed the use and value of gastroscopy and bronchoscopy.

Eau Claire—Dunn—Pepin

The Eau Claire–Dunn–Pepin County Medical Society working with the Crippled Children Division of the State Department of Public Instruction will hold a clinic in Eau Claire on October 11 for crippled children. The clinic is planned to serve children living in Eau Claire and surrounding counties.

Oneida—Vilas

The Oneida–Vilas County Medical Society met on September 20 in Rhinelander, according to a report from L. F. Kaiser, secretary of the society. Two physicians from the Jackson Clinic, Madison, appeared on the scientific program, Dr. Harold E. Marsh speaking on "Modern Treatment of Pneumonia," and Dr. L. E. Holmgren on "Transfusion."

Outagamie

The first fall meeting of the Outagamie County Medical Society was held at the Riverview Country Club, Appleton, on September 21, featuring a golf tournament, dinner and scientific program. Dr. E. L. Sevringhaus of the University of Wisconsin Medical School, Madison, was the guest speaker, discussing "Endocrine Therapy in General Practice."

Polk

The Polk County Medical Society and its woman's auxiliary met in August as the guests of Dr. and Mrs. G. B. Noyes of Centuria. A feature of the evening's program was a talk on leprosy by Dr. L. F. Badger of the United States Leprosy Investigations Station, Honolulu, Hawaii.

Rock

The Rock County Medical Society met at the Hotel Hilton, Beloit, on September 26. The scientific program, arranged by Dr. Russell Wilson, Beloit, was as follows: "Functional Disorders of the Gastrointestinal Tract," Dr. Lowell D. Snorf, Evanston, Illinois. "The Use of the X-ray in Diagnosis of Intestinal Lesions," Dr. Harry M. Weber, Mayo Clinic, Rochester, Minnesota.

Sheboygan

The Sheboygan County Medical Society sponsored a medical exhibit at Sheboygan county's 43rd annual fair, held in Plymouth, September 2–4. The cancer prevention exhibit of the Women's Field Army proved an outstanding one, over 550 persons visiting the booth. The Sheboygan county society also assisted the Crippled Children Division of the State Department of Public Instruction in the conduction of a clinic for crippled children in September. The clinic was held in Sheboygan, September 30.

Trempealeau—Jackson—Buffalo

The Trempealeau–Jackson–Buffalo County Medical Society met on August 24 in Blair. The members were entertained at dinner by the society's woman's auxiliary. Dr. Walter C. Alvarez of the Mayo Clinic, Rochester, Minnesota, was the speaker of the evening, discussing "Peptic Ulcers."

Vernon

Questions regarding Vernon county's immunization program were answered by the county nurse at the Vernon county fair, September 19–22. The Women's Field Army sponsored a booth at the fair containing a cancer exhibit. In the exhibit were twenty-four life-size models showing cancer of the breast, uterus, hands, feet, tongue, lip and face. Some of the models, which were made by a new rubber process, were prepared at the Milwaukee Public Museum as a part of a WPA project.

Second Councilor District

Physicians of the Second Councilor District of the State Medical Society gathered 150 strong in Kenosha on August 23. Physicians from Kenosha, Racine and Walworth counties attended the meeting which was planned by Kenosha physicians, Dr. C. E. Pechous being chairman of the arrangements committee, Dr. W. C. Stewart managing the scientific program and Dr. C. M. Creswell the social program. Guest speakers on the morning program were Drs. Harry E. Mock, E. A. Oliver and Harry Culver of Chicago and Dr. Arnold Jackson of Madison. After luncheon, a business session was held and this was followed by a golf tournament. Guest speakers on the evening program were Dr. Rock Sleyster, Wauwatosa, president of the American Medical Association, and Dr. A. E. Rector, Appleton, past president of the State Medical Society.

Ninth Councilor District

The Ninth Councilor District Medical Society of the State Medical Society met on August 31 at St. Joseph's Hospital, Marshfield, in afternoon and evening sessions, as follows:

3:30 p.m. Presentation of Cases of Carcinoma of the Larynx, Dr. Lyman A. Copps, Marshfield Clinic, Marshfield.

3:50 p.m. Clinical-pathological Conference by Members of the Duluth Clinic, Duluth, Minnesota, under the direction of Dr. E. L. Tuohy, internist, assisted by Dr. George Berdez, pathologist, and Dr. John McNutt, roentgenologist.

Case Reports by: Dr. Frederic Becker, dermatologist, Dr. L. A. Barney, surgeon, Dr. Frank Elias, surgeon (orthopedic), Dr. M. G. Gillespie, surgeon, Dr. A. Kelly.

6:30 p.m. Dinner at St. Joseph's Hospital Nurses' Home and presentation of the following papers:

Postoperative Drainage in Appendicitis, Dr. Peter S. Rudie, Duluth Clinic, Duluth, Minnesota.

Geriatrics in its Relation to an Adequate Energy Producing and Protective Diet, Dr. E. L. Tuohy, Duluth Clinic, Duluth, Minnesota.

Eleventh Councilor District

The Eleventh Councilor District of the State Medical Society, at its annual meeting held in Superior in August, elected Dr. J. W. McGill, Superior, as president and Dr. C. W. Giesen, Jr., Superior, secretary. Thirty-four physicians from Ashland, Bayfield, Iron and Douglas counties attended the meeting which featured numerous scientific presentations. On the program were the following: Drs. J. W. Prentice, Ashland; G. J. Hathaway, Superior; C. W. Giesen, Superior; C. J. Smiles, Ashland; W. J. Tucker, Ashland; Ovid O. Meyer, Madison; Ralph M. Waters, Madison; and A. E. Rector, Appleton.

Milwaukee Neuropsychiatric Society

The Milwaukee Neuropsychiatric Society met on September 28 at the University Club, Milwaukee. A medicolegal symposium was presented, as follows:

1. Dr. Saul K. Pollock, Milwaukee, "Traumatic Neurosis: A Product of Psyche or Soma?"
2. Dr. Lloyd H. Ziegler, Wauwatosa, "Cerebrospinal Injuries: Transitory Physiological Disturbances vs. Enduring Pathological Changes."
3. Dr. Herbert W. Powers, Milwaukee, "The Expert Witness: His Rights and Duties."
4. Dr. Andrew I. Rosenberger, Milwaukee, "The Expert Witness: Scientist or Protagonist."
5. Attorney Edward H. Borgelt, "Advice of Counsel."

News Items and Personals

Dr. Robert E. Flynn, La Crosse, was appointed to the State Board of Medical Examiners by Governor Julius P. Heil on September 13. Dr. Flynn replaces Dr. C. H. Cremer, Cashton, whose term expired July 1, 1939. At the recent meeting of the board in Milwaukee, E. C. Murphy, D.O., Eau Claire, was elected secretary. The personnel of the board at the present time is given below:

	Term Expires
George R. Reay, M.D., La Crosse, president	July 1, 1941
E. C. Murphy, D.O., Eau Claire, secretary	(Until replaced)
Harold W. Shutter, M.D., Wauwatosa	July 1, 1943
Robert E. Flynn, M.D., La Crosse	July 1, 1943
Jessie P. Allen, M.D., Beloit	July 1, 1943
Adam J. Gates, M.D., Tigerton	(Until replaced)
D. R. Searle, M.D., Superior	July 1, 1941
H. H. Christofferson, M.D., Colby	July 1, 1941

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A golden jubilee celebration of the founding of Sacred Heart Hospital, Eau Claire, was held on October 3, 4 and 5. A feature of the three-day program was a pageant portraying the history of the hospital from its beginning in 1889 to the present time. Assisting in the activities were Drs. R. E. Mitchell, F. C. Kinsman and H. F. Derge of Eau Claire.

Dr. Thomas E. Malloy, Random Lake, was tendered a public reception on August 27, in recognition of his forty-five years of medical practice in that community. Dr. A. E. Rector of Appleton, past-president of the State Medical Society, in the principal tribute, said: "It is with pride that I bring greetings from all members of the State Medical Society, and we wish you many more years of joy and association with the citizens of your community." Brief tributes also were tendered by other members of the State Society, namely, Drs. S. E. Gavin, Fond du Lac; Frank E. Butler, Menomonie; and Otho A. Fiedler, Sheboygan. In the course of the celebration, attended by some 600 residents of Random Lake, the doctor was presented with a radio and other gifts.

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Dr. E. H. Pawsat, Fond du Lac health officer, has received an appointment to the Children's Service of Bellevue Hospital, New York City. Dr. Pawsat, accompanied by his family, left to take over his new duties on September 1. They expect to return to Wisconsin after a period of from six months to a year. Dr. C. P. Reslock, a recent graduate of the College of Medical Evangelists, Loma Linda, Los Angeles, California, has been appointed to serve as city physician during Dr. Pawsat's absence.

Viewing from the headquarters office of the State Society the large number of announcements regarding moves among physicians of the State, retirements from practice, and replacements by newly licensed practitioners, the changing pattern of a checkerboard in the course of play comes to mind.

The names and present locations of the 143 physicians recently licensed in the State, either by examination or reciprocity, are listed on pages 900–902 of this issue. Among the recent moves and new locations are those mentioned below:

Drs. H. K. Allebach and *J. L. Armbruster*, recently of Milwaukee, have assumed positions on the staff of the Walworth County Hospital in Elkhorn.

Dr. W. E. Archer, for thirteen years a practitioner in Dale, has moved to Appleton, selling his Dale practice to *Dr. C. R. Brillman*, who for the past five years has practiced in Avoca. *Dr. W. E. Klokow*, formerly of Excelsior, has taken over Dr. Brillman's practice in Avoca.

Dr. Garrett A. Cooper, graduate of the University of Wisconsin Medical School, has opened an office in the Tenney Building, Madison, for the practice of dermatology. Dr. Cooper served his internship at the Cleveland City Hospital and spent three years at Western Reserve University School of Medicine, Cleveland, Ohio, in graduate study.

Drs. H. A. Devine and *J. C. Devine*, Fond du Lac, have chosen *Dr. P. J. Clark*, Beloit, as an associate in practice.

Dr. J. W. Ferris, Tomahawk, has opened an office for the practice of medicine, surgery and obstetrics in Merrill.

Dr. Joseph J. Furlong, Milwaukee, has opened offices in Whitefish Bay. A graduate of Marquette University School of Medicine, Dr. Furlong has spent two years in postgraduate study in St. Louis and two years in practice in Milwaukee.

Dr. James H. Jewell, 1934 graduate of Western Reserve University School of Medicine, has announced the opening of an office at 209 Eighth Street, Racine, for the practice of obstetrics and gynecology. After receiving his degree in medicine, Dr. Jewell took a twelve-month rotating internship, engaged in general practice in Cleveland for one year and then served for three years in the department of obstetrics and gynecology at the Cleveland City Hospital and the University Hospital, Cleveland. He is a member of Alpha Kappa Kappa medical fraternity and hospital resident member of the Cleveland Academy of Medicine.

Dr. Hector C. Marsh, 1938 graduate of the University of Wisconsin Medical School, has begun the practice of his profession in the Ison Clinic, Crandon.

Dr. Franklin J. Mellencamp has announced the opening of an office at 324 East Wisconsin Avenue, Milwaukee, for the treatment of diseases of infants and children. Dr. Mellencamp was senior intern, resident physician and instructor in pediatrics at the University Hospital, Ann Arbor, Michigan, from 1935 to 1939. He was graduated from the University of Michigan Medical School in 1934.

Dr. Russell C. Morrison, formerly with the psychiatric field service of the State Board of Control, has accepted a position as senior physician at the Northern Wisconsin Colony and Training School. He will take over the work of Dr. Charles F. Myre, who died a few months ago.

Dr. Alois J. Sebasta, 1938 graduate of the University of Wisconsin Medical School, has opened an office in the Physician's Block, Chippewa Falls, for the general practice of medicine. He served his internship at the Madison General Hospital.

Dr. James Vedder, Jr., 1937 graduate of Northwestern Medical School, who has completed an internship and residency at Wesley Memorial Hospital and the Children's Memorial Hospital, Chicago, has assumed the duties of resident physician at St. Joseph's Hospital, Marshfield.

Dr. David F. Weaver, formerly in practice in Marquette, Michigan, has opened an office in the Columbus Building, Green Bay, for the treatment of diseases of children. A 1935 graduate of the University of Michigan Medical School, Dr. Weaver served his internship in the Hurley Hospital, Flint, Michigan, and a residency in pediatrics at the University Hospital, Ann Arbor.

Dr. John H. Wishart, 1938 graduate of the University of Wisconsin Medical School, has joined the staff of the Midelfart Clinic, Eau Claire.

Dr. James D. Zeratsky, who was graduated in 1935 from Northwestern Medical School and served his internship at the State of Wisconsin General Hospital, has become associated in practice with *Drs. C. H. Boren* and *J. W. Boren*, Marinette. He replaces *Dr. Paul Schmiedicke*, who has accepted an appointment as attending physician in the student health department of Purdue University, Lafayette, Indiana.

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Dr. F. E. Butler, Menomonie, addressed the Kiwanis Club of Chippewa Falls, August 23, on socialized medicine, reviewing the start of the present campaign for such schemes of medical care in this country and their results in Europe. "America is now a generation ahead of the rest of the world in medical practice and the world is coming to America for its medicine," he said. "It would be most unfortunate if we were to lose all our progress."

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Dr. William H. Oatway of the University of Wisconsin Medical School, Madison, was a speaker at the annual meeting of the Mississippi Valley Sanatorium Association in Omaha, Nebraska, September 22. Dr. Oatway's presentation dealt with collapse therapy in tuberculosis. He discussed this subject again on September 26 at a meeting of the University of Wisconsin Medical Society in Madison, appearing on the program with Dr. R. H. Stiehm of the University, who lectured on "Subclinical Tuberculosis."

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Dr. James C. Sargent, Milwaukee, spoke to the Kiwanis Club of Oconomowoc recently. He presented his views on the question, "Shall Medicine Be Socialized?"

There is no cause for fright over chemical shortages in this country because of the current European war, according to Dr. Ralph W. Clark, Rahway, New Jersey, a former officer of the Wisconsin Pharmaceutical Association. "Present drug supplies are sufficient for normal consumption if druggists don't get panicky like people recently did concerning sugar supplies," Dr. Clark declared at the 1939 convention of the association held in Milwaukee, September 19. He said that more chemicals now are produced in the United States than in Germany, Great Britain, France and Russia combined.

Officers of the Wisconsin Pharmaceutical Association, elected at the convention, are: Mr. B. F. Leidel, treasurer, and Jennings Murphy, executive secretary, both of Milwaukee, and Mr. Douglas Hunt, Wautoma, president.

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Dr. Martha Kohl, Eau Claire, is acting as medical director of a new physiotherapy center recently opened in Eau Claire. The staff includes, in addition to Dr. Kohl, a masseuse, a registered nurse and a duly qualified physiotherapist of several years experience.

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Dr. Herman A. Heise, Milwaukee, discussed the use of tests for drunkenness at a meeting of the Milwaukee section of the American Chemical Society on September 22. Standards for the tests have been set, he said, which protect the "one or two drink man and the beer drinker."

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Stating that environmental factors are too often overlooked, Dr. W. D. Stovall, Madison, speaking before the Madison Institute on Community Services, September 20, declared: "A study of healthy people in their environment might lead to far-reaching progress in the health field. This should employ the methods of the doctor, the pathologist, the social worker, the public health nurse and many others. It should be a coordinated, cooperative project."

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Dr. L. M. Morse of the Wisconsin State Board of Health addressed the Teachers' Institute of Wood county on August 25. The subject of his talk was "Syphilis."

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Dr. Walter Norem, recently of Muscatine, Iowa, and formerly on the staff of the Methodist Hospital, Madison, sailed from New York City on September 2 for Teheran, Persia, where he will serve as surgeon on the staff of a hospital conducted there by the Presbyterian Mission Board.

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At the Marinette county fair, held the second week of September in Wausaukee, senior medical students of Marquette University School of Medicine and representatives of the Women's Field Army of Wisconsin explained exhibits on cancer to fair attendants. Lectures were given on cancer control by several Marinette county physicians, including Drs. C. H. Kingsbury, Goodman; H. W. Haasl, Peshtigo; and H. L. Jorgenson, Marinette.

"Facts and Frauds in Nutrition," was the title of a talk given by Dr. M. E. Gabor, Milwaukee, at a faculty luncheon at Lake Bluff school, Milwaukee, September 12. Forty-five persons heard Dr. Gabor's discussion, which was illustrated with x-ray films.

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Blood Institute at University

An Institute for the Consideration of the Blood and Blood-Forming Organs was conducted by the University of Wisconsin Medical School at Madison on September 4, 5 and 6, 1939. The Institute, one of the first of its kind, was an unusual opportunity to hear distinguished investigators and teachers discuss various phases of hematology. Six hundred eighty-three physicians attended. Representatives were present from thirty-one states and four foreign countries. Wisconsin physicians provided the largest delegation with 343 registrants.

The scientific sessions were opened by an address of welcome by President Emeritus Birge. The following papers were presented:

- Anemias Due to Iron Deficiency, Dr. Clark W. Heath, Boston.
- The Porphyrins and Diseases of the Blood, Dr. C. J. Watson, Minneapolis.
- Aplastic Anemia, Dr. C. P. Rhoads, New York.
- Some Etiological Factors in Pernicious Anemia, Dr. E. Meulengracht, Copenhagen, Denmark.
- The Coagulation of Blood, Dr. Harry Eagle, Baltimore.
- The Nature of the Hemolytic Anemias, Dr. R. L. Haden, Cleveland.
- Experimental Leukemia, Dr. J. Furth, New York.
- Monocytic Leukemia and Aleukocythemic Leukemia, Dr. Claude E. Forkner, New York.
- Hodgkin's Disease, Dr. E. B. Krumbhaar, Philadelphia.
- The Erythroblastic Anemias, Dr. Louis K. Diamond, Boston.
- Marrow Cultures, Dr. Edwin E. Osgood, Portland.
- The Reticulo-Endothelial System, Dr. Charles A. Doan, Columbus.
- Hematologic and Pathologic Aspects of Infectious Mononucleosis, Prof. Hal Downey, Minneapolis.
- Polycythemia, Dr. Paul Reznikoff, New York.

In addition there were six round table discussions on timely problems in hematology and a public address on "The Anemias of Nutritional Deficiency" by Dr. George R. Minot of Boston. A banquet attended by 300 physicians and their wives was addressed by Dr. Meulengracht who gave a most entertaining historical review of the anemias.

The manuscripts of the sixteen formal addresses will be published in book form by the University Press, Madison, before January 1, 1940.

The Institute was made possible through funds supplied by the Wisconsin Alumni Research Foundation.

"A word picture clarifying an often misconceived idea of socialized medicine," the *Oshkosh Northwestern* termed a talk given by Dr. E. B. Williams, Oshkosh, before the Oshkosh Rotary Club on August 21. Dr. Williams described three types of socialized medicine; namely, (1) medical services administered under full control of the government; (2) compulsory health insurance administered by the government and affecting only wage earners in certain income brackets; and (3) voluntary health insurance, other than industrial, now in operation in over fifty cities in the United States. He read the ten principles enunciated by the American Medical Association concerning health insurance schemes and reviewed the work of medical organizations in this field.

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Dr. H. W. Hefke, Milwaukee, discussed radiologic problems at the seventh annual convention of the Wisconsin Society of X-ray Technicians, held in Milwaukee, September 1–2. Mr. Frank L. Dixon, x-ray technician at the State of Wisconsin General Hospital, Madison, who was elected president of the society for the ensuing year, spoke on its aims. "The major aspiration of the society," he said, "is to improve ways and means of giving physicians good x-ray films in the fastest possible time, to aid in speedy and correct diagnosis."

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Two women's clubs were addressed in September on the subject of general health by Dr. E. H. Federman, physician-director of the Eau Claire city-county health unit. They were the Augusta Woman's Club, Lincoln (September 6) and the Fall Creek Woman's Club, Fall Creek (September 12).

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Dr. R. E. Campbell, obstetrician and gynecologist, University of Wisconsin Medical School, Madison, when questioned concerning the American Congress on Obstetrics and Gynecology, held recently in Cleveland, said: "The congress was a great success. It was attended by about 4,000 people interested in the outstanding and diversified program presented by the congress. Wisconsin was represented by a large delegation and many of its members took part in the program. Both medical and nursing round tables were well attended. The round table sections on public health, presented by hospital administrators and educators, aroused a great deal of interest. The joint afternoon sessions offered well-known speakers and were well attended. Educational moving pictures and educational and scientific exhibits helped to round out the program. In fact, this monumental meeting of obstetricians and gynecologists presented such an array of well-known speakers and such a complete and instructive program that it will be repeated in a few years, as shown by a questionnaire vote of those attending the meeting. No little credit should be given to Dr. Fred L. Adair of Chicago, chairman of the Joint Committee on Maternal Welfare, whose untiring efforts and influence are a potent force in American obstetrics."

Meetings to Be Held

The thirty-first annual meeting of the *Wisconsin Anti-Tuberculosis Association* will be held in Milwaukee, October 26 and 27, 1939. Dr. Oscar Lotz, Milwaukee, is chairman of the program committee.

The forty-fourth annual meeting of the *American Academy of Ophthalmology and Otolaryngology* will extend from October 8 to 13. Specialists from this country and abroad are appearing on the program, the foreign guest speakers including Prof. Joseph Igersheimer, Istanbul, Turkey, and Arthur DeSa, Pernambuco, Brazil. Speakers in section meetings have been announced as follows:

Drs. Bennett Y. Alvis and Meyer Wiener, St. Louis: A New Technic for Corneal Transplantation by Means of a Uniform Graft Mechanically Obtained.

Dr. O. Jason Dixon, Kansas City, Missouri: A New Plastic Operation for the Relief of Conductive Deafness.

Dr. Arthur W. Proetz, St. Louis: Effects of Tobacco (Smoking) on the Respiratory Tract.

Dr. John B. Hitz, Milwaukee: Visual Testing Methods in Schools.

Dr. William M. Muncy, Providence, R. I.: Relationship of Vitamin Deficiency to Tryparsamide Reaction.

Dr. Thomas E. Carmody, Denver: The Epipharynx —The Almost Unknown in Otolaryngology.

Dr. Edwin H. Campbell, Philadelphia: Results in the Labyrinth Fistulization Operation for Chronic Progressive Deafness.

Dr. Frank J. Novak, Jr., Chicago: Innocuous Oils Useful in Rhinologic Practice in Contrast to the Use of Hydrocarbon Oils.

Dr. William Thornwall Davis, Washington, D. C.: Treatment of Accommodative Convergent Squint.

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The *Chicago Medical Society* is planning a series of all-day programs to be held on the third Wednesday of each month from October to April and states "members of Wisconsin, Illinois, Iowa, Indiana, Michigan and other state medical societies are cordially invited to attend." The October program will be presented October 18 as follows:

9 a.m. to 1 p.m. Clinics at the Cook County Hospital.

1 p.m. Luncheon at the Professional Schools Y.M.C.A., Congress and Wood Streets.

2 p.m. to 4 p.m. Clinics at the Cook County Hospital.

6:30 p.m. Dinner at the Chicago Woman's Club.

8:30 p.m. Address by Dr. Harry E. Mock, Chicago: "Treatment of Skull Fractures." Discussants: Drs. Loyal Davis, Casper Epstein, Eric Oldberg, and George W. Hall.

Admission will be by ticket only and tickets must be obtained not later than the Saturday preceding the meeting. The price of the luncheons will be fifty cents and of the dinners $1.50. Tickets may be obtained from the Chicago Medical Society, 30 North Michigan Avenue, Chicago (telephone Central 3026).

BIRTHS

A daughter to Dr. and Mrs. Wendell Herbert, Madison, on August 21.

A son, Peter, to Dr. and Mrs. Maurice Byrnes, Wauwatosa, on August 18.

A daughter, Mary-Hart, to Dr. and Mrs. Hart E. Van Riper, Madison, on August 27.

A son to Dr. and Mrs. John Bell, Peshtigo, on September 13.

A daughter, Margaret Jeanette, to Dr. and Mrs. Wendell H. Marsden, Madison, on August 21.

A son to Dr. and Mrs. N. W. McKittrick, Milwaukee, on August 16.

MARRIAGE

Dr. Donald R. Peterson, Independence, and Miss Elsie Hagestad, Whitehall, on August 24.

DEATHS

Dr. Reginald H. Jackson, the founder of the Jackson Clinic, Madison, died on September 7 at his summer home on Lake Mendota of a heart attack.

Dr. Reginald H. Jackson was born in De Pere, Wisconsin, in 1876. His family moved to Madison shortly thereafter and Dr. Jackson received his common school education in the schools of Madison. He pursued a combined classical and premedical course at the University of Wisconsin. In 1899 he was graduated in medicine from Columbia University College of Physicians and Surgeons, New York City, and then served as house surgeon at the Presbyterian Hospital in New York City from 1900 to 1902.

At the close of 1902, Dr. Jackson returned to Madison to take up the practice of his profession with his father, a pioneer surgeon of Wisconsin who had come to the United States from England in 1853. In 1906, Dr. Reginald H. Jackson built a complete medical office building, now occupied by the Madison board of health. In 1911 he and his father were joined by Dr. James A. Jackson, Jr. From that time on specialists in various branches of medicine and surgery were added to the organization. In 1922 another brother, Dr. Arnold Jackson, who had just then completed postgraduate study at the Mayo Clinic, Rochester, Minnesota, joined the clinic staff.

Dr. Reginald H. Jackson was made chief of staff of the Methodist Hospital in 1922, and held that position until his death. When the board of the hospital contemplated the construction of a new building, Dr. Jackson and his staff were requested to supervise its management and construction. The present Methodist Hospital was built in 1927 in line with the clinic's plans. Since 1929 the Jackson Clinic has been housed in a wing of the hospital.

Dr. Jackson was a member of the draft board during the World War. He was a Fellow of the American College of Surgeons (member of its board of governors) and a Fellow of the American Medical Association. He was a member of the Dane County Medical Society, the State Medical Society of Wisconsin (president 1932–1933), the Southern Surgical Association, the Western Surgical Association (president 1935) and the American Association for the Advancement of Science.

Dr. Jackson is survived by his widow and one son, Dr. Reginald H. Jackson, Jr., Madison, who has been his father's assistant for the past three years and is a member of the clinic staff.

A frequent contributor to medical literature, many of Dr. Jackson's articles were published in the Wisconsin Medical Journal. In his presidential address in 1932, published in the October, 1932, issue of THE JOURNAL he voiced his concern over the trend toward state medicine. In this message to his fellow practitioners, Dr. Jackson said:

"That part of the pattern of things as they are which already affects us in a deleterious way has been woven by well meaning but at times illy advised agencies of society in a zealous effort to ameliorate the physical sufferings of mankind. We have been too busy as individual practitioners of the art of medicine to note the significance of changes until they are accomplished facts. An endless number of pages of the history of our profession in this state lie before us who are in fact the very sons and disciples of the pioneer physicians. What will be written on those pages should not rest entirely on the knees of the gods . . .

"Every member should give his ardent and cooperative support to all measures which will preserve the integrity, privileges and emoluments of organized medicine to the end that not only we of today, but our sons and disciples of tomorrow whom we are obligated under the Hippocratic oath to foster, guide and protect, shall not, as practitioners of the art and science of medicine in this state, be mangled on the rack of pseudosocialism or forced to witness the agonized writhing of the sacred spirit of medicine when the red hot branding iron of a communistic medical service is pressed upon her troubled brow.

"Quo Vadis—O Physician of Wisconsin?"

Dr. Edgar J. Knapp, Rice Lake, died on August 29 at the veterans' hospital at Fort Snelling, Minnesota.

Dr. Knapp was born at Menomonie in 1867. He was graduated from the Harvard University Medical School, Boston, in 1892. He practiced medicine in Rice Lake until 1896 when he went abroad to take postgraduate work in Paris, London, Vienna and other European medical centers. On his return to America he lived in Chicago and Milwaukee where he engaged in business enterprises. Later he took postgraduate work at Harvard University and then returned to Rice Lake to resume the practice of medicine. During the World War he served in the medical reserve corps at Fort Snelling, Minnesota, rising from the rank of first lieutenant to that of major.

The doctor was a member of the Barron–Washburn–Sawyer–Burnett County Medical Society, the State Medical Society of Wisconsin and the American Medical Association.

Dr. George W. Lawler, Waukesha, died on August 22 at a Waukesha hospital. He was born in 1874. Before taking up the study of medicine Dr. Lawler was a professional boxer, being a sparring partner of Bob Fitzsimmons for four years. He was graduated from Marquette University School of Medicine in 1908 and thereafter practiced medicine in Sussex, Wisconsin, for twenty years. In 1931 he moved to Waukesha, where he remained until his death.

SOCIETY RECORDS

New Members

George Parke, Jr., Richland Center.

E. L. Taube, 208 East Wisconsin Avenue, Milwaukee.

H. J. Niebauer, Stevens Point.

E. A. Schmidt, Tomah.

G. E. Wesche, Hayward.

C. H. Kalb, Grafton.

R. H. Biehn, Statesan.

Ruth E. Church, Ashland.

R. R. Dalrymple, St. Agnes Hospital, Fond du Lac.

J. L. Ford, Columbus Building, Green Bay.

J. E. Szymarek, 2031 West Mitchell Street, Milwaukee.

Changes in Address

P. H. Schmiedicke, Marinette, to 619 North Salisbury Street, West Lafayette, Indiana.

Leo A. Hudson, Sauk City, to 227 East Townsend Street, Milwaukee.

C. R. Brillman, Avoca, to Dale.

K. B. Browne, Waukesha, to Whitehouse, Ohio.

J. W. Ferris, Tomahawk, to Cosmo Theater Building, Merrill.

D. G. Stankus, Prairie du Chien, to St. Francis Hospital, Miami Beach, Florida.

S. R. Boyce, Madison, to Gays Mills.

V. Kores, Milwaukee, to 5596 Municipal Square, Greendale.

E. R. Nelson, Madison, to Logan General Hospital, Logan, West Virginia.

RECENT WISCONSIN LICENTIATES

The following physicians were granted licenses to practice medicine in Wisconsin after passing the examination given by the Wisconsin State Board of Medical Examiners at the Hotel Schroeder, Milwaukee, on June 27, 28 and 29, 1939.

Name	*School of Graduation*	*Year*	*Present Address*
Allen, Charles J.	Marquette	1939	1800 E. Kenmore Pl., Milwaukee, Wis.
Anderson, Henry A.	Wisconsin	1937	Pinehurst San., Janesville, Wis.
Anderson, Lawrence L.	Nebraska	1936	732 N. 17th St., Milwaukee, Wis.
Arduino, Lino J.	Marquette	1939	1601 N. Van Buren St., Milwaukee, Wis.
Bauer, Carroll A.	Pennsylvania	1938	Milwaukee Co. Gen. Hosp., Wauwatosa, Wis.
Bergmann, Gerald J.	Marquette	1939	2708 W. Burleigh St., Milwaukee, Wis.
Brock, Elmer H.	Nebraska	1938	1810 W. Wis. Ave., Milwaukee, Wis.
Bruskewitz, Harold W.	Marquette	1939	637 S. Layton Blvd., Milwaukee, Wis.
Busby, Walter W.	Southern Calif.	1939	Milwaukee Children's Hosp., Milwaukee, Wis.
Campbell, Lorne A. Jr.	Minnesota	1939	Clayton, Wis.
Carney, Cyril M.	Wisconsin	1938	St. Luke's Hosp., Racine, Wis.
Carroll, Gordon E.	Marquette	1939	2113 W. Wis. Ave., Apt. 12, Milwaukee, Wis.
Christiansen, Herbert B.	Marquette	1939	2308 E. 7th St., Superior, Wis.
Clark, Philip J.	Wisconsin	1938	St. Mary's Hosp., Madison, Wis.
Cooper, Garrett A.	Wisconsin	1935	110 E. Main St., Madison, Wis.
Dana, Robert L.	Marquette	1939	St. Mary's Hosp., Madison, Wis.
Day, Lawrence C.	Northwestern	1938	Hazel Green, Wis.
Devitt, Joseph S.	Marquette	1939	1819 E. Webster Pl., Milwaukee, Wis.
Dorr, Robert H.	Marquette	1939	2826 W. Wells St., Milwaukee, Wis.
Dorsch, John F.	Wisconsin	1938	Amherst, Wis.
Ellingson, Oren A.	Wisconsin	1938	Long Island College Hosp., Brooklyn, N. Y.
Fein, Bernard T.	Louisville	1938	4511 W. Lisbon Ave., Milwaukee, Wis.
Feinberg, Philip	Minnesota	1938	Mt. Sinai Hosp., Milwaukee, Wis.
Feldman, Edward I.	Marquette	1939	2718 N. 58th St., Milwaukee, Wis.
Fifrick, Lloyd L.	Wisconsin	1938	620 N. 17th St., Apt. 302, Milwaukee, Wis.
Gaunt, James J.	Marquette	1939	3206 W. Clybourn St., Milwaukee, Wis.
Goldstein, David N.	Wisconsin	1938	300—60th St., Kenosha, Wis.
Groendahl, Raymond C.	Wisconsin	1938	Seymour, Wis.
Grossman, Arthur M.	Marquette	1939	6005 W. Burnham St., Milwaukee, Wis.
Grossman, Nathan M.	Georgia	1938	Muirdale San., Wauwatosa, Wis.
Guzzetta, Philip C., Jr.	Marquette	1939	138 W. North Ave., Milwaukee, Wis.
Heipp, Edwin A.	Marquette	1939	3421 W. Wells St., Milwaukee, Wis.
Hendrickson, Wm. O.	Wisconsin	1938	Fairchild, Wis.
Hough, Glenn V.	Marquette	1939	1654 E. Newton Ave., Milwaukee, Wis.
Humphrey, Norton R.	Marquette	1939	Brandon, Wis.
Jacobsen, Richard W.	Oregon	1937	Wisconsin Gen. Hosp., Madison, Wis.
Johnson, Fred G., Jr.	Northwestern	1939	Iron River, Wis.
Judd, Richard W.	Marquette	1939	Milwaukee Co. Gen. Hosp., Wauwatosa, Wis.
Kammer, Walter F.	Rush	1938	Marshfield, Wis.
Kelly, Clarence A.	Marquette	1939	Dresser Junction, Wis.

RECENT WISCONSIN LICENTIATES—Continued

Name	*School of Graduation*	*Year*	*Present Address*
Kennedy, Hugh A.	Wisconsin	1938	222 State St., Madison, Wis.
Kern, Elmer E.	Marquette	1939	Mukwonago, Wis.
Kiselis, John P.	Loyola	1939	1319 W. 107th St., Chicago, Ill.
Klopf, Howard M.	Marquette	1939	1314 N. 43rd St., Milwaukee, Wis.
Koepp, Charles E.	Marquette	1939	Milwaukee Co. Gen. Hosp., Wauwatosa, Wis.
Kozoll, Donald D.	Wisconsin	1938	2719 N. 50th St., Milwaukee, Wis.
Lavine, Max	Marquette	1939	324 John Ave., Superior, Wis.
Levin, Jules D.	Wisconsin	1938	3062 N. 54th St., Milwaukee, Wis.
Little, William W.	Marquette	1939	Washington Island, Wis.
Marks, Jerome L.	Marquette	1939	St. Joseph's Hosp., Milwaukee, Wis.
Marsh, Hector C.	Wisconsin	1938	Crandon, Wis.
Marshall, Fred S.	Northwestern	1938	Madison Gen. Hosp., Madison, Wis.
Martineu, John E.	Marquette	1939	Milwaukee Co. Gen. Hosp., Wauwatosa, Wis.
Martini, Henry F.	Wisconsin	1938	605 Jefferson St., Wausau, Wis.
Mauermann, William J.	Marquette	1939	Oregon, Wis.
Miller, James E.	Wisconsin	1938	Wisconsin Gen. Hosp., Madison, Wis.
Mitchell. Robert M.	Northwestern	1938	Milwaukee Co. Gen. Hosp., Wauwatosa, Wis.
Morin, Henri G.	Univ. of Rochester, N. Y.	1938	526 Walnut St., West Bend, Wis.
Muenzner, Richard J., Jr.	Temple	1938	3308 W. Wis. Ave., Milwaukee, Wis.
Naclerio, Amedeo C.	Marquette	1939	Milwaukee Co. Disp., Milwaukee, Wis.
Nadeau, Alexandre T., Jr.	Northwestern	1939	1421 Main St., Marinette, Wis.
Nowack, Louis W.	Northwestern	1939	519 Main St., Watertown, Wis.
Oosterhous, George E.	Wisconsin	1938	Wisconsin Gen. Hosp., Madison, Wis.
Pfisterer, William H.	Northwestern	1939	2247 N. 49th St., Milwaukee, Wis.
Poser, John F.	Wisconsin	1938	955 Ludington St., Columbus, Wis.
Poser, Rolf O. F.	Wisconsin	1938	955 Ludington St., Columbus, Wis.
Reinardy, Everett W.	Wisconsin	1938	633 Washington St., Burlington, Wis.
Rendok, John H.	Wisconsin	1936	Chicago Maternity Hosp., Chicago, Ill.
Resch, Joseph A.	Wisconsin	1938	Holmen, Wis.
Reslock, Conrad P.	Medical Evangelists	1939	20 S. Forest Ave., Fond du Lac, Wis.
Ricker, Walter A.	Marquette	1939	Milwaukee County Hospital, Milwaukee, Wis.
Richter, Joseph R.	Wisconsin	1939	1111 English St., Racine, Wis.
Rothman, Leonard E.	Minnesota	1938	2677 N. Grand Blvd., Milwaukee, Wis.
Ruff, Carl H.	Louisville	1938	Middleton, Wis.
Savage, George F.	Marquette	1939	3922 N. Farwell Ave., Milwaukee, Wis.
Schwarze, Cyril A.	Wisconsin	1938	504 Cole St., Watertown, Wis.
Sebesta, Alois J.	Wisconsin	1938	220½ Bridge St., Chippewa Falls, Wis.
Seelman, Alvin G.	Marquette	1939	2920 N. Downer Ave., Milwaukee, Wis.
Shafer, June C.	Wisconsin	1937	546 N. 15th St., Milwaukee, Wis.
Spearing, John H.	Chicago	1938	2702 N. Third St., Milwaukee, Wis.
Stone, Mildred M.	Wisconsin	1938	223½ Huron, Berlin, Wis.
Teplinsky, Louis L.	Marquette	1939	2217 N. 16th St., Milwaukee, Wis.
Tousignant, Harvey G.	Marquette	1939	Oconto, Wis.
Unger, Arthur A.	Marquette	1939	2778 N. 50th St., Milwaukee, Wis.
Van Duser, Arthur L.	Wisconsin	1938	Elcho, Wis.
Verdone, Anthony J.	Marquette	1939	608 N. 20th St., Milwaukee, Wis.
Viscuse, Ferdinand M.	Marquette	1939	949 N. 12th St., Milwaukee, Wis.
Watson, Robert W.	Wisconsin	1938	Milwaukee Children's Hosp., Milwaukee, Wis.
Weisel, Wilson	Harvard	1938	4001 N. Prospect Ave., Milwaukee, Wis.
Wendt, William P.	Marquette	1939	2200 W. Kilbourn Ave., Milwaukee, Wis.
Werner, Jerome J.	Marquette	1939	2112 N. 42nd St., Milwaukee, Wis.
Wilkinson, Philip M.	Marquette	1939	Oconomowoc, Wis.
Winters, Kenneth J.	Illinois	1938	Milwaukee Co. Gen. Hosp., Wauwatosa, Wis.
Wishart, John H.	Wisconsin	1938	Midelfart Clinic, Eau Claire, Wis.
Wold, Lester E.	Rush	1938	Wonewoc, Wis.
Woodhull, Robert B.	Virginia	1936	Wisconsin Gen. Hosp., Madison, Wis.
Zeratsky, James D.	Northwestern	1935	1736 Main St., Marinette, Wis.

The following physicians were granted licenses through reciprocity:

Name	*School of Graduation*	*Previous Address*	*Present Address*
Adams, Sylba	Oklahoma	Oklahoma	Hayward, Wis.
Browne, Kenneth F.	Western Reserve	Ohio	Whitehouse, Ohio
Bryant, Richard J.	Marquette	Ohio	Menomonie, Wis.
Craig, James B.	Georgia	Georgia	Sacred Heart San., Milwaukee, Wis.
Dalrymple, Richard R.	Jefferson	Pennsylvania	Fond du Lac, Wis.
Darner, Leslie D.	Washington Univ.	Illinois	Granite City, Ill.
Jewell, James H.	Western Reserve	Ohio	209—8th St., Racine, Wis.
Johnson, Jerimiah R.	Virginia	North Carolina	New Auburn, Wis.
Kilbourne, Burton C.	Northwestern	Illinois	Benham, Ky.
Kohler, Homer H.	Cincinnati	Ohio	Wisconsin Gen. Hosp., Madison, Wis.
Kulzer, Norbert J.	Minnesota	Minnesota	Prescott, Wis.
Leede, William E.	Oregon	Oregon	Wisconsin Gen. Hosp., Madison, Wis.

RECENT WISCONSIN LICENTIATES—Continued

Name	*School of Graduation*	*Previous Address*	*Present Address*
McCabe, John O.	Marquette	Illinois	6708 Maple Terrace, Wauwatosa, Wis.
McGowan, Edwin C.	Loyola	Illinois	The Spa, Waukesha, Wis.
Meli, James V.	Loyola	Pennsylvania	104 Main St., Oshkosh, Wis.
Mellencamp, Franklin J.	Michigan	Michigan	324 E. Wisconsin Ave., Milwaukee, Wis.
Morrison, Donald A. R.	Jefferson	Pennsylvania	% Rogers Memorial Hosp., Oconomowoc, Wis.
Nadherny, George C.	Loyola	Illinois	2307 S. 60th Ct., Cicero, Ill.
Nelson, Eugene J.	Iowa	Iowa	720 S. Brooks St., Madison, Wis.
O'Dowd, James A.	St. Louis	Missouri	3951-A Cravois St., St. Louis, Mo. (Portage)
Peterson, Stanley C.	Minnesota	Minnesota	Luck, Wis.
Pohle, Frederik J.	Michigan	Michigan	Wisconsin Gen. Hosp., Madison, Wis.
Pomeroy, Rex K.	Indiana	Indiana	Port Washington, Wis.
Pyre, Jackman	Wisconsin	Missouri	Wisconsin Gen. Hosp., Madison, Wis.
Rife, Charles S.	Michigan	Michigan	1313 E. Ann St., Ann Arbor, Mich.
Shields, Herbert B.	Oklahoma	Oklahoma	Columbia Hosp., Milwaukee, Wis.
Simones, John J.	Iowa	Iowa	4th & Jay Sts., LaCrosse, Wis.
Sims, John L.	Texas	Texas	Wisconsin Gen. Hosp., Madison, Wis.
Sloan, Frederick R.	Iowa	Iowa	Milwaukee Co. Gen. Hosp., Wauwatosa, Wis.
Small, Alice V.	Vanderbilt	Tennessee	Bur. Maternal & Child Health, Madison, Wis.
Smith, Edward V.	Northwestern	Illinois	Rm. 314, Y.M.C.A., Milwaukee, Wis.
Spalding, Maurice A.	Rush	Illinois	2753 W. N. Ave., Chicago, Ill.
Utendorfer, Robert W.	Northwestern	Minnesota	11 N. Main St., Fond du Lac, Wis.
Weaver, David F.	Michigan	Michigan	107 Columbus Bldg., Green Bay, Wis.
Wells, May R.	Kansas City Eclectic	Missouri	919 University Ave., Madison, Wis.
Zeiss, Edward J.	Northwestern	Illinois	103 W. College Ave., Appleton, Wis.

Dr. Ralph P. Sproule, Milwaukee, Chosen President-Elect; Over 1,400 Register at 98th Anniversary Meeting

WITH nearly 50 per cent of the membership of the Society in attendance, over 1,400 registered during the sessions of the 98th anniversary meeting of the State Medical Society of Wisconsin, held at Milwaukee, September 12, 13, 14 and 15. In three sessions, marked by thorough floor discussions, the policies of the Society for the ensuing year were established by the House of Delegates, and, at its concluding meeting, Dr. Ralph P. Sproule of Milwaukee was unanimously chosen president-elect.

In spite of an intense heat wave that broke records, the scientific sessions of the Society had a remarkable attendance record. Over 400 were seated for the round table luncheon discussions on Thursday noon and close to 300 participated in the round table discussions on Friday noon.

One of the largest groups in recent years gathered for the annual dinner on Thursday evening to honor Dr. Rock Sleyster, Wisconsin's first president of the American Medical Association. At this event, over seventy-five members of the Wisconsin judiciary and bar from all sections of the State were guests of the medical society. The Hon. Arthur T. Vanderbilt, Newark, New Jersey, president of the American Judicature Society and recently president of the American Bar Association, was the speaker of the evening. Out of the wealth of his study, experience and calm deliberation, he dissected and made clear the factors he believes are responsible for our present governmental problems; namely, (1) a failure to understand the essential character of liberty and (2) a demand for world-wide economic freedom rather than a demand for the liberties for which our forefathers fought,—intellectual liberty, religious liberty and political liberty. Doctors have been accused of insincerity who recall the good in the old order while searching for virtues in new economic schemes, but this position was upheld by Mr. Vanderbilt. He declared—

> "Manifestly and admittedly, there are many maladjustments and inequalities which should be righted, but I submit to you that any attempt to substitute economic freedom for the older forms of intellectual, religious, and political freedom, would be the greatest mistake that any nation or any state could possibly make, because they would necessarily and inevitably wind up without either economic free-

dom or the earlier and more valuable forms of intellectual freedom that have been the subject of conflict and struggle for three or four generations. And the terrible part of this struggle for economic freedom, which is the second cause of our present difficulties and discontent, is that in this struggle for things we have gotten away from the earlier form of democratic and representative government. So that today, in four out of the five continents of the world, we find the forces of oppression, tyranny and ignorance arrayed against the forces of reason, liberty, civilization and tolerance, engaged in what may be the ultimate death struggle of our type of civilization."

Following Mr. Vanderbilt's address, Dr. R. G. Arveson of Frederic was installed as the new president of the Society. Dr. Fred G. Johnson of Iron River was the recipient of the Council Award.

Important Actions of the House

Featuring the actions of the House of Delegates, to be reported in detail in a subsequent issue of the JOURNAL, were the following:

1. *Elections.* — New officers, elected in sessions of the 1939 House of Delegates, are given below:

President-elect
Ralph P. Sproule, Milwaukee

Speaker
J. Newton Sisk, Madison (reelected)

Vice-speaker
R. M. Kurten, Racine (reelected)

Councilors
First district—H. P. Bowen, Watertown (reelected)
Second district—C. E. Pechous, Kenosha (to succeed F. W. Pope, Racine)
Eleventh district—F. G. Johnson, Iron River (reelected)
Twelfth district—H. J. Gramling, Milwaukee (to succeed Joseph Lettenberger, Milwaukee)
Twelfth district—R. E. Fitzgerald, Milwaukee (to succeed R. P. Sproule, Milwaukee)

Delegates to American Medical Association
Delegate—J. F. Smith, Wausau (reelected)
Alternate delegate—C. W. Giesen, Superior (reelected)
Alternate delegate—A. S. White, Rice Lake (to fill the unexpired term of H. H. Christofferson, Colby, resigned)

2. *Place of 1940 Annual Meeting.*—Milwaukee was selected as the place of the 1940 annual meeting, with the idea that the centennial meeting in 1941 would be held in Madison.

3. *Budget and Dues.*—For the second successive year the budget of the Society was reduced. Dues for 1940 remain at $15 but the assessment has been reduced from $8 to $5. The budget reduction was conditioned on discontinuance of the radio activities of the Society over several state stations; continuance of the graduate centers in the State only if self-supporting; minor reductions in the central office of the Society involving reduction of personnel; and discontinuance of the appropriation for the annual conference of secretaries of county medical societies.

4. *Life Memberships.*—In an interpretation of the by-laws concerning life membership, the House adopted reports of two separate committees, both recommending that interpretation be not one of automatic eligibility but that life membership be contingent on affirmative action of the Council after recommendation of the local county medical society, occasioned by reason of physical disability, economic circumstances or retirement from practice.

5. *New Standing Committees.*—In a revision of standing committees of the Society, the House created standing committees on (a) maternal and child welfare, (b) tuberculosis and chest diseases, (c) industrial health, and (d) mental hygiene and institutional care.

6. *Amendments to the Constitution and By-Laws.*—After discussion by the reference committee, an amendment to the by-laws, abolishing the committee on nominations and substituting nominations from the floor, was withdrawn. An amendment to the constitution, which is to be voted on in 1940, was received, proposing that councilors shall be elected at councilor district meetings instead of by the House of Delegates.

Committee Appointments

At the first session of the House of Delegates on Tuesday evening, September 12, reference committees for the House were

selected by the Speaker, constituted as follows:

Committee on By-Laws
T. J. O'Leary, Superior (chairman)
L. W. Hipke, Milwaukee
P. R. Minahan, Green Bay
George Parke, Viola
S. M. B. Smith, Wausau

Committee on Credentials
O. J. Hurth, Cedarburg (chairman)
A. M. Christofferson, Waupaca
A. J. Wiesender, Berlin

Committee on Reports of Officers and Standing Committees
C. D. Neidhold, Appleton (chairman)
W. A. Munn, Janesville
Charles Fidler, Milwaukee
C. N. B. Hatleberg, Chippewa Falls
A. S. White, Rice Lake

Committee on Resolutions (including establishment of dues)
L. W. Peterson, Sun Prairie (chairman)
Alf Gundersen, La Crosse
O. A. Stiennon, Green Bay
G. C. Schulte, Kenosha
W. A. Ryan, Milwaukee

A few minutes later, the House selected, as members of its nominating committee, representatives of each councilor district, nominated by district caucus, as follows:

First district—W. S. Waite, Watertown
Second district—G. C. Schulte, Kenosha
Third district—A. R. Tormey, Madison
Fourth district—C. A. Armstrong, Prairie du Chien
Fifth district—C. J. Weber, Sheboygan
Sixth district—P. R. Minahan, Green Bay
Seventh district—W. M. Trowbridge, Viroqua
Eighth district—A. A. Cantwell, Shawano
Ninth district—K. H. Doege, Marshfield
Tenth district—L. O. Simenstad, Osceola
Eleventh district—T. J. O'Leary, Superior
Twelfth district—Charles Fidler, Milwaukee
Thirteenth district—J. D. Leahy, Park Falls

Following a brief informal address by the incoming president, Dr. R. G. Arveson of Frederic, the delegates approved the president's appointments to fill vacancies on committees as follows:

Committee on Cancer: Drs. D. J. Twohig, Fond du Lac, and E. E. Evenson, Wittenberg, both reappointed. Dr. G. E. Eck, Lake Mills, to replace Dr. H. T. Barnes, Delafield.

Advisory Committee on Care of Crippled Children: Dr. H. K. Tenney, Madison, chairman, reappointed.

Committee on Coordination of Medical Services: Dr. S. E. Gavin, Fond du Lac, chairman, reappointed.

Committee on Goiter: Dr. Arnold Jackson, Madison, chairman*, reappointed.

Committee on Grievances: Dr. A. J. Patek, Milwaukee, chairman, reappointed. Dr. J. Gurney Taylor, Milwaukee, to fill the unexpired term of Dr. H. A. Peters, Oconomowoc, deceased.

Committee on Health and Public Instruction: Dr. J. A. Riegel, St. Croix Falls, to replace Dr. E. E. Kidder, Stevens Point.

Committee on Industrial Health: Drs. S. J. Seeger, Milwaukee, chairman; D. H. Witte, Milwaukee; and T. J. O'Leary, Superior. (Newly created standing committee.)

Committee on Maternal and Child Welfare: Drs. A. B. Schwartz, Milwaukee, chairman*; J. W. Harris, Madison; J. Gurney Taylor, Milwaukee; and Amy Louise Hunter, Madison, all reappointed. Drs. C. M. Echols, Milwaukee, and A. E. McMahon, Glenwood City, to replace Drs. C. H. Falstad, Eau Claire, and Robert Krohn, Black River Falls.

Committee on Medical Economics: Dr. A. S. White, Rice Lake, chairman, to replace Dr. A. E. McMahon, Glenwood City.

Committee on Medical Education and Hospitals: Dr. F. D. Murphy, Milwaukee, chairman, reappointed.

Committee on Mental Hygiene and Institutional Care: Dr. A. W. Bryan, Madison, chairman, reappointed. Drs. G. E. Seaman, Winnebago, and H. H. Christofferson, Colby, to replace Drs. J. C. Hassall, Oconomowoc, and R. E. Mitchell, Eau Claire.

Committee on Public Policy: Dr. J. C. Sargent, Milwaukee, to fill the unexpired term of Dr. R. H. Jackson, Madison, deceased. Dr. C. A. Dawson, River Falls, chairman, to replace Dr. C. W. Eberbach, Milwaukee.

Committee on Safety on Public Highways: Dr. Millard Tufts, Milwaukee, reappointed. Drs. H. A. Heise, Milwaukee, chairman, and

* Where the word "chairman" is starred, chairmanship was held in preceding term also; otherwise chairmanship was assumed at time of appointment or reappointment in current year.

PAST PRESIDENT'S LUNCHEON

Standing: (left to right) T. J. O'Leary, Superior, 1935; S. E. Gavin, Fond du Lac, 1937; R. G. Arveson, Frederic, 1940; A. J. Patek, Milwaukee, 1913; A. E. Rector, Appleton, 1939; Otho Fiedler, Sheboygan, 1932; C. A. Harper, Madison, 1931; J. F. Smith, Wausau, 1926.

Seated: W. E. Ground, Superior, 1908; M. A. McGarty, La Crosse, 1921; G. E. Seaman, Winnebago, 1909; F. G. Connell, Oshkosh, 1923; B. M. Caples, Waukesha, 1911; J. M. Dodd, Ashland, 1912.

W. B. Cornwall, Amery, to replace Drs. E. L. Tharinger, Milwaukee, and A. G. Sullivan, Madison.

Committee on Tuberculosis and Chest Diseases: Drs. A. A. Pleyte, Milwaukee, chairman; J. Newton Sisk, Madison; and L. O. Simenstad, Osceola. (Newly created standing committee.)

Committee on Venereal Diseases: Drs. I. R. Sisk, Madison, chairman*; Gunnar Gundersen, La Crosse; and E. L. Tharinger, Milwaukee, all reappointed. Drs. Norbert Enzer, Milwaukee, and C. W. Giesen, Superior, to replace Drs. W. J. McKillip, Milwaukee, and H. E. Kasten, Beloit.

Advisory Committee on Visual and Hearing Defects: Dr. Fred S. Cook, Eau Claire, chairman, to replace Dr. John Hitz, Milwaukee.

Advisory Committee on Voluntary Sickness Insurance: Drs. R. W. Blumenthal, Milwaukee, chairman*; C. D. Neidhold, Appleton; and Wellwood Nesbit, Madison, all reappointed.

Council Award

The Council Award of the State Medical Society of Wisconsin was presented at the annual dinner in the Schroeder Hotel, September 14, to Dr. Fred G. Johnson of Iron River. Dr. Johnson thus became the fifteenth recipient of the Council Award. Dr. S. E. Gavin, Fond du Lac, chairman of the Council, made the presentation, saying:

The success that has crowned so many of the public-spirited projects of our State Medical Society of Wisconsin since its organization in 1841, and the strong position that we occupy today, has been the result of the work of no one man, nor the efforts of a few.

From as far back in the history of our Society as I can recall, I am impressed by the responsiveness of members and officers alike

to their individual duties and needs of their State Society.

It is true, of course, that certain men, by virtue of the responsibilities vested in them by their fellow members, have had larger opportunities for service. Thus a secretary of a county medical society, a councilor or a president, by his untiring work, may leave behind him outstanding accomplishments. We, in Wisconsin, have had large numbers of such men, and, as chairman of the Council, I wish to pay to them the respect and appreciation that will ever be theirs from a grateful Society.

Among this host of contributors to our achievements there stand out, from time to time, one or two who not only have rendered long and exceptional services and discharged their duties faithfully, but actually have given of themselves far beyond the call of office because of the love of the work and the feeling of satisfaction in doing something more than that required, for their Society, for their brethren in medicine, and for the people of the State.

The Council of this Society has taken recognition of these members and from time to time wishes to bestow upon them a little token as small in intrinsic value as it is large as an emblem of the faith, high regard, and affection of their fellow members.

To Drs. John M. Dodd, Cornelius A. Harper, John J. McGovern, Louis M. Jermain, Edward Evans, Mina B. Glasier, Arthur W. Rogers, Rock Sleyster, Olin West, Edward A. Birge, Arthur J. Patek, Joseph F. Smith, Eben J. Carey, and William S. Middleton have we given the award,—the gold seal of our Society. Tonight I stand to give another.

Dr. Johnson, will you please rise?

Fred Gordon Johnson, a son of Wisconsin, thirty-nine years a family physician serving a scattered population over a large area; providing the benefits of modern medicine to a people where town descriptions were the addresses of the isolated, and when the new logging roads of winter were often the uncertain marshy trails of summer; remaining to serve when large portions of the population had been stranded after the conversion of forests to cut-over lands; throughout never failing to respond to the calls of the sick; twice a president of a county medical society, president of his district medical society, nine years a councilor of the State Medical Society of Wisconsin, seven years a preceptor of the University of Wisconsin Medical School, collaborator in establishing and conducting the first tuberculosis sanatorium in Wisconsin a quarter of a century ago; pioneer in both the movement for the control of this disease and in accomplishments in the broad field of preventive medicine;—for your enrichment of life in a rural area by that fullest measure of devotion to your people which ever characterizes the great physician, for your inspired inauguration and long-continued leadership in the field of the local application of preventive procedures that their benefits might be enjoyed by people in all walks of life without waiting upon a government program that never could be so complete, for your associated demonstration by precept that the practices and opportunities of preventive medicine are within the field of action of the general practitioner of medicine, and for your efforts in seeking the accomplishment of the high public purposes of your Society, we, your fellow members, give you this seal of our Society as a token of your achievement and of our esteem and affection.

Golf Tournament

Dr. G. R. Love, Oconomowoc, won the president's cup and trophy in the annual golf tournament of the State Society, held September 12 at the Merrill Hills Country Club. Dr. Love, with his low gross score of 75, gained permanent possession of the cup, for this is the second time he has won the tournament. The secretary's cup and trophy were won by Dr. Charles Stern, Milwaukee, with a low net score of 64. Prizes also were distributed in a blind bogey competition among sixty-one golfers with scores ranging from 70 to 85. Those participating in the tournament included:

Bach, Mark J.	Milwaukee
Baker, V. L.	Milwaukee
Bernhart, E. L.	Milwaukee
Bickler, E. P.	Milwaukee
Brehm, H. J.	Racine
Budny, C. L.	Milwaukee
Cannon, H. J.	Milwaukee
Casper, W. T.	Milwaukee
Conroy, C. F.	Milwaukee
Dallwig, E. L.	Milwaukee
Davies, R. E.	Waukesha
Davis, L. C.	Richland Center
Dawson, D. L.	Rice Lake
Dean, Jos. C.	Madison
Dollard, James E.	Madison
Drozewski, M. F.	Milwaukee
Ewell, Geo. H.	Madison
Fazen, L.	Racine
Fellmann, G. H.	Milwaukee
Fitzgerald, R. E.	Milwaukee
Frawley, W. J.	Appleton
Gale, J. W.	Madison
Garland, J. G.	Milwaukee
Griffith, J. C.	Milwaukee
Grotjan, W. F.	Milwaukee
Hogan, J. H.	Racine
Jenner, J. A.	Milwaukee
Jermain, W. M.	Milwaukee
Keck, E. B.	Madison
King, J. J.	Milwaukee

Kreul, R. W. ____ Racine
Lacke, C. L. ____ Madison
Lawler, E. M. ____ Milwaukee
Love, G. R. ____ Oconomowoc
Maloof, G. J. ____ Madison
Martin, R. E. ____ Two Rivers
McCormick, S. A. ____ Madison
McDonald, R. E. ____ Milwaukee
McGrath, E. F. ____ Appleton
Meloy, G. E. ____ Milwaukee
Mendeloff, H. ____ Milwaukee
Niland, P. ____ Milwaukee
Patterson, L. G. ____ Waupaca
Pfeifer, H. A. ____ Milwaukee
Pierce, D. F. ____ Hales Corners
Purtell, Paul ____ Milwaukee
Reifenrath, I. B. ____ Milwaukee
Rosenberger, A. I. ____ Milwaukee
Ross, F. A. ____ Milwaukee
Ruppenthal, A. J. ____ Milwaukee
Ryan, W. A. ____ Milwaukee
Schacht, E. W. ____ Racine
Schaefer, C. O. ____ Racine
Schuldt, C. M. ____ Platteville
Seevers, M. H. ____ Madison
Slemmons, T. M. ____ Waupun

LOST PEN BEING HELD AT STATE OFFICE

A physician attending the annual meeting loaned a new fountain pen to one of the guards at the door during one of the round-table luncheons at the Schroeder Hotel. Not being able to locate the physician, the guard turned the pen over to a member of the State Medical Society office personnel and the pen is being held awaiting a call from the owner.

Somers, A. J. ____ Chippewa Falls
Stern, L. S. ____ Milwaukee
Stamm, L. P. ____ Milwaukee
Watson, E. L. ____ Ripon
Wilkinson, J. F. ____ Oconomowoc
Woodhead, F. J. ____ Waukesha
Zawodny, S. E. ____ Milwaukee

Members Registered at Annual Meeting in Milwaukee September, 1939

Aageson, C. W. ____ Madison
Ackermann, Wm. ____ Milwaukee
Adamkiewicz, J. J. ____ Milwaukee
Adams, R. W. ____ Chetek
Adamski, A. W. ____ Racine
Adrians, W. A. ____ Hortonville
Alcorn, M. W. ____ Burlington
Allebach, H. K. B. ____ Milwaukee
Allen, Jessie ____ Beloit
Allen, J. S. ____ Norwalk
Allen, S. C. ____ Waterloo
Allen, W. J. ____ Beloit
Altenhofen, A. R. ____ Wauwatosa
Andrew, C. H. ____ Platteville
Ansfield, D. J. ____ Milwaukee
Armbruster, J. L. ____ Milwaukee
Armstrong, C. A. ____ Prairie du Chien
Arveson, R. G. ____ Frederic
Ashley, T. W. ____ Kenosha
Augur, A. ____ Milwaukee
Aylward, T. J. ____ Milwaukee

Babbitz, A. L. ____ Milwaukee
Bach, J. A. ____ Milwaukee
Bach, M. J. ____ Milwaukee
Bachhuber, A. M. ____ Kaukauna
Baer, C. A. ____ Milwaukee
Baldwin, R. M. ____ Beloit
Baldwin, R. S. ____ Marshfield
Bannen, W. E. ____ La Crosse
Banyai, A. L. ____ Wauwatosa
Bardenwerper, H. E. ____ Milwaukee
Bargholtz, W. E. ____ Reeseville
Barnes, H. T. ____ Delafield
Barr, A. H. ____ Port Washington
Barta, E. F. ____ Milwaukee
Bartels, G. W. ____ Janesville
Bauer, K. T. ____ West Bend
Baugh, C. W. ____ Milwaukee
Baumgartner, M. M. ____ Janesville
Bayer, L. J. ____ Merrill
Bayley, W. E. ____ La Crosse
Becker, W. C. ____ Watertown
Beckman, Harry ____ Milwaukee
Beeson, H. B. ____ Racine
Behnke, E. J. ____ Milwaukee
Beier, A. L. ____ Chippewa Falls
Bellehumeur, C. E. ____ Milwaukee
Belson, H. J. ____ Manitowoc
Belting, G. W. ____ Orfordville
Bemis, I. M. ____ Adell
Bender, B. I. ____ Milwaukee
Benjamin, H. B. ____ Wauwatosa
Bennett, W. H. ____ Kenosha
Bensman, L. L. ____ Milwaukee
Benson, G. H. ____ Richland Center
Benton, J. L. ____ Appleton
Bergstrom, L. V. ____ Milltown
Bernhard, L. A. ____ Milwaukee
Bickler, E. P. ____ Milwaukee
Biehn, R. H. ____ Statesan
Biljan, M. W. ____ West Allis
Biller, J. H. ____ Milwaukee
Biller, S. E. ____ Milwaukee
Binnie, Helen ____ Kenosha
Bitter, R. H. ____ Oshkosh
Blanchard, H. H. ____ Milwaukee
Blanchard, P. B. ____ Cedarburg
Blankstein, S. S. ____ Milwaukee
Bleckwenn, W. J. ____ Madison
Blom, Julius ____ Woodville
Blount, W. P. ____ Milwaukee
Blumenthal, R. W. ____ Milwaukee
Boersma, J. J. ____ Sheboygan
Bolger, J. V. ____ Milwaukee
Boner, A. J. ____ Madison
Boren, J. W. ____ Marinette
Borman, M. C. ____ Milwaukee
Bornstein, S. L. ____ Milwaukee
Boudry, M. O. ____ Waupaca
Bourne, N. W. ____ Milwaukee
Bowen, E. W. ____ Watertown
Bowen, H. P. ____ Watertown
Bowling, Irwin ____ Kenosha
Boyer, H. N. ____ Racine
Boynton, B. L. ____ Madison
Brachman, Louis ____ Milwaukee
Brady, C. J. ____ Lake Geneva
Brah, A. J. ____ Milwaukee
Brewer, G. W. ____ Hartland
Brey, P. F. ____ Milwaukee
Brickbauer, A. J. ____ Plymouth
Brindley, B. I. ____ Madison
Bristow, J. H. ____ Monroe
Broderick, C. F. ____ Milwaukee
Brook, J. J. ____ Milwaukee
Brooks, E. H. ____ Appleton
Brown, G. V. I. ____ Milwaukee
Bruins, Dirk ____ Milwaukee
Brumbaugh, E. V. ____ Milwaukee
Brussock, W. A. ____ Wauwatosa
Bryan, A. W. ____ Madison
Buckley, C. H. ____ Menomonie
Buckley, R. A. ____ Eau Claire
Buckley, W. E. ____ Racine
Buckner, H. M. ____ Mt. Horeb
Budney, C. L. ____ Milwaukee
Bump, W. S. ____ Rhinelander
Burbach, T. H. ____ Milwaukee
Burgardt, G. F. ____ Milwaukee
Burkhardt, E. W. ____ Menomonee Falls
Burns, R. E. ____ Madison
Burns, R. W. ____ Green Bay
Busse, A. A. ____ Jefferson
Bussewitz, M. A. ____ Milwaukee
Bussey, Arthur ____ Two Rivers
Butler, Albert ____ Ashland
Butler, F. E. ____ Menomonie
Byrnes, M. B. ____ Milwaukee

Cahana, Stephen ____ Milwaukee
Caldwell, H. M. ____ Columbus
Callan, P. L. ____ Milwaukee
Cannon, H. J. ____ Milwaukee
Cantwell, A. A. ____ Shawano
Caples, B. M. ____ Waukesha

Carey, E. J. ----------Milwaukee
Carhart, G. A. --------Milwaukee
Carlson, G. W. ----------Appleton
Carson, W. J. ----------Milwaukee
Carter, H. M. ----------Madison
Cary, E. C. ----------Reedsville
Ceci, G. E. ----------Milwaukee
Charles, J. D. ----------Milwaukee
Christensen, F. C. --------Racine
Christensen, H. W. ------Wausau
Christiansen, C. H. ------Superior
Christiansen, James ----Waukesha
Christofferson, A. M. ----Waupaca
Christofferson, H. H. -------Colby
Clark, F. T. ----------Waupun
Clark, O. C. ---------Oconomowoc
Cleary, J. H. ----------Kenosha
Cleveland, David ------Milwaukee
Cline, Frances A. ----Rhinelander
Coffey, C. J. ----------Milwaukee
Coffey, S. E. ----------Milwaukee
Cole, D. F. ----------Ripon
Conley, J. M. ----------Oshkosh
Connell, F. G. ----------Oshkosh
Conroy, C. F. ----------Milwaukee
Constantine, C. E. --------Racine
Conway, J. P. ----------Milwaukee
Cook, E. F. ----------Milwaukee
Cook, H. E. ----------Milwaukee
Cooksey, R. T. ----------Madison
Coon, H. M. ----------Statesan
Copps, L. A. ----------Marshfield
Cornwall, W. B. ----------Amery
Costello, W. H. ------Beaver Dam
Cottingham, M. D. --------Kohler
Cowan, I. I. ----------Milwaukee
Cox, J. A. ----------Milwaukee
Cox, L. T. ----------Milwaukee
Creswell, C. M. ----------Kenosha
Crosby, E. P. ------Stevens Point
Cunningham, H. A. ----Milwaukee
Curran, W. P. ----------Antigo
Currer, P. M. ---------Milwaukee
Curtin, J. G. ----------Milwaukee
Cushing, Eleanore -----Milwaukee

Dallwig, E. L. --------Wauwatosa
Dalton, R. J. ----------Milwaukee
Daly, F. P. ------Chippewa Falls
Dana, D. B. ----------Kewaunee
Danforth, Q. H. ---------Oshkosh
Daniels, E. R. ----------Statesan
Davies, R. E. ----------Waukesha
Davis, M. D. ----------Milton
Dawson, D. L. ----------Rice Lake
DeFazio, S. F. ----------Kenosha
Dehne, W. O. ----------Appleton
Demeter, N. D. --------Milwaukee
Dennis, J. F. ----------Waterloo
Dettmann, N. F. ------Wauwatosa
Devine, G. C. ----------Ontario
Devine, J. C. --------Fond du Lac
Diamond, C. O. --------Milwaukee
Dierker, O. F. --------Watertown
Dieterle, J. O. --------Milwaukee
Dillman, A. E. -----Soldiers Grove
Dishmaker, M. C. ------Milwaukee
Dockry, L. E. ----------Kewaunee
Dockry, P. F. ----------Green Bay
Docter, J. C. ----------Racine
Dodd, J. M. ----------Ashland
Doege, K. H. ----------Marshfield
Doersch, E. A. ----------Portage
Domann, W. G.--Menomonee Falls
Donohue, W. E. -------Manitowoc
Dorpat, Louis ---------Milwaukee
Dorr, A. M. ----------Milwaukee
Doyle, T. J. ----------Superior

Drew, F. E. ----------Milwaukee
Driessel, S. J. ----------Barton
Drissen, W. H. --Port Washington
Drozewski, M. F. ------Milwaukee
Duehr, P. A. ----------Madison
Dundon, J. R. ---------Milwaukee
Dunker, G. O. ---------Milwaukee
Dunn, A. G. --------Stevens Point
Durner, U. J. ----------Milwaukee
Dvorak, H. J. ---------Milwaukee

Eberbach, C. W. -------Milwaukee
Ebert, R. O. ----------Oshkosh
Echols, C. M. ----------Milwaukee
Eck, G. E. ----------Lake Mills
Edelman, Elsa R. B. ---Milwaukee
Edmondson, C. C. ------Waukesha
Edwards, A. C. ----------Baraboo
Edwards, R. G. -------Kewaskum
Egan, W. J. ----------Milwaukee
Egloff, L. W. ----------Pewaukee
Eisele, P. L. ----------Statesan
Eisenberg, Ed. --------Milwaukee
Eisenberg, J. J. -------Milwaukee
Eisenberg, L. A. ------Milwaukee
Eisenberg, P. J. -------Milwaukee
Elconin, D. V. --------Milwaukee
Elliott, E. S. ----------Fox Lake
Ellis, I. G. ----------Madison
Engel, A. C. --------New Holstein
Enzer, Norbert --------Milwaukee
Epperson, P. S. --------Milwaukee
Epstein, Ely ----------Milwaukee
Erdlitz, F. J. ----------Peshtigo
Erickson, M. T. ---------Highland
Ernst, G. R. ----------Milwaukee
Evans, C. A. ----------Milwaukee
Evans, J. A. ----------La Crosse
Evans, S. M. ----------Milwaukee
Everts, E. L. ----------Milwaukee
Ewell, G. H. ----------Madison

Fabric, B. L. ----------Milwaukee
Falk, V. S. ----------Milwaukee
Farnsworth, R. W. -----Janesville
Fauerbach, Louis --------Madison
Fazen, L. E. ----------Racine
Fechter, F. J. ---------Milwaukee
Fein, N. N. ----------Milwaukee
Feldt, R. H. ----------Milwaukee
Fellman, G. H. --------Milwaukee
Fernan-Nunez, Marcos-Milwaukee
Ferris, J. W. ----------Merrill
Fidler, Charles --------Milwaukee
Fiedler, Otho ----------Sheboygan
Filek, A. A. ----------Green Bay
Fillbach, H. E. ------Hazel Green
Fine, J. M. ----------Cudahy
Finn, W. C. ---------Fond du Lac
Fisher, Laura M. ------Milwaukee
Fisher, R. F. ----------Wausau
Fisher, R. S. ----------Allenton
Fitzgerald, G. F. ------Milwaukee
Fitzgerald, R. E. ------Milwaukee
Fletcher, E. A. --------Milwaukee
Florin, A. C. ---------Fond du Lac
Flynn, R. E. ----------La Crosse
Foerster, H. R. --------Milwaukee
Foley, L. J. ----------Milwaukee
Folsom, W. H. ------Fond du Lac
Fons, J. W. ----------Milwaukee
Ford, W. A. ----------Sheboygan
Ford, W. B. ----------Milwaukee
Forkin, G. E. ----------Menasha
Forman, Judson --------Wonewoc
Fortier, C. A. H. ------Milwaukee
Foshion, H. V. ----------Algoma
Fox, G. W. ----------Milwaukee
Fox, M. J. ----------Milwaukee

Fox, M. S. ----------Milwaukee
Francois, S. J. A. ----New Glarus
Franklin, Emil --------Milwaukee
Franklin, I. ----------Milwaukee
Frawley, D. D. --------Milwaukee
Frawley, W. J. ---------Appleton
Frederick, R. H. ------West Allis
Freeman, J. M. ----------Wausau
Friedbacher, Karl ------West Allis
Friend, L. J. ----------Beloit
Frisch, R. A. ----------Milwaukee
Friske, O. W. ----------Beloit
Froede, H. E. ----------Jackson
Froggatt, W. E. L. --Cross Plains
Furlong, J. J. ---------Milwaukee

Gabor, M. E. ----------Milwaukee
Gallagher, E. E. -------La Crosse
Gallagher, J. T. F. ------Madison
Gallaher, D. M. ----------Appleton
Ganser, W. J. ----------Madison
Garding, C. J. ----------Jefferson
Gardner, L. C. -------Fond du Lac
Garens, R. W. ---------Milwaukee
Garland, J. G. ---------Milwaukee
Garry, M. W. ----------Montreal
Garvey, J. L. ----------Milwaukee
Gates, J. F. ----------Wauwatosa
Gatterdam, P. C. -------La Crosse
Gavin, S. E. --------Fond du Lac
Gebhard, U. E. --------Milwaukee
Gertenbach, E. O. ------Milwaukee
Gilchrist, R. T. -------Milwaukee
Gillette, H. E. --------Pardeeville
Gilmer, L. T. ----------Milwaukee
Gingrass, R. P. -------Milwaukee
Glisch, Wm. ----------Milwaukee
Gloss, A. J. ----------Appleton
Goggins, J. W. ----------Chilton
Goldberg, Nathan ------Milwaukee
Gonce, J. E. ----------Madison
Goodman, J. S. ---------Milwaukee
Goodman, P. P. -------Milwaukee
Gorder, A. C. ----------Milwaukee
Gordon, J. S. ----------Milwaukee
Gramling, E. H. -------Milwaukee
Gramling, H. J. -------Milwaukee
Gramling, J. J. --------Milwaukee
Gramling, J. J., Jr. ---Milwaukee
Grant, R. S. ----------Racine
Greeley, H. P. ----------Madison
Greenberg, A. I. --------Milwaukee
Greene, H. L. ----------Madison
Greenthal, R. M. ------Milwaukee
Grob, A. R. F. --------Milwaukee
Grossmann, L. L. ------Milwaukee
Grotjan, W. F. --------Milwaukee
Ground, W. E. ----------Superior
Grove, W. E. ---------Milwaukee
Grover, F. L. ----------Hartland
Gudex, V. A. --------Fond du Lac
Guenther, O. F. ---Campbellsport
Guerin, L. H. ----------Milwaukee
Guilfoyle, J. P. --------Evansville
Gundersen, Alf. -------La Crosse
Gundersen, Gunnar -----La Crosse
Gundersen, S. B. -------La Crosse
Gute, E. B. ----------Milwaukee
Guy, E. F. ----------Milwaukee

Haag, A. F. ----------Eau Claire
Habbe, J. E. ----------Milwaukee
Habeck, E. A. ---------Milwaukee
Haessler, Bertha T. ----Milwaukee
Haessler, F. H. -------Milwaukee
Hagerman, F. H. ------Milwaukee
Haines, M. C. ----------Oshkosh
Hammond, F. W. ------Manitowoc
Hammond, R. W. -----Manitowoc

Hankwitz, A. W. ------Milwaukee
Hannan, K. D. L. --Prairie du Sac
Hansen, H. J. ---Sheboygan Falls
Hansen, John ---------Glenbeulah
Hansen, J. W. --------Milwaukee
Hansher, Ervin -------Milwaukee
Hansmann, G. H. ------Milwaukee
Harder, H. ----------Milwaukee
Hardgrove, J. H. ----------Eden
Hardgrove, Mauricc ---Milwaukee
Hardy, C. F. ----------Milwaukee
Hargarten, L. J. -------Milwaukee
Harper, C. S. ----------Madison
Harrington, E. T. ------Milwaukee
Harrington, T. L. --Stevens Point
Harris, A. J. ----------Adams
Harris, J. W. ----------Madison
Hartman, E. C. --------Janesville
Hartridge, T. L. ---------Horicon
Harvey, J. R. ----------Footville
Hassall, J. C. --------Oconomowoc
Hatfield, M. E. ---------Janesville
Hatleberg, C. N. B.-Chippewa Falls
Hayman, C. S. ----------Boscobel
Heath, H. J. ----------Juneau
Heeb, H. J. ----------Milwaukee
Hefke, H. W. ---------Milwaukee
Heiden, H. ----------Sheboygan
Heidner, F. C. --------Milwaukee
Heifetz, E. C. ---------Milwaukee
Heise, H. A. ----------Milwaukee
Henika, G. W. ----------Madison
Henke, S. L. ----------Eau Claire
Henke, W. A. ----------La Crosse
Henken, J. F. ----------Racine
Henney, C. W. ----------Portage
Henske, W. C. ---Chippewa Falls
Heraty, J. A. ---------Milwaukee
Hermann, A. H. -------West Allis
Hermes, M. J. ----------Racine
Herner, W. L. ---------Milwaukee
Hershberg, R. A. ------Wauwatosa
Hertel, A. J. ----------Milwaukee
Herzog, J. V. ----------Milwaukee
Hicks, E. V. ---------New Glarus
Higgins, S. G. --------Milwaukee
Hildebrand, G. J. ------Sheboygan
Hiller, R. I. ----------Milwaukee
Hipke, G. A. ----------Milwaukee
Hipke, L. W. ----------Milwaukee
Hipke, M. M. ---------Milwaukee
Hirschboeck, J. S. -----Milwaukee
Hirsh, L. H. ----------West Allis
Hitz, H. B. ----------Milwaukee
Hitz, J. B. ----------Milwaukee
Hodgson, E. R. ----------Madison
Hoel, K. P. ----------Pewaukee
Hoermann, B. A. ------Milwaukee
Hoffmann, G. H. -------West Allis
Hoffmann, J. G. ---------Hartford
Hoffmann, L. A. ---Campbellsport
Hofmeister, F. J. ------Milwaukee
Hogan, J. H. ----------Racine
Hogan, J. M. ----------Oshkosh
Holbrook, A. A. -------Milwaukee
Holbrook, A. T. -------Milwaukee
Hollenbeck, S. W. -----Milwaukee
Holmgren, L. E. ---------Madison
Hood, A. J. ----------Milwaukee
Hougen, E. T. ----------Oostburg
Hough, A. G. --------Beaver Dam
Howard, M. Q. -------Wauwatosa
Howard, T. J. ---------Milwaukec
Hoyer, E. C. --------Beaver Dam
Hoyme, G. ----------Eau Claire
Hoyt, G. E. ----------Milwaukee
Huber, H. H. ----------Milwaukee
Huberty, F. J. ----------Appleton
Hudson, E. D. ------Lake Geneva
Huff, F. C. --------Sturgeon Bay
Hughes, B. J. --------Winnebago
Hughes, J. R. ---------Milwaukee
Hull, H. H. ----------Brandon
Hurth, O. J. ----------Cedarburg
Hurth, O. W. ----------Cedarburg
Huston, John ----------Milwaukee
Huth, E. P. ----------Belgium
Huth, M. F. ----------Baraboo
Hutter, A. M. --------Fond du Lac
Hyslop, V. B. ----------Madison

Ingersoll, R. S. ----------Oxford
Ingwell, C. L. ----------Deerfield
Irvine, R. K. ----------Manawa
Irwin, G. H. ----------Lodi
Irwin, R. S. ----------Milwaukee

Jackson, A. S. ----------Madison
Jackson, Edward ------Milwaukee
Jacobson, E. B. --------Milwaukee
James, W. D. -------Oconomowoc
Jamieson, R. D. ----------Racine
Janney, F. R. --------Wauwatosa
Jeffers, Dean --------Lake Geneva
Jegi, H. A. ----------Galesville
Jekel, J. M. ----------Milwaukee
Jenner, J. A. ----------Milwaukee
Jermain, W. M. --------Milwaukee
Jewell, E. L. ---------Logansville
Jochimsen, M. A. ------Milwaukee
Johnson, A. W. ----Hales Corners
Johnson, Frances -----Milwaukee
Johnson, F. G. --------Iron River
Johnson, J. C. -------Ogdensburg
Johnson, J. H. --------Milwaukee
Johnson, J. M. ----------Ripon
Johnson, K. F. ----------Frederic
Johnson, W. L. --------Janesville
Johnston, R. C. --------La Crosse
Johnston, T. L. --------Milwaukee
Jones, B. O. ----------Racine
Jones, M. L. ----------Wausau
Jordan, E. M. ----------Green Bay
Jorgenson, H. L. -------Marinette
Jorris, E. H. ----------Sparta
Joseph, W. A. --------Milwaukee
Juekem, G. J. ---------Sheboygan
Juers, R. H. ----------Wausau

Kahn, Joseph ---------Milwaukee
Kaiser, L. F. --------Rhinelander
Kalb, C. H. ----------Grafton
Karr, J. K. ----------Milwaukee
Karsten, J. H. ----------Horicon
Kasak, Michael ------Wauwatosa
Kassowitz, K. E. -----Wauwatosa
Kastner, A. L. --------Milwaukee
Kauth, P. M. ----------West Bend
Kay, E. M. ----------Milwaukee
Kearns, W. M. --------Milwaukee
Keenan, L. J. --------Fond du Lac
Kehlnhofer, F. H. ----Wauwatosa
Keland, H. B. ----------Racine
Kelley, J. F. ----------Janesville
Kelly, J. P. ----------Pewaukee
Kelm, G. J. ----------Muskego
Kennedy, W. R. -------Milwaukee
Kern, T. J. ----------Richfield
Kerscher, E. J. ----------Casco
Kersten, N. M. ----------De Pere
Kettelhut, E. J. -------Milwaukee
Kidder, E. E. ------Stevens Point
Kief, H. J. ----------St. Cloud
Kiley, W. E. ----------Milwaukee
Kilian, A. D. ----------Milwaukee
Kilkenney, G. S. ------Milwaukee
Killins, W. A. ---------Green Bay
King, J. J. ----------Milwaukee
King, J. M. ----------Milwaukee
Kingsbury, C. H. --------Goodman
Kishpaugh, H. W. ----------Beloit
Kispert, R. W. --------Green Bay
Kissinger, C. A. -------Milwaukee
Klein, J. T. ----------Milwaukee
Kleinboehl, J. W. -----Milwaukee
Kleinpell, W. C. ---------Kenosha
Kleis, W. J. ----------Milwaukee
Klumb, M. G. ---------Milwaukee
Knauf, A. J. ----------Sheboygan
Knauf, F. P. ----------Kiel
Knauf, J. A. ----------Stockbridge
Knauf, N. J. ----------Chilton
Knox, E. S. ----------Green Bay
Knudson, A. H. -------Milwaukee
Koch, H. C. ----------Berlin
Koch, V. W. ----------Janesville
Koehler, J. P. ---------Milwaukee
Kohn, S. E. ----------Milwaukee
Kosanke, F. E. --------Watertown
Kozina, F. J. ----------Milwaukee
Kradwell, W. T. -----Wauwatosa
Krahn, G. W. -------Oconto Falls
Krehl, W. H. ----------Madison
Krembs, F. R. ------Stevens Point
Kretchmar, Morris ----Milwaukee
Kretlow, F. A. --------Milwaukee
Kreul, R. W. ----------Racine
Kristjanson, H. T. -----Milwaukee
Kritter, F. J. ----------Milwaukee
Krohn, Robert --Black River Falls
Kronzer, J. J. ----------Oshkosh
Kroyer, T. J. ----------Walworth
Krueger, B. ----------Cudahy
Krygier, W. L. --------Milwaukee
Krzysko, S. L. ---------Milwaukee
Kuegle, F. H. ----------Janesville
Kuehl, F. O. ----------Green Bay
Kuhn, H. J. ----------Milwaukee
Kult, A. S. ----------Milwaukee
Kundert, F. W. ----------Madison
Kurten, R. M. ----------Racine
Kurtz, C. M. ----------Madison
Kustermann, A. F. ----Milwaukee
Kwapy, C. R. ----------Oconto

LaBreck, F. A. --------Eau Claire
LaCroix, G. M. ----------Shiocton
Lademan, O. E. -------Milwaukee
Ladewig, A. W. -------Milwaukee
Ladewig, Harry -------Milwaukee
Lahmann, Albert ------Milwaukee
Lamal, A. H. ----------Ashland
Lambert, J. W. ----------Antigo
Lane, F. C. ----------Merrill
Lang, V. F. ----------Milwaukee
Langjahr, A. R. ------Milwaukee
Lappley, W. F. --------Waukesha
Lavine, I. H. ----------Melrose
Layton, O. M. -------Fond du Lac
Leahy, J. D. ----------Park Falls
Lechtenberg, E. H. Prairie du Chien
LeCron, W. L. --------Milwaukee
Lee, H. J. ----------Oshkosh
Lee, Paul A. ----------Milwaukee
Leeson, F. W. ----------Beloit
Lehmann, F. W. --------Hartford
Lemmer, K. E. ----------Madison
Leonard, T. A. ----------Madison
Lettenberger, J. ------Milwaukee
Lewis, Marian --------Milwaukee
Lieberman, Benjamin -Milwaukee
Liefert, W. C. ----------Milwaukee
Lifschutz, L. M. ----------Racine
Lillie, O. R. ----------Milwaukee

Lindner, A. M. ----------Racine
Lindsay, W. T. ----------Madison
Littig, L. V. ----------Madison
Litzow, J. A. -------Stevens Point
Lobedan, E. T. --------Milwaukee
Lokvam, L. H. ----------Kenosha
Long, C. W. ----------Milwaukee
Lorenz, W. F. ----------Madison
Lotz, Oscar ----------Milwaukee
Loughlin, D. M. -------Milwaukee
Loughlin, T. F. ----------Hartford
Loughnan, A. J. -----Oconomowoc
Lowe, J. W. ----------Eau Claire
Lowe, R. C. ----------Neenah
Ludden, H. D. ------Mineral Point
Ludden, R. H. ----------Viroqua
Lund, S. O. ----------Cumberland
Lundmark, L. M. ------Ladysmith
Lungmus, B. A. -------Milwaukee
Lynch, H. M. ----------West Bend

Maas, W. C. ----------Rio
Macaulay, E. M. ----------Wausau
MacDonald, W. H. --Lake Geneva
MacGregor, J. W. --------Portage
MacInnis, Florence E.--Milwaukee
Mackoy, F. W. --------Milwaukee
MacLaren, J. B. ---------Appleton
MacRae, M. F. --------Milwaukee
Madison, F. W. -------Milwaukee
Mallow, H. G. E. ------Watertown
Malloy, T. E. ------Random Lake
Malnekoff, B. J. -------Milwaukee
Malone, J. Y. ----------Milwaukee
Maloof, G. J. ----------Madison
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Surgical Applied Anatomy. By Sir Frederick Treves, Bart., revised by Lambert Rogers, M.Sc., F.R.C.S., F.R.C.S.E., F.R.A.C.S., F.A.C.S., professor of surgery, University of Wales; honorary surgeon and director of the surgical unit, Cardiff Royal Infirmary; etc. Ed. 10. Seven hundred and forty-eight pages, illustrated with 192 engravings, including sixty-six in color. Price, pocket-size, cloth, flexible binding, $4.50 net. Philadelphia: Lea & Febiger, 1939.

Eye, Ear, Nose and Throat Manual for Nurses. By Roy H. Parkinson, M.D., F.A.C.S., head oculist and aurist to St. Joseph's Hospital, San Francisco, California. Ed. 4. Two hundred and forty-three pages and seventy-nine illustrations. Price, cloth, $2.25. St. Louis: The C. V. Mosby Company, 1939.

End-Results in the Treatment of Gastric Cancer: An Analytical Study and Statistical Survey of Sixty Years of Surgical Treatment. By Edward M. Livingston, B.Sc., M.D., associate visiting surgeon, Bellevue Hospital, New York; assistant clinical professor of surgery, New York University College of Medicine. In collaboration with George T. Pack, B.Sc., M.D., F.A.C.S., attending surgeon Memorial Hospital, New York City; assistant professor of clinical surgery, the School of Medicine, Yale University, New Haven and Cornell University Medical College, New York City. With a foreword by Bowman C. Crowell, M.D., associate director, American College of Surgeons. One hundred and seventy-nine pages, illustrated. Price, cloth, $3. New York: Paul B. Hoeber, Inc., 1939.

Clinical Diagnosis by Laboratory Methods. By James C. Todd, Ph.B., M.D., late professor of clinical pathology, University of Colorado, School of Medicine. In collaboration with Arthur Hawley Sanford, A.M., M.D., professor of clinical pathology, University of Minnesota (the Mayo Foundation); head of division on clinical laboratories, Mayo Clinic. Ed. 9, thoroughly revised. Eight hundred and forty-one pages with 368 illustrations, twenty-nine in colors. Price, cloth, $6, net. Philadelphia: W. B. Saunders Company, 1939.

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Transactions of the Third International Goiter Conference and the American Association for the Study of Goiter, Joint Meeting, Washington, D.C., 1938. Five hundred and forty-seven pages, illustrated. Price, cloth, $6. Portland, Oregon: J. C. Hamilton Goiter Publications, 1939.

Cardiovascular Diseases: Their Diagnosis and Treatment. By David Scherf, M.D., and Linn J. Boyd, M.D., F.A.C.P., associate professor of clinical medicine and professor of medicine, respectively, The New York Medical College, Flower and 5th Avenue Hospitals, New York City. Four hundred and fifty-eight pages. Price, cloth, $6.25. St. Louis: The C. V. Mosby Company, 1939.

Proctology for the General Practitioner. By Frederick C. Smith, M.D., M. Sc. (Med.); F.A.P.S., proctologist to St. Luke's and Children's Hospital, Philadelphia; formerly associate in proctology, Graduate School of Medicine, University of Pennsylvania. Three hundred and eighty-six pages illustrated with 142 half-tones and line engravings and three color plates. Price, cloth, $4.50. Philadelphia: F. A. Davis Company, 1939.

New and Nonofficial Remedies, 1939 (Containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1939). Six hundred and seventeen pages. Price, cloth, $1.50. Chicago: American Medical Association, 1939.

Modern Clinical Psychiatry. By Arthur P. Noyes, M.D., superintendent, Norristown State Hospital, Norristown, Pa. Ed. 2, rewritten and enlarged. Five hundred and seventy pages. Price, cloth, $5. Philadelphia: W. B. Saunders Company, 1939.

Operative Orthopedics. By Willis C. Campbell, M.D., Memphis, Tenn. Eleven hundred and fifty-four pages with 845 illustrations, including four color plates. Price, cloth, $12.50. St. Louis: The C. V. Mosby Company, 1939.

A Synopsis of Regional Anatomy. By T. B. Johnston, M.D., professor of anatomy, University of London, Guy's Hospital Medical School. Ed. 4. Four hundred and sixty-two pages, with seventeen illustrations. Price, cloth, $4.50. Philadelphia: Lea & Febiger, 1939.

Brucellosis in Man and Animals. By I. Forest Huddleson, D.V.M., M.S., Ph. D., research professor in bacteriology, Michigan State College. Contributing authors: A. V. Hardy, M.S., M.D., Dr. P.H., associate professor of epidemiology, De Lamar Institute of Public Health, Columbia University Medical School, consultant, United States Public Health Service; J. E. Debono, M.D., M.R.C.P., professor of pharmacology and therapeutics, Royal University of Malta; and Ward Giltner, D.V. M., M.S., Dr. P.H., dean of veterinary division and professor of bacteriology, Michigan State College. Three hundred and thirty-nine pages, illustrated. Price, cloth, $3.50. New York: The Commonwealth Fund, 1939.

Anatomy and Physiology. By Frederic Theodore Jung, B.S., Ph.D., M.D., assistant professor of physiology and pharmacology, Northwestern University Medical School; member of visiting staff, Norwegian American Hospital, Chicago. In collaboration with Anna Ruth Benjamin, B.A., M.D., resident physician, Elgin State Hospital, Elgin, Illinois; and Elizabeth Carpenter Earle, B.A., R.N., educational director, school of nursing, St. Elizabeth Hospital, United States Department of Interior, Washington, D.C., president of the District of Columbia League of Nursing Education. Six hundred and thirty-seven pages with 342 illustrations. Price, cloth, $3.50. Philadelphia: F. A. Davis Company, 1939.

Colwell's Daily Log for Physicians, 1940. An account book for physicians. Champaign, Ill.: Colwell Publishing Company, 1939.

Microbiology and Pathology. By Charles F. Carter, B.S., M.D., director, Carter's Clinical Laboratory, Dallas, Texas; consulting pathologist, St. Louis Southwestern Railway Hospital, Texarkana, Arkansas; consulting pathologist, Mother Frances Hospital, Tyler, Texas; formerly director of laboratories, Parkland Hospital, Dallas, Texas, and lecturer in bacteriology and pathology, Parkland Hospital School of Nursing. Ed. 2. Seven hundred and fifty-five pages with 165 text illustrations and twenty-five color plates. Price, cloth, $3.25. St. Louis: The C. V. Mosby Company, 1939.

Principles of Chemistry: An Introductory Textbook of Inorganic, Organic and Physiological Chemistry for Nurses and Students of Home Economics and Applied Chemistry, with Laboratory Experiments. By Joseph H. Roe, Ph. D., professor of biochemistry, school of medicine, George Washington University; formerly instructor in chemistry, Central School of Nursing, Washington, D. C. Ed. 5. Five hundred and three pages with fifty-eight illustrations. Price, cloth, $3. St. Louis: The C. V. Mosby Company, 1939.

Primer of Allergy: A Guidebook for Those Who Must Find Their Way Through the Mazes of this Strange and Tantalizing State. By Warren T. Vaughan, M.D., Richmond, Va. One hundred and forty pages, illustrated. Price, cloth, $1.50. St. Louis: The C. V. Mosby Company, 1939.

Practical Obstetrics. By P. Brooke Bland, M.D., emeritus professor of obstetrics, Jefferson Medical College; consulting obstetrician, Jefferson Medical College Hospital, Philadelphia, Pa., and Thaddeus L. Montgomery, M.D., clinical professor of obstetrics, Jefferson Medical College, Philadelphia, Pa. Ed. 3. Eight hundred and seventy-seven pages, illustrated with 502 engravings, including twenty-seven colored plates. Price, cloth, $8. Philadelphia: F. A. Davis Company, 1939.

Nutrition and Diet in Health and Disease. By James S. McLester, M.D., professor of medicine, University of Alabama, Birmingham, Alabama. Ed. 3, entirely rewritten. Eight hundred and thirty-eight pages, illustrated. Price, cloth, $8. Philadelphia: W. B. Saunders Company, 1939.

BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Varicose Veins. By Alton Ochsner, B.A., M.D., D.Sc. (Hon.), F.A.C.S., William Henderson professor of surgery and director of the department of surgery, School of Medicine, Tulane University of Louisiana, New Orleans, La., and Howard Mahorner, B.A., M.D., M.S. (Surgery), F.A.C.S., assistant professor of surgery, School of Medicine, Tulane University of Louisiana, New Orleans, La. One hundred and forty-seven pages, with fifty text illustrations and two color plates. Price, cloth, $3. St. Louis: The C. V. Mosby Company, 1939.

This monograph contains all of the information necessary to diagnose and treat varicose veins and their complications. The history of the treatment of varicose veins is gone into rather thoroughly from its earliest beginnings down to the present advocated therapy. There are chapters on the anatomy, physiology, etiology, clinical aspects, examination of the varicose vein patient, treatment, and treatment of varicose ulcers. Of these, two are outstanding: Chapter 7 on the examination of the varicose vein patient contains actual instructions as to the method of carrying out the various tests, such as those of Trendelenberg, Perthe, Schwartz and the comparative tourniquet test devised by Mahorner and Ochsner. The latter is perhaps one of the more important and newer advancements in determining the location, type and extent of obstruction present, as well as the collateral circulation in these cases. Chapter 8 on treatment classifies the various types which can be used, concluding that in most cases the ligation and simultaneous (or preliminary or subsequent) injection of sclerosing solution is the most valuable. The author says that high ligation of the internal saphenous vein should be done with careful attention to the tributaries at its upper end including the external pudendal, external circumflex iliac and external superficial femoral veins which are ligated independently. This volume is recommended to those of the medical profession who are interested in the treatment of varicose veins. K. E. L.

Transactions of the Third International Goiter Conference and the American Association for the Study of Goiter, Joint Meeting, Washington, D. C., 1938. Five hundred and forty-seven pages, illustrated. Price, cloth, $6. Portland, Oregon: J. C. Hamilton Goiter Publications, 1939.

This volume contains the papers presented at the Third International Goiter Conference and the American Association for the Study of Goiter which

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was held in Washington, D. C., September 12–14, 1938. The papers are divided into thirteen groups according to the following subdivisions: 1. Etiology. 2. Prophylaxis. 3. Congenital and Childhood Factors. 4. New Growth and Infection. 5. Special Endocrine Aspects. 6. Surgical Aspects. 7. Medical Aspects including Cardiac and Renal Aspects. 8. Iodine. 9. Vitamins and Thyroid. 10. Research. 11. Metabolism and Basal Metabolic Rate. 12. X-Ray. 13. Colloid Goiter. To enumerate the list of contributors would be quite a task, but it is sufficient to say that most of the outstanding workers in the field of goiter control are represented by papers in their special field of interest. There is no doubt that this volume contains the most recent and comprehensive knowledge available on the subject of goiter.—K. E. L.

Practice of Allergy. By Warren T. Vaughan, M.D., Richmond, Va. Ten hundred and eighty-two pages; 338 illustrations. Price, cloth, $11.50. St. Louis: The C. V. Mosby Company, 1939.

Warren T. Vaughan has presented a monumental work to the medical profession and to students of allergic conditions in this 1,100 page volume.

Since our present concept of the whole subject of hypersensitivity is comparatively recent—a little over twenty-five years only—few physicians realize the enormous amount of research, both laboratory and clinical, that has been done by numbers of investigators in the field. Dr. Vaughan's book clearly emphasizes this fact. With his own outstanding work, experimental and therapeutic, he has mentioned and quoted that of practically all others along similar lines. He has incorporated into the text many interesting personal communications aside from references to published material, the bibliography for which occupies over thirty pages.

Space does not permit of a detailed review nor even mention of most of the material contained in this book. It is logically arranged in sixteen parts, the majority of which contain several chapters each.

Parts I, II and III, besides the Introduction (which should be read by every medical student), are devoted to the discussion of the various steps in the development of our present understanding of clinical allergy, the general characteristics of clinical allergy, and the physiology of allergy. While introductory in part these sections contain important material necessary for a thorough understanding of the subject.

Part IV, Allergic Diagnosis, explains in meticulous but not burdensome detail, the initial interview with the patient, the history to be taken, the physical examination of the patient, and the laboratory procedures—skin testing, passive transfer, leukopenic index, patch test, and other tests necessary for diagnosis.

Part V, which covers the diagnosis and treatment of food allergies, and Part VI, which discusses food allergens in all phases, are especially valuable because they incorporate the newer concepts in this particular field.

Part VII takes up the subjects of pollens, pollinosis and other inhalant allergies in a most comprehensive manner. The role bacteria, fungi and drugs play in allergic conditions, anaphylactic shock, contact allergy and the pharmocology of allergy are presented in Parts VIII through XV.

Part XVI discusses the pathology, diagnosis, specific and nonspecific treatment of allergic diseases.

The many photographs, most of them taken by the author, add greatly to the comprehensiveness of the text. The enormous amount of subject matter is presented scientifically, with clarity and a spirit of true fair mindedness.

The reviewer cannot too highly commend this volume to the student of medicine, the internist and to the specialist in allergy.—W. A. M.

Priests of Lucina: The Story of Obstetrics. By Palmer Findley, M.D., F.A.C.S. Four hundred and twenty-one pages, illustrated. Price, cloth, $5. Boston: Little, Brown and Company, 1939.

This book is a history of obstetrics and a condensed biographical sketch of most of the men and women who have played a role in the progress of obstetrics.

Part I is concerned with the biographies of the principal midwives, doctors and scientists who made contributions to the knowledge of obsterics from the days of the ancient orient to the present day. The second part discusses the five important phases of the history of obstetrics—anatomy, the forceps, the midwife, puerperal fever, and cesarean section.

In this volume Dr. Findley gives us a very worthwhile contribution to the history of obstetrics.—M. J. T.

Manual of the Diseases of the Eye for Students and General Practitioners. By Charles H. May, M.D., consulting ophthalmologist to Bellevue, Mt. Sinai and French Hospitals, New York City; formerly chief of clinic and instructor in ophthalmology, Medical Department of Columbia University, and director of the eye service, Bellevue Hospital, New York City. Ed. 16, revised, with the assistance of Charles A. Perera, M.D., instructor in ophthalmology, College of Physicians and Surgeons, Medical Department of Columbia University, New York City. Price, cloth, $4. Five hundred and fifteen pages with 387 illustrations including thirty-one plates and ninety-five colored figures. Baltimore: William Wood and Company. 1939.

The sixteenth edition of this book follows in general outline that of previous editions. The author takes up in order the general examination of the eye; diseases of the eyelid, orbit, conjunctiva, cornea, sclera, iris, and choroid; perforating wounds, compensation for eye injuries, and glaucoma. There are chapters on diseases of the lens, retina and optic nerve, disturbances of vision, general optical principles, errors of refraction, disturbances of mobility, ocular therapeutics, and ocular manifestations of diseases. The book is well illustarted, the color plates being especially excellent.

Dr. May's book will continue to prove an outstanding aid to undergraduates and general practitioners in the field of opthalmology. The material presented is chiefly non-controversial and barren of history and discussion. The book has retained its well-known size but has increased in excellence.—P. A. D.

Epidemic Encephalitis. (Third Report by the Matheson Commission.) Four hundred and ninety-three pages. Price, cloth, $3. New York: Columbia University Press, 1939.

This is the third report of the Matheson Commission since it was established in 1927 for the purpose of publishing from time to time surveys of the esential features of encephalitis. The three essential features—etiology, therapy and epidemiology—are well covered in the present volume. Epidemiology receives the greatest emphasis, possibly because of the St. Louis epidemic of 1933.

It is interesting to note that the text is limited to 179 pages while the bibliography covers a few pages less than 300. This portion of the book is well organized and should make it an excellent source for workers in the field.

The only criticism is that the text, being composed of a large number of facts from many sources, is at times not as readable as it might be. On the whole, however, the book is highly recommended to anyone interested in this subject. F.O.M.

End-Results in the Treatment of Gastric Cancer: An Analytical Study and Statistical Survey of Sixty Years of Surgical Treatment. By Edward M. Livingston, B.Sc., M.D., associate visiting surgeon, Bellevue Hospital, New York; assistant clinical professor of surgery, New York University College of Medicine. In collaboration with George T. Pack, B.Sc., M.D. F.A.C.S., attending surgeon Memorial Hospital, New York City; assistant professor of clinical surgery, the School of Medicine, Yale University, New Haven and Cornell University Medical College, New York City. With a foreword by Bowman C. Crowell, M.D., associate director, American College of Surgeons. One hundred and seventy-nine pages, illustrated. Price, cloth, $3. New York: Paul B. Hoeber, Inc., 1939.

In this volume of 179 pages the authors have given the end results in the treatment of carcinoma of the stomach. An analytical study and statistical survey has been made of sixty years of surgical treatment starting with the work of Billroth. The analysis includes 14,000 cases in which gastrectomy was performed. From these studies the authors feel, first, that cancer of the stomach is a curable disease; second, that definite cures are obtained only by surgery; and third, that the prime requisite in the management of gastric carcinoma is to determine whether or not the patient has a resectable tumor.

The authors discuss the cures as measured against all patients with the disease, improper measurement of cures, factors which govern cures, method for finding the resectable cases, and finally the significance

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of gastric cancer cures in relation to the cancer problem as a whole.

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An interesting and enlightening last page gives the three major causes of death, including wars of the United States, fatalities due to traffic injuries, and those due to cancer of the stomach. One is startled by the realization that out of 150,000 deaths in the United States Registration Area, one-third are due to gastric carcinoma. This book is a challenge to the medical profession. The problem of gastric cancer is taken apart. Each important aspect is considered in detail, giving definite facts which should enable us to help cut the terrific death rate from this disease. J.W.G.

New and Nonofficial Remedies, 1939. (Containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1939). Six hundred and seventeen pages. Price, cloth, $1.50. Chicago: American Medical Association, 1939.

New and Nonofficial Remedies for 1939 omits many articles which appeared in the publication for 1938. A few of these have been omitted by action of the Council because they conflict with the rules that govern the recognition of articles, or because their distributors did not present convincing evidence to demonstrate their continued eligibility. Among these are: Biliposol, Serobacterins and Suppositories Salyrgan. A considerable number of others have been omitted as being off the market.

The 1939 New and Nonofficial Remedies, of course, contains the revisions which appeared in the supplements for the 1938 edition, and continues the plan of grouping together articles having similar composition or action under the general discussion. These discussions have undergone considerable revision in the 1939 edition. Further revision of statements regarding the actions, uses, dosage, composition, purity, identity, strength or physical properties of many of the articles also has been necessary in some cases. Noteworthy revisions are: Anesthetics, Local; Bismuth Compounds, Organs of Animals; Vitamins and Vitamin Preparations and Liver and Stomach Preparations.

The indices of the new volume of New and Nonofficial Remedies are of the same order and plan as in previous editions. A general index lists accepted articles, including those not described. This is followed by an index to distributors in which appear all the Council-accepted articles listed under their respective manufacturers. Finally, a bibliographical index is added for listing proprietary and unofficial articles not included in New and Nonofficial Remedies. This includes references to the Council publications concerning each such article as has appeared in the Journal of the American Medical Association, Reports of the Council on Pharmacy and Chemistry, Propaganda for Reform (volumes 1 and 2) and Reports of the A.M.A. Chemical Laboratory. M.H.S.

Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1938. Chicago: American Medical Association, 1939.

This volume as usual contains noteworthy examples of the various kinds of reports made by the Council on Pharmacy and Chemistry: (1) preliminary reports; (2) supplemental reports on therapeutic or pharmacologic problems; (3) reports on the rejection of preparations offered for the Council's consideration.

Among the preliminary reports in this volume that on *Sulfapyridine*, which carries a special article by Dr. Perrin H. Long, a Council member who has been much concerned with the work on this drug, is perhaps of greatest interest. After the Food and Drug Administration had released the drug for the use of physicians early in 1939, the Council accepted various brands for inclusion in New and Nonofficial Remedies and in connection with the published descriptions issued another status report (J.A.M.A. 112: 1830, May 6, 1939) based on a questionnaire sent to men who had been prominent in the experimental use of the drug. This report, no doubt, will appear in the next volume of reprinted Council reports. Among other preliminary reports is one on Allantoin, a preparation of glyoxyldiureid purposed to supersede the use of surgical maggots.

Among the supplemental (or status) reports are those on: *Colloidal Sulfur in the Treatment of Chronic Arthritis*, showing that much confirmatory evidence is needed to establish the value of this therapy; *Ergonovine*, a careful study of the relation of this newly discovered principle to ergot therapy in general; and *Picrotoxin in Poisoning by the Barbiturates*, showing the promise and the present limitations of this antidotal therapy.

Among the reports of a rejection the following are noteworthy: *Collodaurum*, a "colloidal gold" preparation, promoted with unwarranted exaggerated and misleading claims for its use in the treatment of

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cancer; *Dermo-G*, stated to be a mixture of spermaceti, white wax, oil of sweet almonds, sodium borate, precipitated sulphur and water, an unscientific and superfluous mixture marketed under a therapeutically suggestive name with exaggerated, unwarranted claims; *Fru-T-Lax*, a needlessly complex and unscientific mixture advertised to the public under a misleading and inadequately descriptive name with claims which are unwarranted; and *Hyposols Sulisocol*, claimed to be "Sulphur Colloid" in 2 cc. of "Autoisotonized Solution," exploited for use in arthritis with inadequate evidence of its therapeutic value. Other rejections are explained in the reports on *Map and Myoston, Nupercainal-Ciba," Pulvoids Sulfanilamide and Sodium Bicarbonate (The Drug Products Co., Inc.), Quinoliv, Sedormid, and Tri-Costivin.* M.H.S.

Proctology for the General Practitioner. By Frederick C. Smith, M.D., M.Sc. (Med.); F.A.P.S., proctologist to St. Luke's and Children's Hospital, Philadelphia; formerly associate in proctology, Graduate School of Medicine, University of Pennsylvania. Three hundred and eighty-six pages illustrated with 142 half-tones and line engravings and three color plates. Price, cloth, $4.50. Philadelphia: F. A. Davis Company, 1939.

As stated in its preface, this book is intended only as an introduction to proctology for the general practitioner. The practice of office proctology is reduced to its most simple form. Though the book lacks detail it would certainly benefit the general practitioner. The discussion of carcinoma of the rectum is lacking in discussion of treatment. The reviewer feels that there are books giving more instructive information on this subject. A. R. C.

Clinical Diagnosis by Laboratory Methods. By James C. Todd, Ph.B., M.D., late professor of clinical pathology, University of Colorado, School of Medicine. In collaboration with Arthur Hawley Sanford, A.M., M.D., professor of clinical pathology, University of Minnesota (the Mayo Foundation); head of division on clinical laboratories, Mayo Clinic. Ed. 9, thoroughly revised. Eight hundred and forty-one pages with 368 illustrations, twenty-nine in colors. Price, cloth, $6, net. Philadelphia: W. B. Saunders Company, 1939.

This new edition is much the same as the former editions. The authors have always done very well in keeping the book up to date. This edition has principally revised the portion concerned with serology. All of the more recent tests for syphilis are given. The part devoted to hematology has been changed to some extent but the more recent work in the field of blood coagulation is not mentioned. This is not a serious omission since this field is far from settled.

This book has always been one of the best books in the field for teaching as well as reference. It is well organized and is quite readable. We feel that the addition of the new tests for syphilis are of great benefit since the value of these tests has been established. This book will have wide use in clinical laboratories. The practitioner will find much of value in interpretation of laboratory reports. J. K. S.

Baptism of the Infant and the Fetus: An Outline for the Use of Doctors and Nurses. Ed. 4. By the Rev. J. R. Bowen, chaplain, St. Joseph Mercy Hospital, Dubuque, Iowa; technical adviser to Iowa State Planning Board and member of its Public Health Committee; president of the Iowa–Nebraska Conference of Hospital Chaplains; founder of the Nurses' Apostolate. Twelve pages. Dubuque, Iowa: The M. J. Knippel Company, 1939.

This brief outline, published under the official auspices of the Catholic Church, describes methods of baptism which may be used in the emergencies which confront the doctor or nurse while caring for the pregnant mother and newborn infant. In case of necessity anyone, Catholic or non-Catholic, can and should administer baptism in the manner prescribed by the Catholic church. Under such headings as conditional baptism, the premature fetus, in cases of difficult delivery, baptism in the uterus, when a pregnant mother is dying, when a mother dies in pregnancy and the baptism of monsters, the urgent need for baptism and the methods of conferring it are briefly and clearly outlined.

Because of the great need for baptism and the degree of consolation which it affords to bereaved parents this valuable outline should be readily available to doctors and nurses in every maternity ward and delivery room. K. B. McD.

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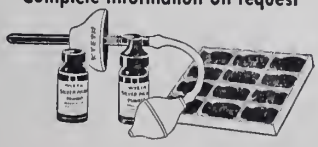

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McGILL—VAGINAL AND PERINEAL TRAUMA

(Continued from page 884)

pelvic curve for the so-called low forceps type of delivery.

"Ironing-out" the perineum.—What has been said so far about vaginal and perineal injury, has been said concerning force exerted by the fetal head plus stress from above or below. There is another factor involved in the causation of vaginal and perineal injury, more particularly the latter, which easily may be as formidable as those previously mentioned; that is, the use of the obstetrician's hands in the process of "ironing out" the perineum. If one considers the anatomy of the perineum, it will be recalled that, in a general way, the muscles pass from the pelvic wall to the midline where they fuse with each other and surround the terminal portions of the anus, vagina, and rectum. It has been a common teaching that as a preliminary to version and extraction, or ordinary forceps extraction, the perineum should be "ironed out" by inserting the lubricated finger and by downward and side-to-side motion of first one, then two, three, and four fingers, to *stretch* the perineum; the word is well chosen, this procedure actually does stretch it. As Danforth says, "the result to the woman is quite the same whether the levators are separated by the fetal head or by the operator's hand." The attachment of the levators in the midline may be ruptured; the muscles themselves may be torn; the fascia enveloping the muscles may be overstretched or torn. And even though no laceration is visible, there still exists a perineal injury. The results may be even more unfortunate because in the absence of a visible injury, the damage may be unrecognized and therefore go unrepaired.

It would seem that a more rational procedure would be gently to stretch the muscle bellies by inserting one or two fingers of each hand and making moderate pressure at positions corresponding to 5 and 7 o'clock, much as is done in dilating the anal sphincter for hemorrhoidectomy. Thus the tone of the perineal muscles would be relaxed and some additional space secured.

Episiotomy.—If perineal resistance is too great, episiotomy may be done. The degree of relaxation required can be judged most accurately in forceps delivery, where the distention of the perineum may be observed directly. If podalic version is to be done, finer judgment may have to be exercised. If the hand and arm are introduced through a tight introitus, and, particularly when a good-sized fetus is extracted, damage may be done before one thinks of episiotomy. Preliminary episiotomy is not entirely innocuous because the incision, when made prior to the attempt at version, may extend deeply when tension is exerted on the perineum. That type of injury, however, can be more readily identified and repaired. Overstretching in the process of version may cause a radiating type of injury; no one of the small stretched or torn areas may seem to require suture, but all taken together represent a considerable degree of relaxation.

If episiotomy is done, where should the incision be made? The central type permits of better anatomic repair, the fibrous tissue forming in what is normally a fibrous raphe. Danger of extension through the sphincter is of course ever present. The medio-lateral type of episiotomy, while a bit more difficult to repair, is much safer and almost as satisfactory.

Summary

(1) The forces of labor acting alone tend to injure the fibromuscular structure of the anterior and posterior vaginal walls.

(2) This injury may be greatly increased by ill-advised or unskillful attempts to accomplish delivery with forceps.

(3) The practice of "ironing out" the perineum should be abandoned.

(4) Episiotomy, properly timed, carefully done, and adequately repaired will tend to preserve the perineal support of the pelvic organs.

(5) A normal delivery, in the sense that there is no permanent damage to any of the supporting tissues of the pelvic organs, is probably an unattainable ideal.

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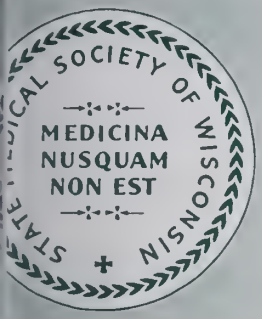

The Wisconsin Medical Journal

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DILANTIN IN EPILEPSIES
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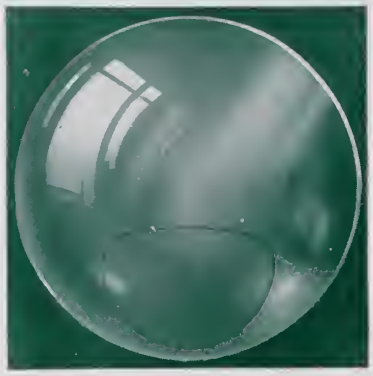

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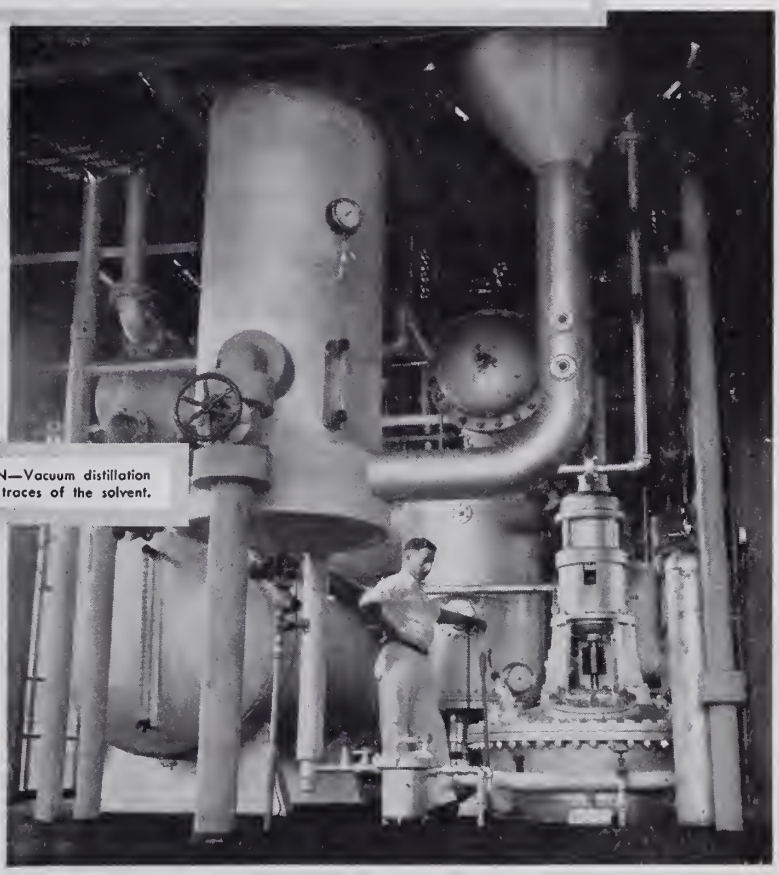

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METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

II. Determination of Ascorbic Acid

● The first practical method for quantitative estimation of vitamin C in foods was that evolved by Sherman and his associates in 1922 (1).

In this technique selected guinea pigs were confined to a scurvy producing ration supplemented with green succulent vegetables—a source of vitamin C—for a suitable period to demonstrate that the animals were growing at a normal rate. The supplementary feeding of succulent vegetables was discontinued when the animals had attained the proper weight, and the feeding of graded daily doses of the material under assay begun and continued over a 90-day period. At the end of this period, the animals were sacrificed and the degree of protection against pathologic changes characteristic of scurvy provided by the various dosages then was determined by dissection and examination of the organs and tissues. The quantity (daily dose) of the food required to prevent incidence of scurvy symptoms—the protective dose—eventually became known as the "Sherman Unit" for vitamin C, or the "minimum protective dose."

This bioassay technique underwent gradual improvement, both as to the basal ration (2) and as to a numerical system of evaluating and recording the severity of the scurvy symptoms; the so-called "scurvy score" (3). Methods employing shorter assay periods, such as the formal preventive type of assay with a 60-day assay period (4), or a method based upon histologic examination of the teeth (5), as well as curative techniques (6), have been proposed and used for the determination of vitamin C activity of foods. However, today the improved Sherman bioassay technique employing ascorbic acid as a standard of reference and a relatively long assay period is still regarded as the standard method for vitamin C determination (7).

Some six years ago, a chemical method for ascorbic acid estimation was proposed (8, 9) and immediately came into widespread use. Judiciously and circumspectly used, this method has proven a most valuable tool. By acid extraction of a known quantity of food followed by removal of certain proximate food components, ascorbic acid present in the extract may be quantitatively titrated by a standard solution of 2,6-dichlorophenolindophenol. Under proper conditions this reagent is quantitatively reduced by ascorbic acid to a colorless compound. A faint pink color in the acid solution produced by one excess drop of the reagent indicates the completion of the oxidation-reduction titration.

Development of this chemical method has stimulated many researches on the ascorbic acid contents of foods, among them many canned foods (10). Results of investigations by the chemical or bioassay technique (11) reveal that the canned varieties of foods notable for their natural ascorbic acid contents can also be numbered among the most valuable sources of this dietary essential available to the American Consumer.

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(1) 1922. J. Am. Chem. Soc. 44, 165.
(2) 1929. Am. J. Pub. Health 19, 1309.
(3) 1926. A Study of the Thermostability of Vitamin C. C. L. Kenny, Dissertation, Columbia University, New York.
(4) 1930. J. Agr. Research 41, 51.
1931. J. Agr. Research 42, 35.
(5) 1926. Brit. J. Exper. Path. 7, 356.
(6) 1933. Biochem. J. 27, 2006.
1936. Food Research 1, 3.
(7) 1938. J. Am. Med. Assoc. 111, 1290.
(8) 1933. Ztschr. f. Untersuch. d. Lebensmitt. 65, 145.
(9) 1933. J. Biol. Chem. 103, 687.
(10) 1937. U. S. Dept. Agr. Miscellaneous Publication No. 275, 104.
(11) 1922. J. Am. Chem. Soc. 44, 172.
1925. Ind. Eng. Chem. 17, 69.
1926. Ibid 18, 85.
1930. J. Home Econ. 22, 588.
1935. Am. J. Pub. Health 25, 1340.
1938. J. Am. Med. Assoc. 110, 650.
1938. Ibid. 111, 2138.

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A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia

Glisson, writing in 1671, described an ingenious use of swaddling bands — "first crossing the Brest and coming under the Armpits, then about the Head and under the Chin and then receiving the hands by two handles, so that it is a pleasure to see the Child hanging pendulous in the Air . . . This kind of Excercise . . . helpeth to restore the crooked Bones. . . ."

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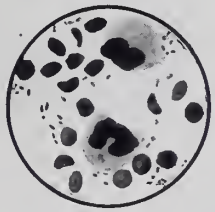

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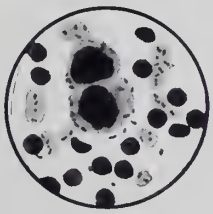

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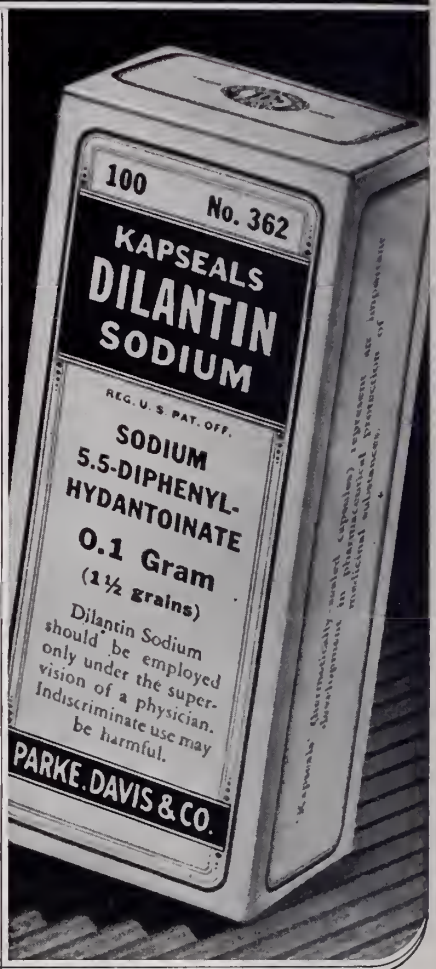

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"What is Needed Now . . . ?"*

By THE HONORABLE ARTHUR T. VANDERBILT

Newark, N. J.

President of the American Judicature Society and Past-President of the American Bar Associatian

I WELCOME this opportunity to address you this evening for three reasons: first, because your guest of honor, Dr. Rock Sleyster has been a pioneer in the practice of psychiatry and is recognized as such throughout the country; secondly, because Wisconsin—if I may judge from my experience with your lawyers and your judges, for there is no court in any state in the Union that is more illustrious than your Supreme Court—typifies an open-minded, impartial approach to the problems of the day; and, finally, because the bench and bar of this country owe much to the medical profession by way of inspiration in their efforts to improve the administration of justice in the United States.

I have often thought as I have worked over these problems what it would mean to the country at large if our professional men, particularly those in medicine and the law, in journalism and in teaching, were so organized as to give the nation the benefit of their combined experience. In their respective communities, the physicians and the lawyers, the journalists and the teachers have had a predominant part in molding popular opinion. Their views have been sought because by and large they have been disinterested. In the national field, however, and to a somewhat less degree in the sphere of the several states, their influence has not been so potent because of defects in training or inability to work in cooperation with their fellows, though of all these groups the medical profession has made the most progress.

You have met here tonight, and appropriately so, to do honor to your fellow citizen, the president of the American Medical Association. It is fitting that you should do this, for there is no greater honor that can come to any man than to be called to the leadership of his profession. But if I read aright the mind and character of your distinguished president, he is not thinking in terms of honor or of power, but rather he is filled with a sense of his high responsibility, of obligations to be fulfilled, of opportunities to be met. He comes to office at a time when your profession has been subjected to official attack and when issues which have been publicly agitated for years are therefore being drawn to a head.

Let us briefly look at the national scene in medicine through his eyes. He can say with assurance that the past at least is secure. As this country has developed over the last three centuries from a sparsely inhabited strip along the Atlantic seaboard to a teeming nation of 120,000,000 souls spread across a vast continent, the physician—first on horseback, then with his horse and buggy, more recently with his automobile, and now occasionally, in emergencies, with his airplane—has placed his skill and his devotion to duty at the service of his community. It is not necessary for me to indulge in any panegyric on the American physician. Suffice it to say that our nation and our time has been better served by its physicians than has any other nation or any other time. The honor and the respect and the affection which has been traditionally accorded to the physician in his community is the best proof that one could want of the realization by

* Address presented at the annual dinner of the State Medical Society of Wisconsin, Milwaukee, September 14, 1939, to honor Wisconsin's president of the American Medical Association, Dr. Rock Sleyster, Wauwatosa. Distinguished members of the Wisconsin judiciary and bar were present as guests of the Society.

those he has served of his usefulness and of his devotion to the needs of mankind.

An Inspiring Record

But more inspiring even than the influence of the practitioner in his community is the record in the field of medical discovery and scientific research. There is no book on the history of the world so fascinating as the story of the development on this continent of the world's greatest experiment in democracy and human liberty, and in that book there is no chapter so full of romance, of courage, and of far-reaching victory for humanity as the history of medicine in America. The use of anesthesia is so taken for granted by all of us that it is difficult for us to comprehend the suffering which has been obviated since the discovery in this country in 1846 of its use for surgical purposes. From then on not only had surgery new possibilities, but the entire field of experimental research was uncovered. The long history of the conquest of one disease after another—cholera, bubonic plague, typhoid fever, hookworm, and malaria—has no story more dazzling with high courage and scientific intelligence than that of Dr. Walter Reed and his human guinea pigs who discovered the cause of yellow fever. Their high courage and scientific intelligence vanquished a perennial threat to the health of all mankind. Diphtheria and the diseases of children generally have yielded to scientific assault, with the result that infant mortality is now in many communities one-fifth of what it was at the turn of the century. Although much remains to be done and although the millennium from the standpoint of public health has not yet been attained, here surely is a record of which any profession or any nation may be proud. Here are men in our day who have caught the vision and have lived the life of which Kipling so nobly sang:

"When only the Master shall praise them,
And only the Master shall blame,
And no one shall work for money,
And no one shall work for fame,
But each for the joy of doing,
And each in his separate star
Shall paint the Thing as he sees it
For the God of things as they are."

The discoveries in medicine, which are legion in number, would be of no avail without practitioners, trained and skilled in applying them to human needs. As a result of the survey made by Dr. Simon Flexner and the work of the American Medical Association, the number of medical schools has decreased from 160 in 1904 to seventy-seven, I believe, at the present time. As the inferior medical schools have been weeded out, the standards of medical practice have been raised. Now there are but three states that do not require at least two years of premedical work in college, and there are over forty states that require graduation from an approved medical school.

For this result, of which every man, woman and child in the United States is the beneficiary, full credit must be given to the American Medical Association. I blush to tell you that during this same period of thirty-five years the number of law schools has increased from 102 to 180, and the increase in the number of law schools has been accompanied by no corresponding general increase in standards for admission to the bar, despite the tremendous growth in the field of the law. Legislators who can see the necessity of competent medical service shrink from according the privilege of the same sort of competent legal advice to their constituents in the fancied interest of some mute, inglorious Lincoln. Always when the bar desires to move forward it is this imaginary Lincoln who must be met and vanquished. As a matter of plain historical fact, Lincoln, when he was admitted to the bar, had a better general education than most of the bright young men who are graduating from our best law schools these days. He could think; he could express himself on paper and in public debate; he understood men; and he knew much of the world's best literature. My respect for Lincoln the lawyer, as well as Lincoln the statesman, prompts me to do my bit here to dispel the myth of Lincoln the ignorant. The medical profession, fortunately, has not had to cope with modern mythology in its effort to give the public the quality of medical service to

which it is entitled and to extend medical education to the new and useful fields of public health and psychiatry.

The Consequences

Now, what are the results of all these things? In the first place, according to an account in the New York Times of last Sunday, the statisticians of the Metropolitan Life Insurance Company report that the expectation of life in the United States today is twelve years greater than it was at the turn of the century, and this despite the World War, the devastating outbreak of influenza twenty years ago, and the greatest economic depression this country has ever experienced. In 1901 the expectation of life at birth in this country was 49.24 years. By 1937 it had advanced to 61.48 years. Considering only the white population, the statisticians point out that according to the mortality rate prevailing in 1901 almost half of the male babies born in that year would have died before reaching the age of fifty-seven, but in 1937, because of changed health conditions, the age would be advanced to sixty-seven, or a gain of ten years. The corresponding ages for girl babies are sixty-one years and seventy-two years. In short, every citizen owes at least one-fifth of his years of expectancy of life to the advances of medical science in the last half century, not to mention a much more comfortable living throughout his whole span of life. Here is a record that one would think would have endeared the medical profession to every sane person. And yet we find, instead of gratitude, a vociferous, but fortunately not general, clamor of dissatisfaction voicing a demand for the best of medical services for all at little or, according to some, at no cost whatsoever.

Coupled with this agitation, which affects the medical profession directly and which has been, naturally enough, receiving its attention the country over, are two other consequences of deepest significance in our social economy. The increase in life expectancy has not only vastly augmented the number of older people in the community, many of whom must be taken care of, but it has also, to a considerable degree, been responsible for the present unemployment throughout the nation. If the rules of the game of 1901 were in force today, there would be eliminated from the American scene the millions who are causing the unemployment problem in America, though I doubt if even the severest critics of the medical profession would hold it personally responsible for this unanticipated result. There is a second fundamental problem affecting our national economy in which the physicians of the country have played an important part. The economists tell us that our American civilization has been built up for at least a century and a half on the premise of a constantly increasing population. Now, due to the widespread practice of birth control and the substantial cessation of immigration, the statisticians tell us we are facing a static, if not a declining, population, a condition which the economists assert calls for social and business organization entirely different from that existing in the period of increasing population. A growing boy requires a different diet and regimen than a man either in full strength or in withering old age. Here are problems the social implications of which may well engage our attention.

Present Discontent

Let us consider the alleged causes of the present discontent with the medical profession. First of all, it is said that the rich only can command the services of the best practitioners. Next, it is alleged that the average doctor neglects his medical education after he leaves school and that therefore a majority of the profession are not abreast of the times. Again, it is asserted that professional etiquette stands in the way of a patient's rights, both with respect to hospitals and other branches of medical service. Finally, it is charged that the average practitioner and the organized profession alike lack the social point of view in dealing with such national problems as abortion, birth control, and pure drugs. The remedy, of course, is "there ought to be a law," and that law, these critics would have us believe, is the entire control of medicine by the state.

Without entering a general denial to the indictment or claiming perfection for a profession made up, after all, of human beings, without pleading in confession and avoidance the twelve years of added life and the immeasurably greater comfort that have been bestowed on the average citizen as a result of medical progress in the last half century, without claiming credit for the tremendous amount of charity work done by the physician, both among his own patients and in the hospital clinics, let us endeavor to diagnose our problem. First of all, it is to be noted that the discontent is not limited to the medical profession alone. It extends to all professions and to all institutions. It seems to be universal. Imagine a nation with only 6 per cent of the world's area and 7 per cent of its population, owning 33 per cent of its railroads, using 48 per cent of its coffee, 56 per cent of its rubber, owning 60 per cent of its telephone and telegraph lines, consuming 70 per cent of its oil, 72 per cent of its silk, using 80 per cent of its motor cars, having one-half of its monetary supply, fifteen billions in gold, and two-thirds of its banking resources, and yet, due to obvious maladjustments, discontented and, in many quarters, bitter. Discontented ourselves, we have in turn become the cause of discontentment elsewhere. Not so long ago the Brazilian Ambassador ascribed the growth of fascism in his country largely to the bitterness engendered there by the fact that American labor had twenty times the income of Brazilian labor. Discontented ourselves, we are of all nations the most envied.

How it Came About

We cannot but wonder how it all came about. The problem dates further back than the World War and the great depression. In the last analysis, it has come from our habit of taking civilization, liberty, and democracy for granted. We have forgotten that the history of Western civilization has been essentially the history of the growth of human liberty and freedom. We have forgotten that every step in the progress of centuries has been attained only by heroic effort and suffering and generally with much bloodshed. With the Renaissance came intellectual freedom. With the Reformation came religious freedom. With the American Revolution and the French Revolution came political freedom. With the Industrial Revolution and the development of natural science came a degree of freedom from the forces of nature theretofore unknown. This freedom, in all of its aspects, we have taken for granted.

All too many of us have very little real conception of the nature of liberty. We like to declaim about "our ancient liberties," forgetting that if our liberty is merely ancient it is no liberty at all, because to be liberty for us it must be of the present. We fail to remember that liberty, in its higher aspects at least, is not an incorporeal hereditament to be handed down by operation of law from generation to generation. We fail to realize that liberty is something that must be positively and aggressively achieved by each successive generation or else be lost to that generation, and probably to its successors. One of the great grounds of discontent today is that liberty, freedom, and civilization are not automatic. We resent the fact that we, like our forefathers, must fight in our day for freedom.

The other ground is the world-wide struggle for economic freedom. Emerson puts it tersely:

> "*Things* are in the saddle and
> ride mankind."

In some countries, the earlier aspects of freedom, attained by much toil and bloodshed, are being sacrificed in the struggle for economic freedom, a struggle which thus far has yielded anything but the desired result. In the struggle for things, greed and lust for power have bred intolerance, and intolerance is forever incompatible with freedom. On at least four continents the forces of ignorance, tyranny, and oppression stand arrayed against the powers of reason, of law and of human liberty, in preparation perhaps for the ultimate titanic conflict to decide the type of civilization, if any, that will survive. In bewilderment, the entire world seems to be dividing into two classes, one believing

vainly that whatever is, is right, the other believing equally vainly that whatever is, is wrong. Strangely enough, most of these beliefs center around things. The high domain of the intellect, of the conscience, of man's relation to his fellows and to his community are either taken for granted or treated with scorn. Reason and common sense, as well as the life of the spirit, are in danger of being crushed between the upper and nether millstones of the forces of materialistic conservatism and of materialistic radicalism.

Present Needs

Is it not obvious that what is most needed today in this enormously rich but very discontented country of ours is a clearer perspective on life as a whole? True, there are doubtless many things that need correction, in medicine and everywhere else. Manifestly, the milennium cannot be reached overnight. Perfection is not to be attained by legislative fiat. *What is needed now, above all things, is unselfish, enlightened civic leadership.* Here is where, I submit, our professional men—our doctors and our lawyers, our journalists and our teachers—have a duty to perform that they cannot delegate to anyone else. They, above all others, are equipped to see the necessities of our situation and to suggest appropriate remedies. And as we cast our eyes today toward Europe can there be any doubt that our greatest duty is the preservation of our ancient liberties?

> "For what avail the plough or sail,
> Or land or life, if freedom fail?"

You may ask what all this has to do with meeting subversive attacks on modern medicine. I give you my answer without hesitation. The physician, like the lawyer, must be a citizen first or he will eventually find that he is not a physician at all. If you doubt this, I ask you to look at the plight of professional men in the totalitarian states of Europe. Every physician, when he takes the Hippocratic oath, every lawyer, when he signs the roll of his court on admission to the bar, should also be obliged to take an oath like that taken by the boys of Athens on admission to the army:

> "We shall never bring disgrace to this, our city, by any act of cowardice, nor ever desert our suffering comrades in the ranks. We will fight for the ideals and sacred things of the city, both alone and with many. We will revere and obey the city's laws and do our best to incite a like respect and reverence in those above us who are prone to annul or to set them at naught. We will strive unceasingly to quicken the public's sense of civic duty. Thus, in all these ways, we will transmit this city not only not less, but greater, better, and more beautiful than it was transmitted to us."

Once the disinterestedness, the capacity for leadership, and the vision of our professional men have been accepted by their fellowmen, I have little concern as to the correct solution of purely professional problems. They will be solved the country over, as they are being solved today in your state and mine, by patiently seeking out what is needed in each community and then devising the best available ways and means of satisfying those needs, even though they may involve some departure from what has heretofore been done. Such methods cannot fail to carry their appeal to an intelligent public.

A Word of Caution

There is one word of caution, however, that must be uttered to physicians and lawyers alike; indeed, to all professional men. To be effective, your advice must be as disinterested as it is humanly possible for it to be. Lawyers and judges are all too prone to imagine that the courts exist for their benefit. They need to be reminded every so often that the courts exist—indeed, that the lawyers and the judges exist—primarily for the benefit of litigants and the state. Accordingly, it may not be amiss to ask physicians to keep constantly in mind that they exist primarily for the benefit of their patients. During the year that I was president of the American Bar Association the publications of substantially all of the bar associations and of many of the medical associations found their way to my desk. It did not take me long to tell in what states progress

was being made. It was in those states, of course, where the public point of view was being emphasized. By that I do not mean socialized medicine or the regimentation of the bar—far from it—I mean the point of view that I have just been emphasizing, that puts service first. I am convinced that if this point of view is predominant the best interests of the public will be served by voluntary associational methods free from governmental regimentation. It was only where I saw the suggestions and implications of the power of a profession as a pressure group that I became apprehensive. The public cannot be expected to understand the technical involvements of professional problems, but it is very quick to suspect and very eager to learn whether or not these involvements are in its interest or professionally selfish. Whatever else it may be, a profession cannot become a pressure group and remain a profession in the true sense of the term. No, the professional man's interest in public affairs if he is to be entitled to full faith and credit must be distinguished by its disinterestedness, its devotion to the public point of view. He must take the position that Lincoln characteristically took when he said: "I do not have to win, but I do have to be right." This attitude is not merely idealistic; I say to you after twenty-five years in the game that it is just practical politics in the best sense of the term. The man who is right can't be beaten in the long run, but how long, how very long, it seems to take the doubting Thomases among our professional brethren to understand this obvious political truth.

Cooperation of Best Minds Essential

There is another aspect of public relations that I desire to call to your attention. There are problems that cannot be solved by any one man or any one profession alone. I have referred to the social and economic problems of unemployment resulting from the salutary increase in human life as a result of the medical progress of the last half century. I have mentioned the problem of our national economy resulting in the change from an increasing population to a static population, with the prospect of a declining population, as a result of the practice of birth control and the cessation of immigration. These problems are fundamental. They are of nation-wide importance. They cannot, I submit, be solved either by bureaucratic methods or by debate in the halls of Congress. There is no limit to their variety. Let me give you one more example. There can be no doubt that with the requirements of college education, professional school, and internship and clerkship the entrance of our young men into the practice of their chosen professions is being too long delayed. They individually, as well as society, are being deprived of some of their best years. On the other hand, education for both professions is subject to the charge—and I think with a great deal of justice—that it is too narrowly technical. We do not seem to be developing an over-abundance of Sir William Oslers or of lawyers of the type of Mr. Justice Holmes. I do not see that our students can work much harder than they do in our professional schools. I suspect that some of the difficulty is in our colleges, but most of it, I have no doubt, is in our secondary and primary education. Only cooperation of the best minds in all the professions can give us the answer to these intricate problems. I submit that each profession in a democracy owes it to the country to give the best of its leaders to the solution of these vital issues. Their task will be no easy one. Each of them, to quote Mr. Justice Holmes, himself the son of a great doctor, must—

> "learn to lay his course by a star which he has never seen,—to dig by the divining rod for springs which he may never reach."

Holmes then goes on to remark:

> "For I say to you in all sadness of conviction, that to think great thoughts you must be heroes as well as idealists."

Can there be any doubt today that we stand in need of such heroes and their heroic work? Where can such heroism and idealism be found better than among the leaders of our professions?

What Price Depression?*

By ROCK SLEYSTER, M. D.
Wauwatosa

As a preface, I wish to make clear that nothing I am about to say, is to be construed as in any way a political argument, a sermon, or a mere cynical outburst of rebellion at changing conditions. It is an attempt to evaluate the effect of certain influences on the individual and mass thinking of today.

THE future of mankind will depend, as it has in the past, on the thinking and mental health of the people. Mass thinking is but the collected thinking of the individual. By "mental health" in this consideration, I broaden the term to mean a thinking which adjusts the individual, and collectively the people, to conditions in such a manner as to in the end promote progress, security, morals, health, happiness, independence, and self expression. I include under "mental health" the possession of those attributes on which the advancement of civilization has so largely depended — such qualities as character, honesty, ideals, morals, industry, unselfishness, and good citizenship. These attributes have indicated mental health and have determined conduct. Deviation from them in individual or mass thinking has always resulted in a halt in progress and usually in regression.

If we as physicians are concerned with something more than the individual's structure and the functioning of his parts, if we believe we owe something beyond repair to the structure when damaged or correction of function when at fault, then we must assume some responsibility for the way man individually and collectively functions in his adjustments to life. We must realize a responsibility to mental as well as to physical health, and this responsibility should be assumed by all branches of medicine and not by psychiatry alone.

We are all frankly anxious about the future of our own country and of the world. The prevalent spirit of hatred and aggression, the preparations for war, the loss of liberty and independence, the colossal debts contracted for future generations to pay, are cause for grave concern. As a physician, however, I am more concerned with man himself who is subject to these conditions than I am with the conditions per se. Assuming a responsibility as physicians for man, are we aware of what is happening to him? Are we exercising a vision our special training should have given us? Are we raising our voices in protest at conditions which are affecting his thinking and his moral fiber?

We face a troubled world—a world in which the old ideals and objectives have been strangely altered. In their place have been substituted new teachings and philosophies which lead to the regimentation of man at any cost. These are days which call for clear thinking by those trained to interpret what is happening and why. Certainly one approach—possibly *the* approach to an answer —will be found in a study of these conditions and influences as they affect the thinking of the individual.

From a medical standpoint, we must look forward into the future and try to understand what is happening to those who will come to us for help and guidance. I am frankly concerned over future as well as present problems resulting from the depression years, especially as they relate to the developing age group. Here is a group maturing under influences, under difficulties we did not have to cope with in establishing a place for ourselves. Here is a group reacting not only to the normal feelings of resentment and discouragement at obstacles more difficult than their elders were forced to overcome, but influenced emotionally by a

* Address by Wisconsin's president of the American Medical Association, delivered at the 74th annual meeting of the Michigan State Medical Society, Grand Rapids, September, 1939, and reprinted with permission from the October, 1939, issue of the Journal of the Michigan State Medical Society.

propaganda deliberately set to shape the thinking of the individual toward certain ends, and to make him unfit to work out his problems by developing his own resources. Suggestable to present day attitudes toward fundamentals, to deliberate propaganda favoring dependency, to collective rather than individual responsibility for security—what will be the price to be paid in mental health? To the present burden of the mentally handicapped, what added load may be expected from the discouragement, the frustration, and the effects of present day influences on the emotional and mental lives of this age group?

A moment's reference to today's problems causes concern. If influences at work add to it in a degree which seems likely, we shall indeed ask "What Price Depression?" for today patients with mental disease occupy 47 per cent of the hospital beds in this country, and for the country as a whole, the number of persons hospitalized for mental disease increased more than 40 per cent from 1926 to 1936.

It is impossible to draw a hard and fast line between mental health and mental illness—just as it is between physical health and physical illness. This is because there are varying degrees of mental health. Many people who would never be considered "mentally ill" as we use the term, are nevertheless definitely handicapped in the race of life by mental and emotional traits and states. These are not the institutional types just referred to as hospitalized. Rather are they the dependent, the unhappy, the unsuccessful, the offenders, and the chronically ill. All of these, bluntly stated, define the scope of our problem.

Time was, within the remembrance of each of you, when we who are here today were acquiring the mental and emotional equipment with which to cope with life and make our way in society. First of all, we were told of a world which had struggled through centuries of oppression and of our father's final escape to America—a land dedicated to the principle that government exists for its people, and not its people for government. It was a land of opportunity—a land where hard work, frugality, self improvement, and self denial would be rewarded. These rewards were a sacred right to those who earned them. It was a land of racial equality and religious liberty; and its people worshiped God in their own way, but they worshiped him. It was a land where word given was an obligation to be fulfilled whether by individual or government. It was a land where debt was to be shunned, and thrift encouraged. We were taught to live within our means, save for a rainy day, establish our own security, honor our obligations, respect the rights of others, provide for the deserving less fortunate by private giving, and to protect with all our resources this land of freedom and of opportunity.

The founders of the nation fought to establish the rights of life, liberty, and the pursuit of happiness, and framed a government which they believed safeguarded them for posterity. By its Declaration, its Constitution, and its Bill of Rights, the individual was believed protected against the domination of any autocratic power. It was believed that men freed from the exactions, the impositions, and the direction of government, could develop as individuals; work out their own destiny, and reach a plane never known before. This belief was justified. A people free of direction and paternalism became self reliant, and carved in a wilderness, a country with resources, health, happiness, and comforts never known before.

Today, we look at a world torn and disrupted by hatred, violence, and aggression. Philosophies of racial superiority, of class consciousness, and of political domination, sacrifice the individual and all he has worked for and held dear. Having fought through centuries for the opportunity of self development and self expression, we find man sliding back into the position of a puppet of the state—dominated, mechanized, and regimented by political overlords. What has happened to his thinking? Why are these developments possible?

Since the world war, and especially since the onset of the depression, changes have taken place which we did not believe possible before that time. These changes are

more easily understood abroad than at home, for the people of those countries have never enjoyed our standards of living, and have in the past few years been subjected to hardships we have not known. Of one thing, however, we can be certain—only a leadership appealing to the emotions rather than reason could have brought about a surrender of personal liberty such as we have seen. Sane and balanced thinking would never have sanctioned it.

Similar trends in our own country are cause for grave concern, and the infiltration of foreign philosophies into the thinking of our own people is a challenge to those interested in the preservation, not only of our type of government, but of our type of American citizenry. We cannot deny that the past twenty years has seen a decline in morals, in honesty, in initiative, in industry, and in independence. We cannot deny a new pattern of thinking and behavior—a changing attitude toward fundamentals— a certain feeling of hopelessness, and a willingness to surrender to doctrines of fantastic promise.

The ending of the world war saw a "let down" in emotional tenseness. We had willingly sacrificed and submitted to denial and regimentation in a manner unknown of our generation—all for a great ideal. The world was to be made "safe for democracy." In the following ten years, a reaction was inevitable. To resort to the vernacular—"the lid was off." It was a period of "jazz" and "whoopee." Fortunes were made and lost almost over night. The whole tempo of life was speeded far beyond a normal limit. Abroad we saw a post war settlement unjust, and bound to lead to the developments of the past few years in Germany, Russia, and Italy. The Wilsonian doctrine we had fought for was thrown overboard. War debts and pledges we had considered sacred were repudiated. But what cared we? "On with the dance—let joy be unconfined." Prosperity was here—prosperity such as we had never known before! It was a mass hysteria. No one saved for a rainy day. The politician sang "Happy days are here again"! There was no propaganda for communistic or socialistic doctrines. No one looked to government for support or security. And then the crash—the inevitable reaction—the "cold gray dawn of the morning after." Confidence was replaced by panic, anger, and fear. Some one must be made to suffer—someone must be punished. The American mind was for the time being receptive to a new type of influence and certain forces were ready to take advantage of the situation.

Periods of want, of unemployment, of idleness through business stagnation, have ever been opportune times for the dishonest politician, the impractical theorist, the reformer, and the demagogue. They thrive on misfortune, for worry is productive of a state of mind receptive to philosophies and panaceas which would never get a hearing in normal times. With plans and ambitions frustrated, with actual want waiting on the doorstep, with fear and anger and envy as pent up emotions, it is easy and comforting to be told that someone else is to blame. When things go wrong, the first impulse is to evade personal responsibility, and to find a scapegoat. It is very easy, as a result of clever suggestion, to develop a persecution complex. Wishful thinking for a quick and easy way out, a short cut, an evasion of the obviously slow and painful way—makes us vulnerable to the theories and philosophies which are worthless and even dangerous by all the rules of appraisal we have used in the past. Emotion rules—not reason. At these times, the opportunist appears as he always has, and the evangelistic and impractical crusader works himself into a frenzy of emotional appeal. Too much idle time completes the set up for the "devils workshop," and the field is now ready for the propagandist, the visionary, and the charlatan doctor of economics.

During the world war, a new mechanism was set up for the purpose of influencing the thinking of the individual and the nation. It was so effective that it was immediately taken up for promotional purposes by government, politician, theorist, and reformer. I refer to "Propaganda." It has been skillfully developed into an art, and is today, I believe, the greatest outstanding danger to our country and its people. The screen, the press, the radio, the lecture hall, and even the pulpit have been prostituted by this evil. Insidious in its emotional appeal, by the

twisting of truth or the artful presentation of half-truths, it molds superficial thought into entirely fallacious opinions. Demands are thus created by organized minorities and false philosophies are promoted. During the past quarter century public opinion has been misled on more than one occasion by skillfully directed propaganda.

There has been no influence in moulding the character and minds of our people in the past that has equaled the influence of the home. All that is good and best has had its inception in a good home and the structure of our life has been built around it. Times have changed, however, and the old-fashioned home is becoming more and more rare. In a facetious mood, Fishbein has defined the home of today as a place in front of the garage to which the children return from the movies at midnight to await their elders' return from the bridge club. Too often it is a place where the modern mother feeds her brood with the aid of a can opener, turns them over to an inexperienced nurse maid, and hurries off to a cocktail party or dinner dance. I may be old-fashioned, but I cannot help feeling that these youngsters are being cheated out of the most important factor in the development of mental health and poise, and that the greatest single need of America today is a return to the home life as we have known it in the past.

Contrast if you will the reading of today with that of the past. To begin with, the automobile, the motion picture, and the bridge game, have been so important in our lives that we have had little time to read. How many get farther than the newspaper, and even so, it too often must be the sensational type. Note the evaluation of news in its placement. A gangster's murder gets headlines on page number one—the death of a world benefactor, a quarter column on page six.

With the advent of Freudianism, the novelist of the day gloried in the realism with which he could picture sex. As a result, "Psychopathia Sexualis" was discussed freely in smart society, and the "modern" woman and man reveled in discussing their fixations and their complexes. The best sellers described situations and elaborated on morbid states in a language heretofore considered obscene. The dramatist was not slow to cash in, and an epidemic of plays depicting nature in the raw as interpreted by the new concept drew capacity houses for months. The unprepared quack took advantage, and neurotic individuals were eager to pay money to talk with the "professor" about their "sub-conscious." The mills of the divorce court were speeded up, round trip tickets to Reno were reduced, and the results were apparent in the morals court and wreckage of home life.

Look over, if you will, the display at any news stand, and then try to evaluate the effect of this popular reading on the mind of today. Your first impression is that of the seeming necessity of nudity on the covers in order to make sales. Note the emphasis on sex and crime. Ponder on the success of recent cheap pictorials and the positive rot they offer to satisfy a degenerating taste in reading. Turn now to three or four of the so-called "high brow" publications of the social sciences, and deny if you can their communistic propaganda. It is heartening to note, however, that in all this display of sordid, cheap, and vicious literature, there are a few left worth reading, and that a little magazine without advertising *(The Reader's Digest)* and the *Saturday Evening Post* (truly American) remain among the best sellers.

The influence of motion pictures on our mental life has grown rapidly in the last twenty years. To many it has brought a wholesome entertainment. To many it has been of distinct educational value. To some it has meant a momentary escape from an unhappy reality into a dreamland of phantasy. Its possibilities for good are great, but there are distinct dangers as well. It may be too easy an escape from responsibility and a detour to avoid a more constructive application of time. Its delineation of ease and luxury may bring envy and dissatisfaction with what we have. Much of the entertainment offered certainly can make no claim as art, much of it is cheap and vulgar, and much of it is downright vicious in its appeal. The title of a clean and well known story is changed when screened without rhyme or

reason, except to appeal to those looking for something risque. I quote two advertisements for pictures from a recent morning paper:

"Spicy as a show-girl's diary—
A tasty but torrid hit
Oomph girl of the screen in her sizzling best."

Another:

"Eyes—veiled with the languor of tropical nights—Lips—curved with the temptation of rapturous promise—exotic—desirous—an alluring beauty who fanned the spark of smouldering passion into fierce, flaming ecstasy."

This sort of thing dished up to your adolescent youngster! Have the movies an influence on mental life? Have we as physicians an interest in this sort of thing? Have the mothers and fathers of this great country the stamina to take a stand for decency and against some of the influences I have just covered? Personally, I was heartened when the picture, "Goodbye, Mr. Chips" drew capacity audiences in my home city for two weeks, while the "Alluring Beauty" lasted only one.

Probably no agency today is more effective in influencing the thinking of our people than the radio. It has much that is good—very good, and it has much that is bad—very, very bad. The same instrument that can bring the beauty of a symphony orchestra, can bring the pulsating tempo of a savage jungle jazz, proudly announced as "hot music." And make no mistake in minimizing the influence of music on the emotions! The instrument which brings you a stimulating scholarly lecture, brings you as well a cheap substitute for humor often bordering on vulgarity. The address of a statesman is followed by the impassioned harangue of a demagogue. Most dangerous of all is the propaganda for political effect—so sugar coated in its appeal to the emotions, that its intent and dangers are disguised, and there is no opportunity to unmask it. Because of its emotional appeal, its influence is often far reaching in its effect on individual and mass thinking. The great danger is that under the regulation of a political dictatorship the radio could easily swing the destiny of the nation.

During the depression era, we have seen orderly thinking disrupted by political catch phrases with only an emotional appeal. What think you of the use in America of such terms as "Torys"—"Special privilege"—"Entrenched greed"—"Economic Royalist"? Are they the appeal of the statesman to reason? Can anyone with love of all our country has held dear condone the use of such shibboleths in their effect on the mental health of a people in distress?

What of "Redistribution of wealth," "The haves and have-nots," "A car in every garage," "The under-privileged"? Are they constructive expressions at a time leadership should inspire courage, or do they tend to increase dissatisfaction, envy and hatred? What of "Every man a King"? Was this intended to inspire the utmost in the development of the individual or was it the cheap clap trap of the demagogue. Mind you, I am not talking politics, but I *am* interested and everyone of us *must* be interested in the effect of such appeal on the mind of man.

Foreign philosophies which have halted progress and all but wrecked the countries of their origin, have been so cleverly promulgated as to cause the gravest concern as to their effect on the thinking of our own people. In their appeal to basic human weakness, through promises of protection and relief of fear, they have made alarming headway. Of these none is more serious than those disturbing the individual's incentive to work for his own security. We would all welcome a Utopia in which some mysterious power would assume responsibility for our old age, our unemployment, and our periods of misfortune, and illness. We must face reality, however, and realize that we are living in no dream land; and that the beneficent power called "state" or "government" who is to father us, is none other than those of our neighbors who are industrious and through political compulsion are forced to support us. I am sure none of us has any quarrel with tax support of the indigent. I do protest, however, the utterly cruel and senseless campaign to undermine that quality of mind which has furnished the incentive more than

any other for effort that has developed the individual and the nation.

The only real—the only dependable security—is the security that comes from resources within oneself. Any philosophy that promotes security at the expense of independence, that supplants self reliance with the false contentment of dependency on others, destroys initiative and unfits the individual to compete in the race of life. It is a harking back to the infantile method of securing satisfaction expressed by the words—desire—cry—satisfaction. Life changes this with maturity to a sequence of desire—work—save—satisfaction. This formula is fundamental to progress and no political pandering or wet-nursing can change it without wrecking the objective for which it was intended. The doctrine that "the world *owes* us a living" is neither stimulating to the individual nor to the nation. What the world *owes* us can only be measured by the effort we are willing to make as *our* contribution to making it a better place in which to live.

Today, we face a troubled world. Perhaps never before has it been so under the influence of emotional control. Its unhappy maladjustments are cause and effect of mental and moral deviations from the standards evolved through experience. The mind of man is bewildered and confused. The teachings, the codes and the ethics on which he has depended to guide him in effecting his placement in relations to others are being attacked and destroyed.

He has been taught honesty and the sacredness of an obligation, only to see government, which he was taught to respect, repudiate debts, violate contractual obligations, and desert party platforms.

He has had a religious training which taught tolerance and the golden rule, only to see those in high places preach and foster class hatred, racial discrimination, and religious intolerance.

He has been taught to work hard, to save, to live within his means, and to acquire for his own competence. He cannot reconcile this with the spectacle of government extravagance and spending beyond income nor with the piling up of debts for future generations to pay. He cannot square this training with a philosophy of more pay for less work; not with the intervention of a third party to tell him if he may work, when he may work, where he may work, and how he may work. He cannot justify, with his training, a theory that he has a right to the property of others, or that they have a right to his—no matter how indirect the way of redistribution. To him such a theory is plainly dishonest.

Reared with a belief in Deity, and the acceptance of a standard of ethics by the great teacher of Galilee, he finds himself in a world drifting away from a faith which has gone hand in hand with all social progress, and he is deeply conscious he lacks a support he may not be able to define.

The mind of man is confused. The influences of the past few years have been too intricate to grasp and to evaluate in orderly fashion. Perhaps in the day of our fathers, when men fought the forces of man and nature, when men knew what they wanted, when men were accustomed to think for themselves, and to reason from available knowledge—perhaps these influences would not have been as effective as they are today. A breakdown of the sense of individual responsibility is a menace to the individual, to the nation, and to mankind. There is no greater threat to our country than a defeatist state of mind. If, in his search of security, man is willing to yield all he has struggled for through the centuries, the price will be far too great. If the influences of these years mean a breakdown in those qualities of mind which have brought the blessings of this century, and leave in their wake a lowered intellectual and moral integrity, we may well ask—"What Price Depression"?

With a full realization of the seriousness of the times, I cannot be altogether pessimistic about the future. The American type of mind has always settled down to efficient functioning after storms of emotional upheaval. It is time, however, for the profession and the public alike, to recognize the sinister influences at work, and to come out in the open in defense of a thinking that has made our Republic the envy of the world. It is a time to think clearly—to feel calmly. It

is a time to face reality manfully, and avoid short cuts to Utopia. It is a time to preach tolerance, fairness, and charity. There can be no future without honesty and unity of purpose.

I, for one, cannot go along with a teaching which tells the discouraged that there is no future, that unemployment is here to stay, that "a changing social order" has closed the door to individual effort, initiative, and opportunity. I cannot condone a defeatist teaching that there are no more frontiers to conquer, that all the gold has been discovered, that all the virgin resources are exhausted. Let us face the future. Opportunity was never found in the past—it was found in thinking our way through the days to come. Constructive effort today will not confuse the mind of man with a philosophy of defeatism, hatred, limited effort, and willingness to surrender to political control. Rather will it direct his attention to the opportunities of tomorrow, and the rewards for effort and hard work. The men who in this year 1939 are pioneering a Yankee Clipper in trans-oceanic service; the men who are developing air conditioning in home, office and factory; the men who are building a new super railway service; the men who are bringing into being a new world through chemical research—these men have no time to listen to a philosophy of less work and controlled effort—for they are busy dreaming, thinking, planning, doing. The future of the world will depend on the influence we can bring to bear on the mind of man—influences to combat all that has taken place in these depression years. Let us face a realistic future with faith and a firm determination that the mental, moral, and spiritual standards of the past shall be maintained!

The Management of Gallbladder Disease*

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IN CONSIDERING the proper management of gallbladder diseases, it is necessary to realize that the gallbladder has a definite function. While it is not indispensable, still it is not a vestigial organ such as the appendix. It serves to concentrate and store the 500 to 1,500 cc. of bile secreted daily by the liver until it is needed to aid in the absorption of ingested fat in the small intestine. Whenever fat passes through the pylorus, the gallbladder is stimulated to contract and discharge its contents. After cholecystectomy the bile ducts dilate so that, to a certain extent, the bile can be stored. This, of course, depends on the tone of the sphincter of Oddi. If the sphincter is lax, there is a continual flow of unconcentrated bile into the intestine; if the sphincter has good tone, the bile does not flow into the duodenum until a minimum pressure has been built up in the bile ducts. In either case the bile flow is more or less uncontrolled and the bile is not forced into the intestine to act on the fat at the optimum time; nor is the bile concentrated to its most efficient form.

Unquestionably, there has been a marked increase in gallbladder surgery throughout the country during the last two decades. Is this due to the fact that the disease is more prevalent because of changes in dietary habits, or could it be because of the more prevalent use of laboratory diagnoses?

The author has felt for some time that the ease of visualizing the gallbladder by means of cholecystography, the marked increase in the number of patients receiving this test, the immediate interpretation of faulty visualization into terms of a diseased gallbladder, even in the absence of colic and without repeating the test, and the facility of selling the patient the idea of surgical operation on x-ray evidence alone, are factors responsible for this increase in gallbladder surgery. Furthermore, the failure of medical management to relieve the patient with a diseased, yet nonsurgical, gallbladder

* From the department of surgery, Northwestern University Medical School and St. Luke's Hospital. Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, Milwaukee, September, 1938.

also has caused many a patient to seek surgical relief.

And what do we do when we employ surgery? Almost routinely the gallbladder is removed. "Routine cholecystectomy is the operation of choice in 90 per. cent of the cases, and when forced to drain we endeavor to persuade the patient to submit to a second operation for removal of the gallbladder just as soon as his or her condition warrants," is the statement made to the author by one outstanding surgeon. A fixed routine is dangerous in any surgical procedure. If we enter the abdomen with a fixed idea of removing the gallbladder, many normally functioning gallbladders will be sacrificed, and certain conditions where drainage of the gallbladder is definitely indicated will be overlooked.

In this paper, therefore, an endeavor will be made to prove (1) that all gallbladder diseases do not require surgery; (2) that nonvisualization of the gallbladder by roentgenogram is insufficient reason for surgery; and (3) that when surgery is performed the question of drainage of the gallbladder or its complete removal must depend absolutely on conditions found in the individual case. Arguments substantiating these premises follow. For further details concerning the views herein expressed, the reader is referred to an article by Mock, Brown and Dolkart.[1]

Nonsurgical Cases

There are many gallbladder dysfunctions and diseases that do not require surgery.—These conditions include indefinite gallbladder or liver symptoms, frequently referred to by the old family physician and by the laity as "bilious attacks;" symptoms produced by a spasm of the sphincter of Oddi, frequently found in the nervous, high-strung individual with a spastic colon; low-grade, chronic, recurrent cholecystitis without gallstones; acute cholecystitis without gallstones; and attacks of catarrhal jaundice, observed usually in children and young adults.

From the medical point of view the use of the low fat, low cholesterol diet, in conjunction with catharsis, comprise the average conception of the medical management of the above-mentioned gallbladder conditions. This conception has remained unchanged as the treatment of choice for the past several generations.

Three or four decades ago, surgery was considered a desperate and horrible experience to undergo. It was agreed to only as a last resort, patients with terrific and recurring attacks of gallstone colic finally submitting to the ordeal. But now surgery is an everyday occurrence. Familiarity has bred contempt for its dangers in the minds of the laity. Failing to receive relief by medical management from low-grade discomfort and pain, patients with the conditions named above have readily agreed to surgery.

But we all know that surgery has failed to cure a considerable proportion of patients suffering from gallbladder disease. Our best surgical cures are among those patients with very definite gallbladder colic, due to the presence of stones. Too often patients who are operated on for indefinite gallbladder symptoms fail to secure relief. From a careful follow-up of a large number of patients treated surgically for gallbladder disease, Mock, Brown and Dolkart[1] came to the following conclusion:

> "The best subjective results are obtained in patients subjected to surgery who give histories of repeated colic, common duct stone, or chronic pancreatitis; poorest results obtained in patients in whom cholecystitis (or simple gallbladder dysfunctions) existed without cholelithiasis."

A study of various published statistics enabled these authors to compile Table 1, in which the published results of surgery could be classified as satisfactory or unsatisfactory.

TABLE 1.—*Results of Biliary Tract Surgery in 1,823 Cases*

Reported by	Year	Cases	Diagnosis	Results Satisfactory	Results Unsatisfactory
Davis[2]	1928	144	Mixed*	90.9%	9.1%
Catell[3]	1929	624	Mixed	67.8%	32.2%
Stanton[4]	1932	90	Stoneless	63.0%	37.0%
Judd and Priestley[5]	1932	72	Stoneless	82.5%	17.5%
Judd and Priestley[5]	1932	534	With Stones	76.2%	23.8%
Goldish and Gillespie[6]	1933	296	Mixed	62.8%	37.2%
Howard[7] and Brown[8]	1934	63	Mixed	44.4%	55.6%

* Mixed—designates both stone and non-stone cases.

As a surgeon, I resent such a high percentage of partial or complete failures as the result of gallbladder surgery. I am convinced that more adequate physiological medical management of many of our patients has resulted in fewer operations; that the more conservative selection of patients for surgery has resulted in a far higher percentage of satisfactory improvements or cures.

In addition to the presence or absence of stones in the gallbladder or common duct, there are several fundamental conditions which require consideration in the medical and surgical management of a diseased gallbladder. These are: (1) stasis in the biliary tract; (2) infection of the gallbladder; (3) the varying degrees of hepatitis and liver damage accompanying the changes in the gallbladder; (4) pericholecystitis with adhesions to adjacent viscera; and (5) pancreatitis, the result of stasis, or blocking at the sphincter of Oddi. The exact role of each factor in the production of the characteristic syndrome of gallbladder disease is not definite and varies in the individual patient.

For a time elimination of bile stasis on the basis of Lyon's duodenal drainage therapy seemed to meet the situation. This method has been tried and discarded by many. It is still used by a few clinicians but the fact that the majority have refused to accept it speaks for its inadequacy.

A great many cholagogic preparations have been used in the past to stimulate bile flow. Chief of these has been magnesium sulphate because of its action in relaxing the sphincter of Oddi. It is difficult, however, to correlate the rationale of the popular low fat, low cholesterol dietary and magnesium sulphate therapy. If stasis is to be overcome, then the physiologic method of inducing evacuation of the gallbladder is one favoring the presence of fat in the duodenum. This has been totally disregarded in our advocacy of the low fat diet. Such a diet places the gallbladder at rest, whereas, magnesium sulphate achieves a directly antagonistic action. Ivy[9] has shown that the presence of egg yolk and cream or olive oil and oleic acid in the duodenum is far more effective than magnesium sulphate in stimulating bile flow. Furthermore, a large percentage of patients with gallbladder dysfunctions are chronically constipated. For a time magnesium sulphate relieves this condition, but the end result of its continued use is generally the development of a highly irritable bowel with accompanying reflex pyloric spasm, and finally the development of a spasm of the sphincter of Oddi. Our faulty conception of the medical management of gallbladder disease is therefore often responsible for continued and increasing symptoms, and the corollary to this is increasing surgery.

Based on the belief that the gallbladder has a definite function in the body metabolism, and that under proper medical management the majority of the above dysfunctions and diseases can be relieved and the gallbladder saved for future usefulness, Brown and Dolkart (of the medical department), Jenkinson (of the x-ray department) and the author studied the results of a more physiologic medical management in these conditions on a large number of patients at St. Luke's Hospital. Depending on the degree and severity of the symptoms, all or a part of the following management was instituted in these patients. Some responded to dietary management alone; others required the entire regime.

Nonsurgical Regime

Dietary management. — Instead of a low fat diet, these patients were urged to partake plentifully of milk and cream, butter, cheese and eggs, along with lean meat, the softer forms of vegetables, or pureed vegetables, and cooked fruits and fruit juices. Many of these patients had noted that potatoes—especially when fried—pies, cakes and hot breads caused discomfort and even stimulated attacks. A tendency to become obese is prevalent among gallbladder patients. Therefore, these foods have long been eliminated by the author in his dietary management. All fat meats and lard fats are likewise eliminated. In the more severe cases, Brown advocates the ingestion of milk and cream every hour, a regime quite similar to the management in cases of ulcer.

Drug management. — Many cholagogues have been tried and several found satisfactory. For almost thirty years the author has prescribed effervescent sodium phosphate with good results, but his medical colleagues frown on this drug on the ground that it is too nearly allied to the effects of magnesium sulphate. The cholagogue most frequently used in this study was a preparation of ketocholanic acids known as Ketochol. Its efficacy in stimulating the flow of bile has been proved.

Since constipation, usually due to a spastic, irritable bowel, so frequently accompanies these conditions, and since irritating cathartics only add to the trouble, pure white vaseline is usually prescribed. The patients are instructed to take two or three teaspoonfuls of white vaseline at night and to regulate the amount by its effect. Vaseline kept in a cool place becomes quite stiff. A teaspoonful can be rolled into a ball, placed on the back of the tongue, and washed down with a glass of cold water without the patient being conscious of taking it. It is very efficacious in overcoming constipation.

Antispasmodic medication in many of these cases is a necessary factor. When one sees the relief it gives many patients, one wonders if we have not overlooked the frequency of a spastic sphincter of Oddi. Tincture of belladonna, minims 3 to 6, in elixir of sodium phenobarbital, ½ grain three times daily, is the antispasmodic most frequently used.

In the more severe cases, where infection with chronic or acute cholecystitis accompanies the bile stasis, a period of rest in bed adds greatly to the benefits of this medical management.

Medical treatment summary.—In the absence of other indications, therefore, there are three groups of gallbladder disease which will respond to physiological medical management: (1) gallbladder stasis; (2) chronic cholecystitis where no calculi are present; (3) chronic cholecystitis with large soft calculi, few in number, causing no or very mild and infrequent attacks of pain. Even in this latter group we have found a large number of patients become relatively symptom-free when treated by the methods described. However, in the absence of contradictions, the presence of stones makes surgery justifiable.

As with most surgical conditions, the clinician is usually confronted with a perplexing problem when the patient either flatly refuses operation or is such a poor surgical risk that medical management is required. Such patients are not few in number. The program of management as herein outlined is the most satisfactory form of palliative treatment.

Surgical Considerations

Nonvisualization of the gallbladder on x-ray examination, in the absence of definite signs and symptoms of cholelithiasis or empyema of the gallbladder, is not sufficient evidence to warrant surgery.—Approximately 100 cases of gallbladder disease have been studied at frequent intervals by cholecystography during administration of the medical management herein described. In all of these cases an abnormal shadow was seen at first, but, after one to three months of medical treatment, visualization revealed a normally functioning gallbladder.

This result has been seen sufficiently often to warrant the statement that many gallbladder dysfunctions and diseases will yield to proper management and that if visualization alone is relied on for surgical indication, many a patient will be subjected to unnecessary surgery.

The following conditions, enumerated in order of their frequency, definitely require surgery:

1. *Cholelithiasis giving definite gallstone colic.*—As a rule it is advisable to permit the attack to subside or abate before employing surgery. There are cases, however, in which the severe pain persists, the icterus increases and the patient's condition grows critical. In this type of acute gallbladder disease, early operation is preferable.

2. *Empyema of the gallbladder.*—In acute cases of empyema of the gallbladder in which the patient has chills and fever and is definitely growing worse, immediate operation is indicated.

3. *Obstructed cystic duct with a markedly dilated gallbladder.*—This condition is definitely surgical and should be treated surgically when diagnosed. Delay may be fatal. It is this type of gallbladder, especially in older individuals, that may go on to perforation.

4. *Obstructive jaundice.*—This condition is due as a rule to a common duct stone, stricture of the common duct, or to extrabiliary tract inflammation with compression of the duct, either from a subacute or chronic pancreatitis or from an extrabiliary or intrabiliary tumor. Such patients should be observed carefully and subjected to surgical treatment when the obstructive jaundice is lessening or has subsided. Even these patients, however, occasionally have to be operated on during the acute jaundiced stage if life is to be saved.

5. *Subacute or chronic pancreatitis, usually accompanying a cholecystitis.*—As a general rule such patients should be placed under careful medical management. Surgery is indicated if the symptoms fail to subside after a few weeks or if the condition is definitely growing worse. In three of the author's patients with this condition, the attacks were very acute, the jaundice marked and the course progressively worse. All three were operated on at times ranging from the second to the seventh day of the attack. In each case the gallbladder was distended and the pancreas simulated a tumor. One pancreas was the size of a baseball. Prolonged drainage of the gallbladder was the operative procedure in all cases. All three patients recovered.

6. *Cholecystitis.*—In most instances when this diagnosis is made the patient is definitely a medical rather than a surgical problem. The majority will readily improve on careful medical management. When no improvement occurs after persistent effort, surgery is justified. Usually when surgery becomes necessary, a careful investigation of the pancreas will reveal changes typical of chronic pancreatitis.

7. *Gangrenous gallbladder.* This is presumably a rare condition, but, according to Bailey of St. Louis, is more common than the profession realizes. It usually results from recurring attacks of colic causing gallbladder inflammation and fibrosis, and this combined with pressure of the stone at the neck of the gallbladder so interferes with the circulation that an area of necrosis develops. Only a small portion of the wall may be gangrenous or the gangrene may extend to include most of the organ. Rupture is not uncommon. The mortality rate is very high, especially in older patients. It is seldom diagnosed except on surgical operation. The threat of this condition developing is a strong argument in favor of surgery in the presence of recurring attacks of gallbladder disease, unrelieved by medical management.

The indefinite right upper quadrant syndrome that may mean dysfunction of the biliary tract, pancreas, duodenum or stomach rarely belongs in the field of surgery. In all of these cases the gallbladder may at times fail to visualize normally. Patients presenting these indefinite complaints should not be subjected to surgery without prolonged careful medical management. It should be remembered likewise that there are probably more patients still enjoying a comfortable existence with adhesions about the gallbladder or malformations of this organ than have ever been operated on for such conditions. The majority of these patients are suffering from functional conditions only temporarily relieved by surgery. It is the surgical treatment of such patients that accounts for the high percentage of unsatisfactory surgical results.

Cholecystostomy vs. Cholecystectomy

The question of drainage of the gallbladder or its complete removal depends absolutely on conditions found in the individual case.—It is almost unorthodox for a surgeon to express even a favorable opinion concerning cholecystostomy. In the opinion of the author and his colleagues, however, there are very definite physiologic indications for this procedure. We concur with Ivy's view that the gallbladder which concentrates should not be removed except for very definite indications.

It has been stated by several authors in the past that the drained gallbladder never shows a normal response on roentgenologic

examination. This has been one of the strong arguments in favor of the total removal of all gallbladders. It has swung the majority of surgeons from the "-ostomy" to the "-ectomy" side of gallbladder surgery. In 1927 Spurling and Whitaker[10] examined the gallbladders of twelve patients, using the Graham–Cole test, after the organs had been subjected to surgical drainage. They found that none of the gallbladders visualized. Moore, in 1928,[11] confirmed the findings of these workers. The author has been unable to substantiate these findings. As early as 1926, ten patients upon whom cholecystostomies had previously been performed were studied roentgenologically for from one to ten years after operation. Six of the ten patients showed a normal response to the Graham–Cole test and eight of them were free of symptoms.

It was further observed by several of the internists on the St. Luke's Hospital staff that poor results were being obtained in patients subjected to routine cholecystectomy. Further studies were therefore carried on by Jenkinson and Foley[12] in the roentgenologic department. Twenty-eight patients who had been treated by cholecystostomy from eight months to twenty years previously were subjected to a complete series of cholecystographic examinations. Seven of the patients were males ranging in age from forty-three to seventy-eight years. Twenty-one were females between the ages of thirty-two and sixty-six years. Following surgical operation the gallbladders had been drained from eight days to four weeks. Nineteen of these patients gave a dye response that demonstrated gallbladders which filled and emptied normally and gave a homogeneous shadow. Two showed normally functioning gallbladders with slight defects in contour. Seven gallbladders showed definite pathologic changes. In twenty-one, or approximately 70 per cent of these patients previously subjected to surgical drainage, therefore, there was a normal response. Additional studies on private patients whose gallbladders were drained by the author from six months to twenty years previously, showed that in 68 per cent of a total of forty patients there was normal gallbladder visualization.

These two groups of cases indicate that gallbladders which have been subjected to surgical drainage can be objectively demonstrated to be capable of carrying on normal function. It should seem logical, therefore, that it is not unorthodox to endeavor to preserve the normal physiologic activity of the gallbladder and biliary tract whenever possible.

Summary

There are many gallbladder dysfunctions which will yield to medical management. Recently the author reviewed his office records on approximately 100 patients who have continued under his care for from five to thirty years. These records depicted a history indicative of gallbladder dysfunction varying in degree from a low-grade discomfort in the right upper quadrant to attacks of pain less severe than colic, and frequently accompanied with nausea and vomiting. The majority gave a history of constipation. The physical examinations all showed some tenderness and often tumefaction over the gallbladder region. Spasticity of the colon was recorded in the majority of cases. All of these patients were treated nonsurgically. Greasy foods, foods fried in lard and pastries containing lard were eliminated from their diet. They were encouraged to eat plentifully of milk, cream, butter and cheese. When tolerated, eggs were included. The remainder of their diet consisted of foods usually specified in a nonresidue diet. The spastic colon was treated with belladonna and either mineral oil or vaseline or oil enemas as the only form of catharsis. Effervescent sodium phosphate, and, in more recent years other mild cholagogues, were prescribed, not to be taken constantly but when discomfort, a sense of fullness, pain, nausea or vomiting developed. Many of these patients were rather obese women who had cultivated the automobile habit to the limit. They were encouraged to exercise, especially to walk two or three miles daily and otherwise to reduce their weight.

The great majority of these patients have lived happy, useful lives, comparatively free from suffering. In fact, when these records are compared with a group of patients treated surgically by the author—and in

whom the operative indications were not as strict or as definite as he would have them today—the general welfare of the medically managed group surpasses the latter.

It should be a source of great pride to a surgeon if, in the later years of his career, he can have a large following of patients who still have "virgin bellies," that is, abdomens free of scars. Gynecologists have demonstrated that many of the lower abdominal scars representing the sacrifice of tubes and ovaries in the past are unnecessary today. Surgeons can likewise reduce the number of upper abdominal scars representing the sacrifice of gallbladders, if certain gallbladder dysfunctions are eliminated from the field of surgery.

Cholecystectomy is definitely indicated when a diseased, distended, stone-laden gallbladder is found. In the more severe forms of biliary tract disease, it still is and probably always will be more frequently indicated than is cholecystostomy. It is not the author's purpose to condemn or belittle this procedure. This is a plea for a more careful individualization of every case, rather than the routine subjection of every patient to cholecystectomy.

Cholecystostomy should be considered as the procedure of choice—

1. Whenever, after exposing the gallbladder and carefully examining the liver and the pancreas, one finds a definite condition of subacute or chronic pancreatitis, with or without cholecystitis or stones, provided the gallbladder is not so diseased that it must be removed. (It is the experience of the author, confirmed by the writings of Archibald,[13] de Tarnowsky[14] and others, that when the gallbladder is drained because of an existing chronic pancreatitis, prolonged drainage for six to twelve weeks is preferable to the usual few days to two weeks. The recurrences and continuation of right upper quadrant distress are most frequent in those cases in which the drainage period was short. Bile drainage gives the inflammatory changes in the pancreas the best chance for resolution—a condition which usually requires weeks and months.)

2. Whenever a few stones, usually cholesterol, are found in a gallbladder which on close inspection is otherwise negative. (Because it has become the container of stones is not a sufficient reason for removing the gallbladder. The author is convinced that the percentage of cures following cholecystostomy is just as high as that following removal of the gallbladder, if not higher. Furthermore, the operation is simpler.)

3. When acute empyema of the gallbladder is present. (In these cases it is the author's opinion that a quick drainage operation is safer and preferable to the more prolonged cholecystectomy.)

When the surgeon exposes the gallbladder and biliary tract, expecting to find stones and fails to find any condition indicative of pathologic changes, it is far wiser to "back out" than to remove or drain the gallbladder. As already stated, the day is past when this organ should be considered a useless nonfunctioning vestigial structure.

BIBLIOGRAPHY

1. Mock, H. E., Brown, C. F. G., and Dolkart, R. E.: The conservative treatment of gall-bladder disease. Surg., Gynec. & Obst. 66: 79–87 (Jan.) 1938.
2. Davis, B. B.: Operative mortality and end results in gallbladder surgery. Ann. Surg. 87: 735–741 (May) 1928.
3. Catell, R. B.: End results of surgery of the biliary tract. Ann. Surg. 89: 930–941 (June) 1929.
4. Stanton, E. M.: The stoneless gall-bladder. Am. J. Surg. 18: 246–250 (Nov.) 1932.
5. Judd, E. S., and Priestley, J. T.: Ultimate results from operations on the biliary tract. J. A. M. A. 99:887–891 (Sept. 10) 1932.
6. Goldish, D. R., and Gillespie, M. G.: Review of 347 gallbladder operations. Am. J. Surg. 21: 30–37 (July) 1933.
7. Howard, J. T.: Analysis of results of biliary tract surgery. Am. J. Digest. Dis. 1: 270–271. (June) 1934.
8. Brown, T. R.: The results of treatment, medical and surgical in gallbladder disease from a clinician's viewpoint. Am. J. Digest. Dis. 1: 221–227 (June) 1934.
9. Ivy, A. C.: The physiology of the gallbladder. Physiol. Rev. 14: 1–102 (Jan.) 1934.
10. Spurling, R. G., and Whitaker, I. R.: End results of cholecystostomy as shown by cholecystogram. Surg., Gynec. & Obst. 44: 463–467 (April) 1927.
11. Graham, E. A., Cole, W. H., Copher, G. H., and Moore, S.: Diseases of the gall bladder and bile ducts. Philadelphia: Lea & Febiger, 1928.
12. Jenkinson, E. L., and Foley, J. M.: Cholecystographic findings following cholecystostomy. Am. J. Roentgenol. 36: 301–304 (Sept.) 1936.
13. Archibald, E. W., and Kaufman, M.: Surgical diseases of the pancreas. In *Practice of Surgery* by Dean Lewis. Hagerstown, Md.: W. F. Prior Company, 1932, 7:43.
14. De Tarnowsky, G., and Sarma, P. J.: Surgical treatment of chronic pancreatitis. Ann. Surg. 101: 1342–1352 (June) 1935.

Clinical Experiences With Dilantin in Epilepsies*

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THE problem of epilepsies has kept the medical profession interested since Hippocrates. The etiologic factors, the remedies, and the many diets have changed with the centuries, but still we are groping in the dark for the cause or causes, for a helpful medication, and for a cure. We speak today of epileptic reactions, of epileptic disorders, of an epileptic symptom complex, and of epilepsies, denoting our ignorance of the etiology by the adjective "idiopathic." An extremely labile constitution, stigmatized by disintegrated and widely ranging systemic reactions, characterizes a predisposition to convulsions. But additional epileptogenic noxae are necessary, which, only by repeated excitation of the brain, condition this organ finally to respond with one, several, or with a status of explosive tonic-clonic convulsions. The essential factors leading to such convulsive reactions in a labile constitution commonly cannot be elicited. They may be ganglionic irritability, faulty vegetative regulation, or vasolability; they may be cyclic neurometabolic crises following vitamin-fermentation deficiencies, or cellular, tissue *p*H and mineral changes, or other factors.

Among the drugs recommended for the treatment of epilepsy, only phenobarbital (luminal) and the bromides have held their own.

Merritt, Putnam et al.,[1, 2] in an attempt to find a drug which would have anticonvulsant properties without the depressant action of the medications in common use, experimented with a variety of chemicals. They induced convulsions in cats by electrical stimulation through electrodes in the mouth and on the occiput. Convulsant thresholds were established and the effect of various drugs in raising this threshold determined. The preparation finally selected for clinical trial was sodium diphenyl hydantoinate (dilantin).

In 1938, Merritt and Putnam[3] reported the results obtained in 200 patients who had taken dilantin for periods of from three weeks to eleven months. In their series, 118 had grand mal seizures. Of these, sixty-eight (58%) were totally relieved; thirty-two (27%) greatly improved and eighteen (15%) slightly or not at all improved. Of seventy-four patients with petit mal seizures, twenty-six (35%) were completely relieved; thirty-six (49%) had a marked decrease in frequency of attacks; and twelve (16%) showed either slight or no improvement. Four of six patients experiencing "psychomotor equivalent attacks" were entirely relieved; the other two were greatly improved.

The Authors' Study

We are reporting a series of eighty-eight patients who have received dilantin for periods of from two to ten months. No supplementary procedures, such as establishment of acidosis or dehydration, were used. Of these, forty-five are at the Southern Wisconsin Colony and Training School at Union Grove, Wisconsin; twenty-six are at the Wisconsin Psychiatric Institute, Madison, Wisconsin; and seventeen at the Northern State Hospital at Winnebago, Wisconsin. Fourteen more patients are not included in this group because they received the drug for less than two months, for reasons to be given.

In estimating our results we have classified our patients as (1) markedly improved [none to very few seizures], (2) improved [definite decrease in frequency of seizures], and (3) slightly or not improved. Twenty-three patients (26%) may be considered as markedly improved; thirty-five (40%) improved, and thirty (34%) slightly or not at all improved. In general, we can say that 66 per cent have definitely benefited by dilan-

* From the Wisconsin Psychiatric Institute, University of Wisconsin. Dilantin for this investigation was supplied by Parke, Davis and Company, Detroit, Michigan.

tin; 34 per cent have received no benefit. No differentiation is made in this survey between grand and petit mal attacks. Most of the patients suffered grand mal attacks, some both petit and grand mal attacks. None in this group had only psychomotor equivalent attacks.

The group at the Southern Colony proved an excellent one for estimating and studying the extent of change in frequency and type of seizures. Accurate daily records have been kept there—for years in some cases—on the number of convulsions each patient has had, thus making it possible to prepare graphic charts showing the improvement or lack of improvement on dilantin. Previous medication in these patients is shown in Table 1.

TABLE 1.—*Medication Used Before Administration of Dilantin in Forty-five Patients at the Southern Wisconsin Colony and Training School*

Drug	Daily Dosage	Number of Patients
Bromides	10–30 gr.	16
Phenobarbital	¾–3 gr.	13
Bromides and phenobarbital combined	----	8
None*		8

* Medication contraindicated because of intolerance or narcotic effect.

There seems to be no correlation between the previous medication and the improvement on dilantin. (Figs. 1, 2 and 3.)

Regarding the etiologic factors in our patients, it is difficult to be specific, because of an inadequate history in many cases. The following organic complications are included in the series here reported:

Microcephaly	3
Tuberous sclerosis	2
Hemiplegia (cause not certain)	5
Post-traumatic hemiplegia	1
Epilepsy following trauma but without neurologic manifestations	5
Paresis	1
Pituitary gigantism	1
Diffuse sarcomatosis with central nervous system involvement	1

Some organic basis seems indubitable in many of the patients at the Southern Colony, although its exact nature is not apparent clinically.

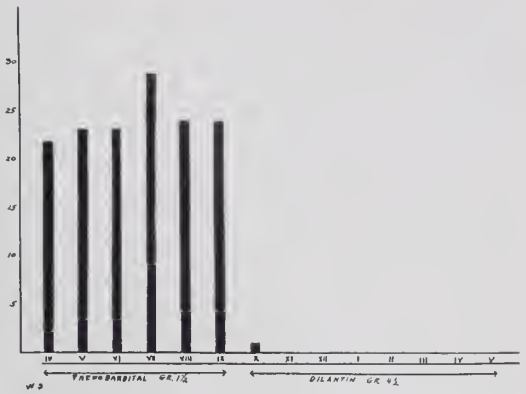

Fig. 1. Roman numerals refer to the months beginning with April, 1938; the arabic numerals to the number of convulsions in each month. The patient had received phenobarbital, grain 1½ daily, before starting dilantin treatment.

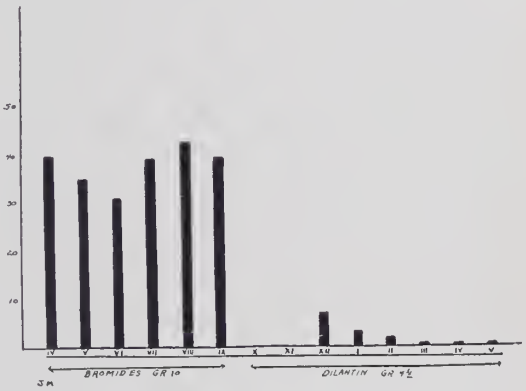

Fig. 2. This patient has shown definite improvement but has not been completely relieved.

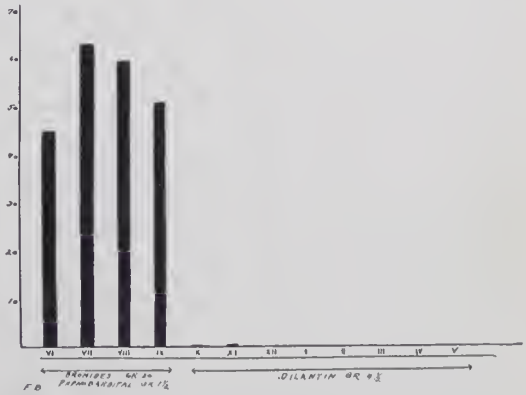

Fig. 3. Improvement in this patient has been very marked.

The mental status of the trial group at the Southern Colony is as follows:

Idiots	13
Imbeciles	13
Morons	17
"Borderline" mentality	2

At the present time, the entire patient population there is being subjected to another survey of mental status. It will be interesting to see if there is any change in the classification of the patients who have had dilantin treatment. Whether epilepsy on a definite organic basis is more or less amenable to dilantin treatment than the so-called idiopathic variety cannot be stated from our results as yet. Thirteen of the patients with epilepsy having an organic basis may be considered as improved; four showed no improvement. (See Fig. 4.)

Inasmuch as one of the chief advantages of dilantin seems to be its failure to produce depression of mental activity, that factor should be taken into account in appraising results. This effect is difficult to evaluate in the patients studied at the Southern Colony because of the mental deterioration already existing in many of them. Improvement in behavior has been noted in some, and a greater alertness in others. However, several patients of normal intelligence treated at the Wisconsin Psychiatric Institute, previously slowed-up mentally by large doses of phenobarbital, have noticed quickening of thought, decreased irritability, and less somnolence.

Toxic Effects

It was found necessary to discontinue dilantin in nine cases because of toxic reactions, in seven because of increase in frequency and severity of convulsions, and in six because of apathy and refusal to eat. Toxic reactions observed by Merritt and Putnam consisted of hyperplastic gums, dizziness, ataxia, nausea, blurring of vision, diplopia, and skin reactions—erythematous, scarlatiniform, morbilliform, and purpuric in type. In most cases, these reactions disappeared on temporary discontinuance of the drug.

In our group, eight patients developed an exanthema with fever. In all, symptoms disappeared on discontinuing the drug. In

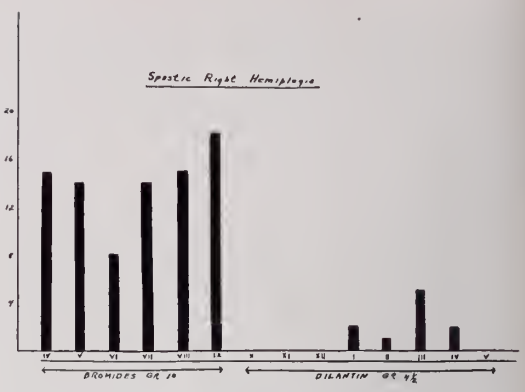

Fig. 4. Definite improvement in a patient with, presumably, residuals of birth trauma.

three of the eight patients the symptoms recurred when the medication was resumed and it was necessary to return to the previous treatment. The other five were put back on dilantin and continued treatment without further trouble, two being on a reduced dosage, however. Nausea and vomiting developed in three patients; one of these was able to continue the treatment later without trouble, but the other two could not. Six patients developed lethargy and confusion; we were forced to change the treatment in all but one of these individuals because of the persistence of the symptoms. In one case of this type, a demented patient, the symptoms had not cleared six months after discontinuing the medicine. Ataxia was a complication in three patients; it was necessary to stop the drug in two of them. One of these patients developed marked signs of cerebellar involvement which cleared rapidly after administration of dilantin was stopped. Vague somatic complaints, referred especially to the abdomen, appeared in three patients, necessitating discontinuance of the treatment. One patient developed a fever while taking dilantin, which disappeared as soon as the drug was stopped. Three patients, after being on dilantin for several months, died in convulsions.

Most of the skin reactions appeared within two weeks after starting treatment, but some did not appear for over two months. Other unfavorable symptoms tended to appear later in the course of treatment.

No changes in the white blood counts have been found in patients having no unfavor-

able reaction to the drug. In one who developed an exanthema with high fever, a total white blood count of 6,300 cells was found with a 13 per cent eosinophilia. Two months later the count was 5,900 cells with a 9 per cent eosinophilia. One patient had a total count of 4,000 during the time of a rash. This rose to 7,950 two months later. In several other individuals who developed a rash, no significant variation in the white blood count was present. Some patients who have been taken off dilantin could probably be put back on it again. Some who were forced to discontinue treatment because of toxic reactions were showing definite improvement in their epilepsy.

A peculiar complication described by Kimball[4] and by Merritt and Putnam, that of hyperplasia of the gums, has developed in only three of our patients. Kimball found an associated low blood vitamin C content. We have not been able to make that determination on these patients.

Action and Dosage

The mode and locus of action of this drug are not known. We have, therefore, tried it in conditions other than epilepsy to see what disease processes might respond to it. A patient who had a post-traumatic quadriplegia with a physiological cord transection —mass reflexes, cord bladder, etc.—received 9 grains (0.6 gm.) of dilantin daily. She was much improved, with reduction in the spasticity and mass reflexes. In two severe cases of Huntington's chorea the same dosage was used. One patient showed a definite but not great improvement in choreic movements; the other was not benefited. In three cases of chronic encephalitis, with such symptoms as athetoid movements, tics and tremors, and oculogyric crises, no relief was obtained from dilantin.

The dosage of dilantin recommended by Merritt and Putnam is 3 to 9 grains (0.2 to 0.6 gm.) daily. We have followed the usual procedure which is to start with 1½ grains (0.1 gm.) three times a day before meals. This may be increased gradually then to therapeutic effectiveness unless the patient cannot tolerate the drug. Patients who developed erythema on 4½ grains (0.3 gm.) have been given 3 grains (0.2 gm.) with ability to tolerate it. In others, the toxic reactions persisted, making it necessary to stop the medication entirely. Two patients who received only 3 grains (0.2 gm.) daily are not improved; four others on the same dosage have shown improvement. Fourteen are receiving up to 1½ grains of phenobarbital in addition to the dilantin; this is given at bedtime.

A point of great importance in changing the therapy in epilepsies to dilantin is *not* to stop the previous medication at once. We advise altering a schedule of phenobarbital from ¼ grain, four times a day, to dilantin, grains 1½, three times a day, by omitting the phenobarbital during the day and substituting ¾ to 1.0 grain at bedtime; similarly, from a schedule of phenobarbital, grain ½, three times a day, to dilantin, grains 1½, three times a day, with an evening dose of phenobarbital, grain 1.0. A similar adjustment has to be made if the patient is under bromide medication. The substitution, in other words, should be done slowly, preferably over a period of two to four weeks, according to the severity and frequency of the convulsive cycle.

Conclusions

From our experience with dilantin, we conclude that it is effective, even in severe cases, in controlling convulsions when other medication is not and that its lack of sedative effect makes its use desirable in individuals of normal intelligence who are made somnolent by other drugs. We realize that toxic reactions may accompany its use, and it should, therefore, be given only to individuals who can be under some medical supervision, at least at the start of the treatment.

BIBLIOGRAPHY

1. Putnam, T. J., and Merritt, H. H.: Experimental determination of the anticonvulsant properties of some phenyl derivatives. Science 85: 525–526 (May 28) 1937.
2. Merritt, H. H., Putnam, T. J., and Schwab, D. H.: A new series of anticonvulsant drugs tested by experiments on animals. Arch. Neurol. & Psychiat. 39: 1003 (May) 1938.
3. Merritt, H. H., and Putnam, T. J.: Sodium diphenyl hydatoinate in the treatment of convulsive disorders. J.A.M.A. 111: 1068–1073 (Sept. 17) 1938.
4. Kimball, O. P.: The treatment of epilepsy with sodium diphenyl hydantoinate. J.A.M.A. 112: 1244–1245 (April 1) 1939.

Management of Progressive Myopia, Keratoconus and Keratoglobus*

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IN PROGRESSIVE myopia, keratoconus and keratoglobus, the pathologic changes in the eye consist of a stretching of the skeleton of the eye at the points designated by the diagnostic term. In progressive myopia, the sclera stretches; in keratoconus and keratoglobus, it is the cornea that gives way. Embryologically, these structures are derived from the same tissue, namely, the mesenchyma.

The cause for the weakening of these tissues has been a much discussed subject for many years, and almost every possible cause has been considered in trying to determine the etiologic factors. This paper deals with my conclusions, which were derived from experiences with a certain theory of etiology. The basis for the theory here presented originated about 1923, when I was associated with Drs. Wolfner, Wiener and Alvis of St. Louis. Dr. Wiener[1] published his theory and results in 1927.

Scholarly consideration of various possible causes of progressive myopia, keratoconus and keratoglobus has been given by excellent authorities. They have considered congenital malformations, heredity, posture, occupation, education, poor lighting, excessive accommodation and convergence, width and shape of the skull, and amount of exercise. Of all these factors, heredity and hereditary predisposition are generally agreed upon as being contributing factors to the stretching of the eyeball. Other factors have been found too inconsistent to be of etiologic importance.

Theory and Observations of Author

The age range in which the eyeball stretches is approximately between six and twenty-five years. There is considerable variation in the portion of this age range in which progressive myopia, keratoconus or keratoglobus starts, reaches a maximum and finally ceases. This age range is approximately that in which the sex characteristics are being established. In other words, at this time the sex glands are producing more of their internal secretions, which have their effect on the activity of all the endocrine glands, whether they are affected by stimulation or depression. The introduction of more of the sex gland internal secretion influences the endocrine balance in these progressive eye conditions and causes a disturbance of the metabolism in some part of the skeleton of the eye. This defective metabolism of the skeleton manifests itself in a stretching, which produces a progressive myopia, keratoconus or keratoglobus.

Treatment based on this etiologic theory has given such a high percentage of satisfactory results in properly managed cases that one is led to conclude the theory is practical as an explanation of the cause of these conditions. The reason for the failures is not clear, but probably will be understood as we learn more about the influence of the various endocrine glands on the metabolism of different types of body tissues.

Observation of patients with these progressive eye disorders fails to reveal any consistent general endocrine imbalance. Their basal metabolic tests are very inconsistent. There is no essential difference in the disease in the two sexes, nor is there any consistent disturbance in the sex function of these patients. Some of them are of a lethargic and asthenic nature. Others are nervous, high-tension individuals. Some are athletically inclined; others are not.

At the time treatment was started on the basis of the above considerations, there were two reliable endocrine products available, namely, adrenalin and thyroid extract. The patients given adrenalin showed very en-

* Presented at the 97th anniversary meeting of the State Medical Society of Wisconsin, September, 1938, and at the 90th annual session of the American Medical Association (Section on Ophthalmology), St. Louis, Mo., 1939.

couraging results. The disease in those given thyroid extract continued to progress. It was interesting to note that in two patients with myopia, associated with retinitis pigmentosa, thyroid extract was given and there was a slight improvement in the peripheral fields although the myopia progressed. This influence of thyroid extract on retinitis pigmentosa has been studied in a number of cases and will be reported later.

Management

In view of the encouraging results following instillations of adrenalin, 1:1,000, into the conjunctival sac, one to three times daily, different ways of judging and managing the patients have been tried. The following program has been found to be satisfactory.

The eye is first examined following the instillation of a cycloplegic. If the history is conclusive that the disease is progressive, if previous examinations have shown it to be progressive, or if the fundus shows definite evidence of stretching, the patient is put in the "progressive class." If the refractive error is under three diopters, the patient is observed at the end of eight to ten months to establish progression. If the refractive error is over three diopters and any of the above criteria are present, treatment is not delayed in order to establish progression, but the patient is considered a "progressive case." This is thought advisable because of the handicap of any higher degree of myopia.

Patients with progressive myopia, keratoconus and keratoglobus are then given full correction and adrenalin, 1:1,000, to use in the eye twice daily for six months. No limitation is placed on the use of the eyes and no alterations in the patient's habits advised, unless there is an obvious indication for a change in habits of exercise and diet.

In six to ten months the patient is checked for evidence of progression. If no progression is noted, adrenalin is discontinued for six to eight months and the patient's condition is then rechecked. If there is no progression, annual check-ups are instituted and the patient considered an "arrested case." If there is progression in spite of the use of adrenalin, at the end of the first or the second six-month period, adrenalin instillations are increased to three or four times daily, depending on the amount of progression noted. If the progression has been controlled by the end of the first year, and the next examination shows that there has been a recurrence of the stretching, the patient is advised to use adrenalin for another year and the above procedure of checking and withdrawing the adrenalin followed. All of the above possible variations in results have been encountered in my experience.

Illustrative Case Reports

The following cases illustrate the variations in results obtained with the management above outlined for these conditions.

Case 1.—R. H., twelve years of age, when first seen had normal vision in each eye. On refraction he was found to take a +0.25 sphere in each eye. Two years later vision was 0.2 in each eye. He was again refracted and was found to take —1.25 sphere in the right eye and —1.5 sphere in the left. He was given his full correction and adrenalin twice a day. Six and ten months later, refraction was checked and found to be the same. The adrenalin was discontinued. Six and eighteen months after the adrenalin was discontinued, refraction was still the same. Therefore, the condition was considered completely checked, but the patient was kept under annual observation.

The reaction described in case 1 occurred in 68 per cent of the patients in whom the treatment for progressive myopia was successful.

Case 2.—H. W., sixteen years of age, had been wearing —2.0 D.S. ⌒ —1.75 D. Cyl. ax. 90° for the right eye and —1.0 D. Cyl. ax. 90° for the left eye. The patient was refracted following the instillation of hyoscine and was found to take —3.0 D.S. ⌒ —1.5 D. Cyl. ax. 85° in the right eye and —3.25 D.S. ⌒ —1.5 D. Cyl. ax. 90° in the left eye. The use of adrenalin was prescribed three times daily. Nine months later, refraction was checked and found to be the same. Adrenalin was discontinued. Eight and twenty months after stopping the adrenalin, the refraction was rechecked and found to be the same. Thirty-two months after cessation of adrenalin, the myopia increased 0.5 diopter. The patient was placed back on adrenalin for six months, at which time no change was noted on refraction and the adrenalin was discontinued. Ten months later there still was no progression.

This case illustrates the checking of progression with adrenalin and full correction; the occurrence of a remission twenty months

following discontinuance of adrenalin; and a second checking of progression with adrenalin. This reaction occurred in 20 per cent of the patients with progressive myopia who were successfully treated.

Case 3.—E. B., fifteen years of age, on refraction was found to take —0.25 D.S. ⌒ —0.75 D. Cyl. ax. 0° in the right eye and —0.25 D.S. ⌒ —1.0 D. Cyl. ax. 0° in the left eye. Treatment consisted of full correction and the administration of adrenalin twice daily. Nine months later, the patient was again refracted and found to take —0.25 D.S. ⌒ —1.00 D. Cyl. ax. 0° in the right eye and —0.25 D.S. ⌒ —1.5 D. Cyl. ax. 0° in the left eye. Administration of adrenalin was increased to three times a day and at the end of eight months there was no progression.

This case is illustrative of those in which there was progression in spite of treatment, but in which progression was very slight. On increasing the amount of adrenalin, the progression was controlled. This reaction occurred in 12 per cent of the patients successfully treated for progressive myopia.

Case 4.—W. F., twenty-nine years of age, had keratoconus of both right and left eyes. Examination of the right eye revealed a scar on the cornea. Vision in this eye was "fingers at three feet." Vision in the left eye was 0.6 with glasses. Adrenalin three times a day was prescribed. Ten months later, vision in the left eye, with glasses, was 0.8. After using adrenalin for seven months and then discontinuing it for two months, vision in the left eye reduced to 0.4 and infiltration was occurring on the tip of the cone. The patient was put back on adrenalin and, after a year, was improved—vision in the left eye being 0.5. Vision has remained the same for over three years, during which time the adrenalin drops have been continued because the patient is afraid he will lose vision as he did during the two months trial of discontinuing the adrenalin.

This case is illustrative of an instance in which the corneal stretching was controlled, recurred after discontinuance of the adrenalin, and then was again controlled after the administration of adrenalin was resumed.

Case 5.—C. J., twelve years of age, had keratoglobus of both right and left eyes. Vision, with correction for myopia, was 1.0 in each eye. Two years previously, the vision, when checked by an oculist, was found to be normal, with no correction. The patient was given full correction and adrenalin to be used twice daily. In ten months refraction was checked and found to be the same. The adrenalin was discontinued. At the end of one year, there was a 1 diopter increase in refraction. Adrenalin was therefore prescribed again and, at the end of eight months, refraction was found to be the same. Adrenalin was discontinued. At the end of eight and eighteen months refraction was rechecked and found to be the same.

Summary and Comments

Out of 2,300 patients who were refracted, 574 (25%) had myopia. Of these 574 myopic patients, the conditions of 104 (22%) were found to be of the progressive type—the conditions including six cases of keratoconus and two cases of keratoglobus. Of these 104 patients, the disease in more than 90 per cent was completely controlled. I hesitate to state the exact percentage of satisfactory results because a few patients did not report back often enough to allow an accurate evaluation of results. The question of a control series, I feel, is answered by the increase of myopia in those patients who were careless and did not follow treatment. Also, a control series is available in the practice of everyone not using this treatment. The reports of various authors show from 20 to 65 per cent progression in cases of myopia. The percentage of progression in my patients who cooperated properly was only about 2 per cent; in those not cooperating it was around 22 per cent.

As stated hereinbefore, it is believed that the mechanism of the benefits derived from adrenalin instillations is in establishing an endocrine balance. There possibly is some increase in tissue metabolism as a direct result of the instillations of adrenalin into the eye, but the more probable point of action is in the supplying of additional amounts of hormone, which has its effect directly on the endocrine balance that, in turn, controls the tissue metabolism.

It is well known that endocrine disturbances of any type are more striking during the ages at which progressive myopia manifests itself. A commonly recognized example of endocrine influence on the eye is the softening associated with diabetes. This often increases hyperopia, until controlled. In view of the fact that in these progressive cases there is no consistent general endocrine imbalance, no consistent change in basal metabolism, and no differences traceable to sex, sex function or personality (whether asthenic and high-tension or athletically in-

(Continued on page 1013)

Comments on Treatment

EDITORS
A. J. Quick, M. D., Marquette University, Milwaukee
and
M. H. Seevers, M. D., University of Wisconsin, Madison

Treatment of Erysipelas

Up to ten years ago the treatment of erysipelas was anything but effective. In the very young, the aged, the cachectic and those suffering from other illness, the disease was frequently fatal. The mortality for children varied from 20 to 40 per cent. Since the introduction of ultraviolet irradiation, x-rays, human convalescent serum and more recently sulfanilamide, the mortality rate has steadily declined.

Ultraviolet irradiation is a simple, safe and successful method for the treatment of erysipelas. Its use is particularly applicable to erysipelas in infants and in the aged. Treatment is carried out by giving an intensive dose of ultraviolet irradiation from a quartz mercury-arc generator. The usual practice is to give five to fifteen times the erythema dose to and slightly beyond the involved areas, at one exposure. Treatment may be repeated at twenty-four hour intervals if necessary. Most patients will show a decided improvement within twenty-four hours after the first exposure. Inflammation will be decreased, edema reduced, the diseased areas will assume a darker hue and the disease will cease to spread. Vesicles, if previously present, will begin to dry up. Within forty-eight hours, the fever frequently subsides and there is a disappearance of the signs of toxemia. As a rule two to three treatments are all that are necessary. Ude and Platou, Lasender and Goldman, Titus and Cipollaro in this country have written in detail regarding this method of treatment.

With the advent of sulfanilamide we have another and perhaps the most efficacious of all therapeutic agents for the control of erysipelas. The effect of sulfanilamide on hemolytic streptococci and other bacteria is well known, as are its toxic properties in certain individuals, so that any detailed discussion of its action here is not necessary. Eighty to 120 grains of sulfanilamide in divided doses should be given in the first twenty-four hours. Following this the drug should be given in 15 grain (1 gm.) doses every four hours. This dosage should be continued until the fever subsides. For children the dose should be correspondingly reduced. In infants unable to take tablets or powder, 5 cc. of prontosil (related sulfanilamide compound) can be given intramuscularly twice a day. In the majority of cases, within twenty-four to forty-eight hours, the spreading of the erysipelas stops, the fever subsides and the toxemia disappears. Recurrences and complications are much less than with any other form of therapy. Because sulfanilamide increases the individual's sensitivity to ultraviolet irradiation the two forms of therapy should not be combined.

With either of the above mentioned forms of treatment local measures to the skin are hardly necessary. However, cool, wet dressings of boric acid, aluminum subacetate or magnesium sulphate do make the patient more comfortable as does the application of calamine lotion.—*M. J. Reuter, M.D., Milwaukee.*

Neo-synephrin

Capillary injury with cellular exudation commonly follows the initial constrictor action of many proprietary solutions of epinephrine when the latter are applied topically or injected in combination with local anesthetics. It is now known that a comparable injury may be produced by the reducing agent, sodium bisulfite, which is usually employed in these solutions to prevent the rapid oxidation of epinephrine. Solutions prepared fresh from epinephrine powder are satisfactory but deteriorate rapidly. Certain of the newer synthetic derivatives, such as neo-synephrin, are relatively stable, require no preservatives, have a low toxicity, and are highly satisfactory substitutes.

—M. H. S.

THE WISCONSIN MEDICAL JOURNAL

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« « « EDITORIALS » » »

Ten Commandments for Medical Witnesses

THE following ten commandments for expert witnesses in medicolegal cases, published in *Colorado Medicine,* were formulated by Dr. A. I. Rosenberger, Milwaukee, and read by him before a meeting of the Milwaukee Bar Association.

1. Examine your case thoroughly and repeatedly so that you know what you are talking about. Know your facts well. They must be incontrovertible. The opinion you form from these facts is your own, but must be arrived at honestly.

2. Testify slowly, clearly, simply, and in language that the layman can understand. Forget your Latin medical terms. You are obliged to talk down to the level of intelligence in the jury box in order to get your facts across.

3. Stick to the unvarnished truth. If you do not, your statements will strike back at you like a boomerang.

4. Do not become partisan or assume a proprietary interest in the legal proceedings, for if you do, it will diminish your value in the eyes of the court and the jury.

5. Maintain your dignity and do not advise or consult with an attorney in the courtroom, but sit far away from him. The attorney should prepare his case before he goes into court.

6. You are not required to answer by "yes" or "no" an involved question if such answer places you in the position of the man who was asked, "Have you stopped beating your wife?" Your "yes" would be a lie and your "no" a prevarication. If a long, involved, hypothetical question is to be propounded to you, request that it be given to you in writing before you are put on the stand so that you may thoroughly study it and not embarrass your attorney by your answer.

8. Refuse to answer any question which puts you into some other field of medicine than your own. You may always say, "I cannot qualify."

9. Do not allow an attorney of the blustering, bulldozing type to anger you or "get your goat." The purpose of this line of questioning is to throw you off guard.

10. Remember that at times the most valuable words in the English language are, "I do not know."

New Editor Named

The Council on Scientific Work has named a seasoned internist and discerning critic of medical literature to the medical editorship of THE JOURNAL,—Dr. Karl H. Doege of Marshfield. He is now planning the 1940 Journal schedule and the Council and his many friends throughout the State look forward confidently to a continued improvement in THE JOURNAL, as marked as that accomplished by his brother, Dr. Paul F. Doege, who has held the editorship during the past two years.

. . . . THE PRESIDENT'S PAGE . . . .

For Democratic Discussion . . .

I PROPOSED, and the House of Delegates agreeably voted, to establish, in the Journal, a page on "Letters to the Editor." I had in mind particularly letters dealing with the economics of medicine. In order to make the discussion a very free one your name will not be published if you do not so desire, but, of course, all letters must be signed or they cannot be published.

I have a notion that in this manner we may be able to get the views of our members on many questions which we are unable to get in any other way. You may have an idea and your letter will be published; someone else in a distant part of the State may take exception to it and in the next issue his view on the subject will be published. Mark your letter "for publication" when you send it.

The House of Delegates, and I have been a delegate myself, cannot possibly hold two or three meetings at the annual meeting and be able to set forth your views clearly unless they know pretty well what the members are thinking about. This is a democratic institution and we want to keep it so. Discussion must be free and unhampered, and opinions, when of merit, must be respected. I shall do my best to see that every physician in this Society has that privilege.

There are several elected officers in this Society as well as a number of men selected for their ability to work upon various committees. There are many of them, out of the sum total, who are elected because of their loyalty, devotion and past work for the Society. These men are in a position to make themselves heard, but I feel, also, that there is a large "silent vote" in the Society; a great body of men who never seek office but who, nevertheless, are very loyal and who have very definite views on many subjects. This is the viewpoint which we want to see on the page, "Letters to the Editor."

Ever since I began attending the House of Delegates, the question regarding the method of electing officers has interested me. Nearly every method has been tried which would make for fairness in the selection. In spite of this, there has been dissatisfaction at times. In the future would it not be wise to select the nominating committee the same as we always have, but with the understanding that the following morning the committee would meet at some stated place and remain in session, say for three hours. Any member of the Society in attendance would then have the opportunity of appearing before them and proposing men of his choice. He could state the name, age, school of graduation, and all the qualifications of his candidate. It seems to me the committee would then have before it a range of men from whom to select its officers. Any member of the Society who found it impossible to be present could mail to the committee his choice with recommendations.

At the present moment I cannot think of a fairer method of selecting an officer. I shall be glad to hear from any members having other views or suggestions upon this subject.

This is my first President's Page and I now know why the several past presidents have laughed when they talked to me about the writing of this page and said, "You'll like it." It threatens to become the *bête noire* of my existence. Stephen Gavin tells me this page is read only by past presidents who have sweat over it themselves and, if that is the case, I am in still water because they realize what a job it is.

Years ago there were book agents traveling about the country and they usually made the doctor believe he couldn't get along without a set of "The Collected Papers of the Presidents of the United States." I was out every time he made a landing here but now it occurs to me that if the Society collected the papers, that is the President's Page, and had them bound, some needy medical student could work his way through college selling them. I think the profession is just as gullible as ever when it comes to books, especially if the binding is good and volumes enough in number. Then, of course, there may be at times something in the President's Page.

R. G. Arrum

THE WOMAN'S AUXILIARY

(ORGANIZED 1929)

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The Doctor's Wife*

By ROCK SLEYSTER, M. D.
Wauwatosa

AFTER an experience of some thirty-six years as the husband of a doctor's wife I am appreciative of the fact that no single influence helps to develop and mold the doctor as does his nearest partner in the business and adventure of life. The development of character, of personality, of standards, of ideals, of humanness depend upon her influence as upon no other. And his success and influence in his community depend upon these qualities as much as upon his scientific attainments.

We are living in a muddled world—a world which is looking for leadership. The future of medicine and the future of this world depend upon the leadership which it develops. Leadership can influence only as a result of confidence, and it is to you wives of doctors I want to appeal to develop in your men those qualities which will inspire the confidence necessary that they may mold the thought of their community in matters relating to health.

To understand your doctor and his job you must go back to a time (possibly before you knew him) when he made the great decision to give his life to the care of the sick. No ambition for power, or fame, or glory, or riches prompted him in his choice of a career. Rather it was his interest in science and his love of service. It was the highest idealism of youth motivating him when he determined on the hardest, the longest, and the most expensive preparatory education to take up a life work whose main reward is the satisfaction of service well done. It is this idealism, this willingness to sacrifice, this sense of values, which you as his partner must share with him, and must keep alive in him.

Nothing—and I say this without the slightest mental reservation—*nothing* is as important in shaping the doctor's career as is his wife and his home. The doctor's wife must share his idealism, appreciate a standard of values held by no other group, and give to him an understanding required of few. Being a doctor's wife is both an art and a career.

First, she can never exercise quite the prerogatives of ownership which other wives claim, for the public feels and exercises a joint sense of ownership in him as well. His time is theirs, day or night, and they do not hesitate to intrude. Plans are difficult to make and to fulfill, and life is full of bitter disappointments because of this, disappointments which the doctor can accept much more easily than his wife. His life, his habits, his mode of living, his personality, and even his private affairs are subjects of discussion and criticism, as is true of no other with the possible exception of the

* Address of the President of the American Medical Association to the Woman's Auxiliary, Milwaukee, September 14, 1939, reprinted with permission from *The Milwaukee Times*.

clergyman. This requires an unusual restraint on her part, and an exercise of emotional control, for as his partner she is the victim of all this as much as he. Instead of reacting with bitterness and resentment, she must be prepared to submerge her feelings and exercise a steadying influence on him.

There are many temptations in his professional career which must be met. There is with need at times the temptation to commercialism. With fatigue, there is the urge for relaxation and amusement, at the expense of necessary reading and study that he may bring all that is new to the bedside of the sick. There is the temptation to be truant to the meetings of his medical organizations for these same reasons. There is the urge to retaliate and strike back at fancied or actual wrongs at the hands of his colleagues. There is the opportunity to advance at the expense of others by unfair advantage. In all of these, and in many other circumstances, the temptation will be as great to his wife as to the doctor. She will want material rewards, more rest for him, more of his time and companionship—even more than he—and her whole inclination will be to fight fiercely in his defense. But this cannot be; hers must be the influence to keep his aim at the stars; his purpose unchanged; his ideals in no way lowered, and his character outstanding and above reproach. Considering all the responsibility he carries, and the support he requires in assuming it, the job of being a doctor's wife is, as I have stated, an art and a career.

But when the autumn days are here, and the task must be lightened, you will be standing with him in the twilight, as he passes on to younger hands the glory of a professional career above reproach, a career perhaps without material reward but a career good and clean and true to all the teachings of a great physician who came to us from Galilee. And as you stand hand in hand and look back over the years, there will be the joy and satisfaction of hearing him say—"You were my partner—it was possible only because of you."

Brown—Kewaunee—Door

The Woman's Auxiliary to the Sheboygan County Medical Society opened another season of activity on Wednesday, October 4, when its members were entertained at a one o'clock luncheon and bridge party at the Candle Glow in Plymouth by Mrs. H. F. Deicher, Mrs. L. C. Dietsch, Mrs. J. F. Mueller, and Mrs. A. C. Radloff of Plymouth. Twenty-five guests attended. At bridge, Mrs. W. A. Ford of Sheboygan received high honors and Mrs. A. G. Pfeiler, Sheboygan Falls, low.

In connection with the luncheon, a short business session was held at which time committees were appointed and the year's program was outlined. Mrs. W. A. Ford, president, and Mrs. J. W. McRoberts, secretary and treasurer, were the new officers in charge.

Dane

A pleasant social meeting at the home of Mrs. C. A. Harper, Madison, on October 11, was the first of the season's activities for the Woman's Auxiliary to the Dane County Medical Society. A one o'clock luncheon was served. Assisting hostesses were Mrs. J. S. Supernaw, Mrs. A. G. Sullivan, and Mrs. F. W. Kundert, all of Madison, and Mrs. G. E. Bilstad and Mrs. K. K. Amundson of Cambridge. Brief resumes of the annual meeting of the Woman's Auxiliary to the State Medical Society of Wisconsin were given by Mrs. A. G. Sullivan, Mrs. J. G. Crownhart, and Mrs. C. A. Harper.

Bridge followed, honors being won by Mrs. L. L. Weissmiller and Mrs. Milton Trautmann. New members attending the meeting were Mrs. H. W. Wirka, Mrs. O. O. Meyer, Mrs. C. G. Reznichek, Mrs. C. A. Fosmark, Mrs. J. C. Doolittle, and Mrs. W. F. Donlin.

Douglas

Mrs. G. J. Hathaway of Superior, president of the Woman's Auxiliary to the Douglas County Medical Society, entertained members at the first gathering of the fall and winter season which was in the form of a one o'clock luncheon at her home on Monday, October 2.

The members discussed plans for the coming year including programs for their meetings which are held every two months. As in other years, the unit will bring in outside speakers, and there will be various discussions and some book reviews. The Auxiliary is also active in sponsoring dances and dinners throughout the winter, at which the husbands are honored guests.

Officers of the group, in addition to the president, are:

President-Elect—Mrs. E. A. Myers, Superior
Vice-President—Mrs. S. H. Perrin, Superior
Secretary-Treasurer—Mrs. Conrad Giesen, Superior

Milwaukee

Mrs. Robert E. McDonald, president of the Woman's Auxiliary to the Medical Society of Milwaukee County, welcomed 125 members and guests at the first autumn luncheon held on October 13 in the Crystal Ballroom of the Hotel Schroeder.

Mrs. J. J. McGovern, program chairman, introduced the speaker, Prof. Harold Ehrensperger of the speech department at Northwestern University, whose timely and stimulating subject "Drama and Propaganda" brought forth great applause. He related numerous plays referring to war and peace and to the various ideologies, and said, "Not only does the legitimate theatre have a tremendous influence in shaping our thoughts but so do motion pictures; the theatre is the instrument to change public opinion. The drama should carry a message of reality and the movies should have more value than merely a means of escape; the theatre should have a meaning so great that the imagination is stimulated to finer thoughts."

At the short business meeting which followed Professor Ehrensperger's address, the minutes of the May meeting were read and approved. The treasurer's report was also heard. The Auxiliary welcomed a new member, Mrs. H. A. Cunningham.

Racine

The first fall meeting of the Woman's Auxiliary to the Racine County Medical Society was held on September 12 at the home of Mrs. S. J. Faber of Racine. The program included a book review by Mrs. C. E. Constantine of Racine and was followed by tea. Final plans were made for the luncheon at the annual meeting of the Woman's Auxiliary to the State Medical Society, at which the Racine Auxiliary was hostess under the co-chairmanship of Mrs. C. E. Constantine and Mrs. H. B. Keland, both of Racine.

Society Proceedings

Douglas County Society Celebrates Its Fiftieth Anniversary

THE Douglas County Medical Society celebrated its fiftieth anniversary by honoring its only surviving charter member, Dr. John Baird, Superior, October 4.

Dr. Fred G. Johnson, councilor of the Eleventh District of the State Medical Society, and long a family physician serving the residents both of Bayfield and Douglas counties, was asked to speak by Dr. C. H. Mason, Superior, now president of the Douglas county society. Dr. Johnson said: "Organized medicine has been kind to Dr. Baird and me throughout the years, and both of us have benefited through our membership in the Douglas County Medical Society." Commenting on Dr. Baird's activity in the society, Dr. Johnson asserted: "At every county medical society meeting you could count on the attendance of Dr. Baird, who was anxious to keep abreast of the times that he might give to his patients the best medical care."

Dr. L. W. Beebe, a close colleague of Dr. Baird, said: "Many changes have taken place in our 'medical span.' We have seen diphtheria controlled so that it is no longer commonplace to see children gasping for breath in diphtheria epidemics. We have seen the control of typhoid fever, tuberculosis and, following the adoption of the Wassermann test, the control of syphilis. We have seen the discovery of insulin and the x-ray machine; the preparation and use of liver extracts; and many advances in chemotherapy. We have seen great advances in the surgical treatment of disease."

Dr. C. H. Mason, Superior, president of the Douglas County Medical Society, and *Dr. John Baird,* Superior, only surviving charter member of the Douglas county society.

Other colleagues of Dr. Baird made such comments as these: "He is as much a first-

class citizen as he is a physician." "No derogatory information concerning him has ever been unearthed." "To me, Dr. Baird is an inspiration."

In recognition of his services to his society, community and the medical profession, Dr. Baird was given a gold medal, and, in accepting the token he reminisced about the early days of his practice. "The hardest work I experienced," he said, "was during the first great 'flu' epidemic. At that time it was necessary to travel from Superior to Minong, Solon Springs, Lake Nebagamon and Brule in a circuit; I seldom saw my home then."

A bound volume containing the history of the society during the half-century of its existence, prepared over a period of years by Mrs. L. W. Beebe, Superior, was presented to the society by its woman's auxiliary.

Brown—Kewaunee—Door

The first fall meeting of the Brown–Kewaunee–Door County Medical Society was held on October 19 at the Beaumont Hotel, Green Bay. Following dinner, served at 6:30 p. m., the society's delegates to the annual meeting of the State Medical Society gave reports on the meeting. On the scientific program, Dr. Conde F. Conroy, Milwaukee, discussed "The Modern Management of Varicose Veins."

Chippewa

Officers for the coming year, elected by the Chippewa County Medical Society, October 10, at a meeting at the Hotel Northern in Chippewa Falls, are named below:

President—Dr. F. B. Sazama, Chippewa Falls

Secretary–Treasurer—Dr. L. W. Picotte, Chippewa Falls

Delegate—Dr. C. N. B. Hatleberg, Chippewa Falls

Alternate delegate—Dr. A. J. Somers, Chippewa Falls

Plans for Chippewa county's immunization program were discussed by Dr. F. P. Daly, Chippewa Falls, and the county nurse. Dr. Chester C. Schneider, Milwaukee, guest speaker on the scientific program, presented an address on "Low Back Pain."

Clark

Clark County Medical Society members, together with county health officers, presented an extensive immunization program in Clark county, September 25 to October 23. Grade school and high school students, and children from nine months of age to school age were included in the program.

Columbia—Marquette—Adams

Dr. C. J. Radl, Wisconsin Dells, secretary of the Columbia–Marquette–Adams County Medical Society, reports that at the society's meeting at the Raulf Hotel in Portage on October 17, the following physicians were elected to serve as officers for the coming year:

President—H. E. Gillette, Pardeeville
President-elect—H. M. Caldwell, Columbus
Secretary–treasurer—C. J. Radl, Wisconsin Dells
Delegate—H. E. Gillette, Pardeeville
Alternate delegate—H. M. Caldwell, Columbus
Board of Censors:
L. V. McNamara, Montello *(Chairman)*
J. H. Houghton, Wisconsin Dells
G. F. Treadwell, Friendship

The president selected the following committees:

Committee on Medical Economics:
J. W. MacGregor, Portage *(Chairman)*
Harry Shapiro, Adams
M. W. Westermeyer, Oxford

Auditing Committee:
J. W. MacGregor, Portage *(Chairman)*
J. H. Houghton, Wisconsin Dells
R. B. Dryer, Poynette

Public Relations Committee:
A. J. Harris, Adams *(Chairman)*
L. V. McNamara, Montello
H. M. Caldwell, Columbus

Crawford

Dr. C. A. Armstrong, secretary of the Crawford County Medical Society, called members to the society's annual meeting with the following notice:

ANNUAL MEETING—ELECTION

Dear Doctor:
R. U. Lissening? Pres. Ackerman asks U. 2. C him at the Savory Cafe.
When? High noon, Tuesday, Oct. 24, 1939.
Why? Chicken dinner and heaps good grub.
With report on state meeting and county work for the school children.

Officers elected at the meeting were:

President—Dr. T. F. Farrell, Prairie du Chien

Vice-president—Dr. G. R. Hammes, Seneca

Secretary—Dr. C. A. Armstrong, Prairie du Chien

Censor (3 year term)—Dr. O. E. Satter, Prairie du Chien

Delegate—Dr. C. A. Armstrong, Prairie du Chien

Alternate delegate—Dr. E. T. Ackerman, Gays Mills

Dane

At the annual meeting of the Dane County Medical Society, October 10, at the Marine Club in Madison, the following physicians were elected to fill offices for the next year:

President—W. A. Werrell, Madison
President-elect—L. W. Peterson, Sun Prairie
Vice-president—H. C. Johnson, Madison
Secretary-treasurer—C. O. Vingom, Madison
Delegates—L. W. Peterson, Sun Prairie, Louis Fauerbach, Madison
Alternate delegates—F. L. Weston, Madison, N. A. Hill, Madison, A. T. Smedal, Stoughton
Trustees—G. H. Ewell, Madison, J. C. Dean, Madison, J. S. Supernaw, Madison, J. E. Gonce, Madison

Eau Claire—Dunn—Pepin

The Eau Claire-Dunn-Pepin County Medical Society met on October 30 in Eau Claire. Two physicians from the Mayo Clinic, Drs. A. R. MacLean and J. L. Emmett, discussed "Vascular Headache" and "Urinary Retention."

The society cooperated with the Crippled Children Division of the State Board of Health on October 11 in presenting a clinic for handicapped children.

Grant

The 37th annual meeting of the Grant County Medical Society was held in Lancaster on October 25 at 2 p. m. On the scientific program, Dr. J. C. Pickard, Dubuque, Iowa, spoke on "The Ear, Nose and Throat in General Practice;" Dr. H. Kent Tenney, Jr., Madison, on "Vomiting in the Newborn;" Dr. W. C. Alvarez, Rochester, Minnesota, on "The Treatment of Indigestion;" and Dr. M. Fernan-Nunez on "Cancer—Its Prevention and Control." This meeting marked Dr. Mina B. Glasier's thirty-fifth year as secretary of the society.

Green

The Green County Medical Society met on October 12 in Monroe, Dr. J. H. Bristow, secretary-treasurer of the society reports. Speakers on the program were Drs. T. J. Snodgrass and T. O. Nuzum, both of Janesville. The society, in cooperation with local health groups, presented an immunization program, September 25 to November 2.

Green Lake—Waushara

The Green Lake-Waushara County Medical Society met in Princeton on October 24. Following dinner with members of the woman's auxiliary at the American House, the group heard Dr. W. J. Bleckwenn, Madison, speak on "The Use of Barbiturates in General Practice." Fourteen physicians attended the meeting.

Lincoln

Physicians of Merrill and Tomahawk gathered at the Badger Hotel, Merrill, September 29, for the regular monthly meeting of the Lincoln County Medical Society. Dr. F. C. Lane, Merrill, reported on the 1939 meeting of the State Medical Society.

The society recently assisted in a goiter prevention and immunization program among children of school and preschool age throughout the county.

Manitowoc

The Manitowoc County Medical Society at its September 21 meeting in Manitowoc elected the following physicians to serve as officers for the coming year:

President—C. J. Skwor, Mishicot
Vice-president—N. M. Wilson, Reedsville
Secretary-treasurer—T. A. Teitgen, Manitowoc
Delegate—E. C. Carey, Reedsville
Alternate delegate—T. H. Rees, Manitowoc

Marinette—Florence

The Marinette-Florence County Medical Society met on October 18 in Menominee. Dr. David Cleveland, Milwaukee, was the guest speaker. His subject was "Head and Spinal Injuries."

Oneida—Vilas

The Oneida-Vilas County Medical Society held a dinner meeting in Rhinelander, November 2, at Powell's Nite Club. Dr. Milton Trautmann, Madison, discussed "Modern Treatment of Venereal Diseases" on the scientific program. Dr. Francis A. Cline, Rhinelander, spoke on "Poliomyelitis."

Milwaukee

The October 13 meeting of the Milwaukee County Medical Society was dedicated to the memory of the late Dr. Hoyt E. Dearholt, who was executive secretary of the Wisconsin Anti-tuberculosis Association. Honored guests at the meeting were three members and the sons of three deceased members of the original anti-tuberculosis group in Wisconsin, namely: Dr. Gilbert E. Seaman, superintendent of Winnebago State Hospital; Dr. John J. McGovern, Milwaukee; Dr. C. H. Stoddard, Milwaukee; Dr. J. M. Beffel, son of the late Dr. J. M. Beffel, Milwaukee; Dr. William Jermain (president elect of the Milwaukee County Medical Society), son of the late Louis Jermain, Milwaukee; and Dr. Harold Coon, superintendent of the Wisconsin State Sanatorium, Statesan, son of the late Dr. J. W. Coon, Stevens Point.

Dr. Seaman presented a talk on "Dr. Dearholt's Contributions to Medicine and Tuberculosis," and Dr. Jay A. Myers of the University of Minnesota Medical School discussed "Controlling Tuberculosis in a Community." Dr. Myers' paper was discussed by Dr. A. A. Pleyte, Milwaukee.

Pierce—St. Croix

Dr. H. E. Perrin, Star Prairie, was honored on the 45th anniversary of his practice of medicine when the Pierce–St. Croix County Medical Society gathered at his home to observe the occasion. A banquet was served at the Star Prairie hotel and a special meeting held in the village hall, October 18.

Dr. Perrin, a life member of the State Medical Society, took up practice in Star Prairie following his graduation from Northwestern University Medical School in 1894 and has practiced there since that time.

Physicians attending the event included: Drs. J. H. Armstrong, O. H. Epley, E. M. Drury, New Richmond; B. Kunny, Baldwin; O. H. Anderson, Plum City; Julius Bloem, Woodville; R. U. Cairns, C. A. Dawson, C. E. McJilton, Chalmer Davee, River Falls; G. M. Dill, H. J. Laney, Prescott; A. E. McMahon, Glenwood City; J. E. Newton, Hudson; C. A. Olson, Hammond; A. R. Colvin, Harry Oerting, Charles Freeman, St. Paul, Minnesota; and Dr. Perrin's son, Dr. S. H. Perrin, Superior.

Racine

The Racine County Medical Society held its regular dinner meeting on October 19 at the Meadowbrook Country Club in Racine. Dr. E. W. Mason, Milwaukee, discussed "Chemotherapy in Pneumonia," and Dr. Gorton Ritchie, Racine, spoke on "Pathological Specimens."

Rock

The Rock County Medical Society held its annual meeting on October 24. Members of the society were guests of Mr. and Mrs. Archie Cullen and the trustees of the Rock County Farm, Janesville. A duck dinner was served and later a program on neuropsychiatry, arranged by Dr. T. J. Snodgrass, Janesville, was presented. Guest speakers were Drs. August Sauthoff, Mendota; G. L. Thomas, Janesville; and David Cleveland, Milwaukee.

Physicians to serve as officers for the coming year are listed below:

President—H. A. Raube, Beloit
Vice-president—T. J. Snodgrass, Janesville
Secretary-treasurer—O. V. Overton, Janesville
Trustees — W. T. Clark, Janesville, H. E. Kasten, Beloit, W. A. Munn, Janesville, W. J. Allen, Beloit, F. W. Van Kirk, Janesville
Censors—W. T. Clark, Janesville, F. H. Kuegle, Janesville, F. W. Van Kirk, Janesville
Delegates—W. A. Munn, Janesville, H. E. Kasten, Beloit
Alternate delegates—W. T. Clark, Janesville, H. A. Raube, Beloit

Sheboygan

The Sheboygan County Medical Society met on October 3 at St. Nicholas Hospital, Sheboygan. The new relief set-up in Sheboygan was explained by Dr. P. B. Mason, president of the society. Drs. J. A. Tasche, H. J. Hansen and L. M. Simonson were appointed members of the society's auditing committee. Drs. W. A. Ford, L. W. Tasche, and E. T. Hougen were appointed to the nominating committee.

Monroe—Vernon—Juneau

The Monroe, Vernon and Juneau county medical societies met together on October 20 in the Sidney Hotel, Sparta. Drs. W. S. Middleton and J. E. Gonce, Madison appeared on the scientific program, discussing new drugs and treatments in medicine and in pediatrics. Thirty physicians attended the meeting.

Trempealeau—Jackson—Buffalo

The Trempealeau–Jackson–Buffalo County Medical Society met on October 26 in Arcadia. Following dinner at the Arcadia Hotel, Dr. H. W. Schmidt of the Mayo Clinic, Rochester, Minnesota, presented a talk on "Diagnosis and Treatment of Nontuberculous Lung Conditions."

Winnebago

The Winnebago County Medical Society met on November 2 at the Athearn Hotel in Oshkosh. Dr. W. J. Bleckwenn, Madison, was the guest speaker. His subject was "Barbiturates."

Milwaukee Society of Clinical Surgery

The Milwaukee Society of Clinical Surgery met on October 24 at the University Club in Milwaukee. A symposium on goiter was presented by a group of Milwaukee physicians. Dr. F. D. Murphy discussed the medical aspect of the problem; Dr. F. A. Stratton the surgical aspect, Dr. H. K. B. Allebach the pathologic aspect, and Dr. H. W. Hefke, the roentgenologic aspect. Drs. J. H. Huston and O. R. Lillie led the discussion of the papers.

Milwaukee Oto-Opthhalmic Society

The Milwaukee Oto-Ophthalmic Society met on October 17 at the Milwaukee University Club. Dr. Matthew N. Federspiel, Milwaukee, delivered a lecture on "Oro-Surgical Cases of Interest to the Otolaryngologist."

Milwaukee Neuro-Psychiatric Society

Members of the Milwaukee Neuro-Psychiatric Society met on October 26 at the Rogers Memorial Sanitarium, Oconomowoc, as the guests of Dr. J. C. Hassall. The following program was presented: "Bromism," by Dr. Owen C. Clark; "Migraine Equivalents," by Dr. Donald Morrison; and "Report of the International Congress at Copenhagen," by Dr. Peter Bassoe. All program speakers are members of the Rogers Memorial Sanitarium staff.

News Items and Personals

The regular January meeting of the State Board of Medical Examiners will be held at the Hotel Loraine, Madison, on January 9, 10 and 11. Dr. E. C. Murphy, D. O., Eau Claire, is secretary of the Board, which at its January meeting will examine applicants for licensure, both by examination and reciprocity.

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Among hospitals recently marking anniversaries of their founding were *Holy Family Hospital, Manitowoc,* which celebrated its 40th anniversary on September 28; and *Victory Hospital, Stanley*—named in honor of Stanley county men who served in the World War—which observed its 20th anniversary, October 9–14.

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The libraries of Marquette University School of Medicine and the Milwaukee Academy of Medicine were formally merged on October 17, at a convocation of physicians and students at the auditorium of the medical school. Dr. Irving Cutter, dean of Northwestern Medical School, Chicago, described some of the rare volumes in the academy collection, donated by the late Dr. Horace M. Brown of Milwaukee.

Dr. John L. Garvey, president of the Academy, said: "Out of the 280 medical libraries in this country, the combined academy and Marquette medical school libraries rank twenty-eighth in the total number of volumes." The university expended $7,500 in remodelling library quarters to effect the consolidation. The library now contains a total of 33,000 volumes.

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Dr. Hans H. Reese of the Wisconsin Psychiatric Institute, Madison, returned October 7 from several weeks of study in Scandinavian countries. With fifty-two American neurologists, he attended the International Congress of Neurology in Copenhagen, August 20–25, participating in the discussions on the treatment of epilepsy. Later he spent three weeks at the University of Oslo, observing results obtained there in the treatment of dementia praecox. "Since they approach the problem from a different angle than we do here," said Dr. Reese, "the visit in Oslo was most interesting."

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The corner stone of the new $280,000 *General Hospital of Marinette* has been laid. The hospital is being erected in a wooded area on the shores of Green Bay.

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Ashland physicians elected to offices on hospital staffs recently are: *Albert Butler, C. A. Grand,* and *M. L. Young,* as president, vice-president and secretary, respectively, of the Ashland General Hospital; and *W. J. Tucker, A. X. Kamm* and *C. A. Grand,* as president, vice-president and secretary, respectively of St. Joseph's Hospital, Ashland.

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About fifty physicians attended the staff meeting of St. Mary's Hospital, Madison, on October 18, when the following Madison physicians were elected officers for the coming year: *S. B. Pessin,* president; *I. G. Ellis,* vice-president; and *H. E. Van Riper,* secretary–treasurer.

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Dr. Marshall W. Meyer, who has practiced in Almond since 1930, has been appointed district health officer of the ninth sanitary district by the State Board of Health. He moved to district headquarters in Ashland to take over his new duties on October 16. Dr. Meyer was graduated from Rush Medical College, Chicago, in 1927.

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The premier on October 3 of "Appraisal of the Newborn Infant," a talking motion picture prepared under the auspices of the Bureau of Maternal and Child Health by the departments of medicine, pediatrics and visual education of the University of Wisconsin, was attended by some 200 members of the Wisconsin General Hospital staff. *Dr. H. K. Tenney,* who prepared the script for the picture, says: "This film may be obtained from the Bureau of Maternal and Child Health, State Capitol, Madison, for use by county medical societies and medical groups."

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"Many happy returns, 'M. R.,'" was the greeting carried by the Oconomowoc Enterprise, September 29, from the citizens of Oconomowoc to *Dr. M. R. Wilkinson* on the occasion of his seventy-fifth birthday. Dr. Wilkinson, who specializes in the treatment of tuberculosis, has four physician-sons. Three are associated with him in practice. They are *Dr. J. Francis Wilkinson,* surgeon; *Dr. Donald C. Wilkinson,* roentgenologist; and *Dr. John D. Wilkinson,* obstetrician. *Dr. Philip Wilkinson,* 1939 graduate of Marquette University School of Medicine, is now connected with the Milwaukee County Hospital.

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Dr. F. A. Nause, Jr., Sheboygan surgeon, answered a "hurry-up emergency call" at the Grand Hotel in Sheboygan on October 5 and found that the "emergency" was a celebration commemorating his tenth year of service as president of the Sheboygan board of health.

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The *Milwaukee Children's Hospital* is formulating plans for the holding of forty-eight clinical demonstrations within the next four months. They will deal entirely with the diseases of children.

President Robert Maynard Hutchins of the University of Chicago has announced that in 1942 *Rush Medical College* will be closed to undergraduate students. A graduate medical school will be established in the Rush Medical College buildings now used, in conjunction with the University of Chicago Medical School, for undergraduate teaching purposes.

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"The Art of Being Well Born," was the title of a talk given by *Dr. John W. Harris*, Madison obstetrician, before members of the Eau Claire Kiwanis Club on September 28. He stressed the importance of periodic health examinations and good prenatal care.

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"Cheap service when you are sick is expensive service," asserted *Dr. Rock Sleyster*, Wauwatosa, president of the American Medical Association, October 4, before the Southwest Clinical Society, Kansas City, Mo. The medical profession is not opposed to prepaid medical care, he declared, but only to plans "which take away from the patient his American right for free choice of his own physician" and "tend to create commercial groups each offering a little more for a little less."

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"Parental Authority," "The Responsibility of Parents," and "Mental Hygiene of the Child of Preschool Age," were topics discussed by *Dr. Samuel Plahner*, Milwaukee psychiatrist, in Milwaukee, Whitefish Bay and Waukesha, on September 27, October 24 and October 29.

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As the result of a meeting in Beloit the latter part of September, arranged by *Dr. Richard A. Thayer*, Beloit health officer, health agencies of that city are compiling a "calendar of health events," to aid in coordinating the activities of all health units there.

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Dr. R. A. Jensen, Menasha, outlined points to be considered in a public health program in a talk, "Building for Better Balanced Lives Through Health," given on October 17 before the Nicolet Parent-Teacher Association, Menasha.

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Developments in medical education at the University of Wisconsin, from "the gas lamp era" to the present time, were traced by *Dr. W. D. Stovall*, Madison, in a lecture, October 25, before about 300 members of the University League. "At the time the university was founded in 1848," he asserted, "typhoid fever and other diseases were rampant in the state and medical science was in chaos." He paid special tribute to the work of *Drs. William Snow Miller* and *W. S. Middleton* at the university and to the late Dr. C. R. Bardeen.

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Dr. Rock Sleyster, Wauwatosa, president of the American Medical Association, spoke on the need for research into mental disorders at a meeting of the Wisconsin Occupational Therapy Association in Milwaukee, October 20.

The 31st annual meeting of the *Wisconsin Anti-Tuberculosis Association*, held October 26–27 in the Health Service Building, Milwaukee, stressed the problem of finding early cases of tuberculosis. A panel discussion on the problem was led by Dr. Paul A. Teschner of the American Medical Association, Chicago.

Wisconsin physician-speakers on the program included: *G. L. Bellis*, Elcho; *E. E. Carpenter*, Superior; *James A. Evans*, La Crosse; *Edwin B. Gute*, Whitefish Bay; *Oscar Lotz*, Milwaukee; *Walter Mauthe*, Whitewater; *A. A. Pleyte*, Milwaukee; *Rock Sleyster*, Wauwatosa; *R. H. Stiehm*, Madison; and *I. F. Thompson*, Racine. At the annual dinner of the Association at the Hotel Pfister, October 27, Dr. David R. Lyman, Wallingford, Connecticut, pioneer in tuberculosis control, delivered a memorial address on Dr. Hoyt E. Dearholt, former executive secretary of the association who died July 12, 1939.

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Dr. J. P. Koehler, Milwaukee health commissioner, spoke on October 16 before the Health Education Institute at the 68th annual meeting of the American Public Health Association, held October 17–20 in Pittsburgh. He said public health officials must gain the confidence of their communities for successful health programs.

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The Wisconsin Association of Medical Technologists held its fourth annual convention, October 14, at Marquette University School of Medicine, Milwaukee. *Dr. Joseph M. King*, Milwaukee, addressed the group on "Laboratory Aids in Surgical Diagnosis."

"Sober Is as Sober Does," was the title of a talk given the technologists by Mr. Karl York of the crime prevention committee, Junior Chamber of Commerce, Milwaukee, who blamed "the revival of the cocktail hour" to increased automobile accidents at that time of day. *Dr. L. J. Van Hecke*, Milwaukee, discussed "Cerebrospinal Fluid." Also featured at the convention were demonstrations of medical laboratory tests.

Miss June McCay, 1044 North 19th Street, Milwaukee, is secretary of the Association.

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More than 500 nurses attended the 30th annual meeting of the Wisconsin State Nurses Association in Fond du Lac, October 3–5. The 24th annual meeting of the Wisconsin League of Nursing Education was held in conjunction with the Association convention. Program speakers included *Dr. E. L. Sevringhaus*, Madison, who discussed "Typical Endocrine Disturbance," and *Dr. S. E. Gavin*, Fond du Lac, who gave an address on "Current Legislation Affecting Public Health." *Drs. E. V. Smith, Sr.*, *O. M. Layton*, and *J. E. Twohig* were among Fond du Lac physicians participating in the event. The nurses chose Eau Claire as their 1940 meeting place.

Physicians from Wisconsin and Illinois attended a medical program presented by members of the Marquette University Medical School and the Jackson Clinic on Saturday, September 30, at the Methodist Hospital, Madison. The meeting was the ninth of a series held annually on the day of the Marquette–Wisconsin football game.

The occasion was the dedication of the new assembly hall of scientific exhibits at the Jackson Clinic. Among the exhibits was one on "Diseases of the Gallbladder and Liver" presented by Drs. *J. N. Sisk, A. S. Jackson* and the late *R. H. Jackson,* which was awarded the certificate of merit at the last meeting of the American Medical Association.

Dr. Eben Carey of the Marquette Medical School, gave the dedicatory address and emphasized the value of scientific exhibits as a means of postgraduate teaching. Dr. Thomas Hull, director of scientific exhibits for the American Medical Association, discussed the history of exhibits and also pointed out their importance as a means of teaching.

Among those present were:

S. C. Allen—Waterloo
R. D. Boynton—Wisconsin Dells
H. V. Bancroft—Blue Mound
G. W. Belting—Orfordville
E. M. Brown—Arena
Reginald H. Jackson, Jr.—Madison
E. S. Chase—Fort Atkinson
C. E. Constantine—Racine
James A. Jackson—Madison
H. E. Caswell—Fort Atkinson
B. L. Cleary—Edgerton
Arnold S. Jackson—Madison
G. J. Fiebiger—Waterloo
O. W. Friske—Beloit
W. E. L. Froggatt—Cross Plains
S. J. Francois—New Glarus
Luther E. Holmgren—Madison
J. E. Gustafson—Stockton, Ill.
H. E. Gillette—Pardeeville
J. P. Guilfoyle—Evansville
John T. Gallagher—Madison
L. S. Graves—Mineral Point
P. H. Hansberry—Hillsboro
Harold E. Marsh—Madison
G. S. Jones—Milwaukee
J. C. Frick—Waukesha
A. W. Bryan—Madison
H. B. Keland—Racine
W. H. Krehl—Madison
T. F. Laughlin—Hartford
J. H. Lee—Madison
G. H. Ewell—Madison
J. A. Mudrock—Columbus
J. F. Mauermann—Monroe
J. G. Moss—Westfield
J. A. Hurlbut—Madison
H. H. Morton—Dodgeville
L. H. Nowack—Watertown
A. M. Schwittay—Madison
J. F. Poser—Columbus
W. M. Randall—Blue River
J. N. Sisk—Madison
H. Rouschafer—Darien
W. C. Roth—Racine
H. Olson—Milwaukee
H. A. Sharpe—Verona
A. F. Schmeling—Columbus
R. F. Schoenbeck—Stoughton
R. F. Dearborn—Orangeville, Ill.
F. A. Soles—Platteville
G. G. Shields—Abbotsford
M. W. Stuessy—Brodhead
E. H. Spiegelberg—Boscobel
G. F. Treadwell—Friendship
H. Vander Kamp—Baraboo
A. J. Wiesender—Berlin
D. L. Williams—Madison
W. B. Williams—Argyle

Seaman Appointed to State Department

Dr. Gilbert E. Seaman, for the past six years superintendent of the Winnebago State Hospital, has been appointed acting director of the division of mental hygiene of the new State Department of Public Welfare. Simultaneously with the appointment of Dr. Seaman, it was announced that other division directors would be:

George M. Keith, Madison, director of public assistance.
A. W. Bayley, Madison, executive secretary and acting director of administration and research.
Miss Elizabeth Yerxa, Madison, director of child welfare.
Dr. Morris G. Caldwell, Lexington, Ky., director of corrections.

The appointments were made by Mr. Frank C. Klode, director of the State Department of Public Welfare, which was created by the 1939 legislature to consolidate and correlate all welfare activities in Wisconsin.

Dr. Gilbert E. Seaman, who was born in 1869, was graduated from the Michigan College of Medicine and Surgery, Detroit, in 1889. In the early years of his practice in Milwaukee, Dr. Seaman specialized in the treatment of diseases of the eye, ear, nose and throat. It was while doing graduate work in German universities that his interest in psychiatry was first evidenced. On his return to the United States he became prominent in neuropsychiatric teaching circles and for some twenty years was staff member and director of Riverside Sanitarium and Shorewood Hospital.

In 1909 Dr. Seaman served as president of the State Medical Society of Wisconsin. He was Surgeon General of the National Guard of Wisconsin for many years, beginning in 1913. During the World War he held the rank of Colonel and was Chief Surgeon of the 32nd Division. He received the Legion of Honor Medal of France in recognition of his services.

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About sixty Wisconsin hospital pharmacists met in Madison, October 22, to attend sessions of the Wisconsin Hospital Pharmacists Association at the University of Wisconsin. The program included a business meeting, trips through the University's school of pharmacy, a luncheon at Memorial Union and a group of lectures and discussions.

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Mr. Robert J. Gramling, Dousman, son of *Dr. Henry J. Gramling,* Milwaukee, was killed in an automobile accident, October 1. He was thirty-two years old.

American College of Surgeons Holds Clinical Congress in Philadelphia

Philadelphia was host to the 3,000 surgeons and 1,500 hospital executives attending the 29th annual clinical congress of the American College of Surgeons, and the concurrent 22nd annual hospital standardization conference, from October 16 to 20.

The officers inaugurated on October 16 were Dr. George P. Muller of Philadelphia, president; Dr. Henry W. Cave of New York, first vice president; and Dr. D. Edwin Robertson of Toronto, second vice president. The officers elected to begin their terms in October, 1940, were Dr. Evarts A. Graham of St. Louis, president; Dr. Oliver S. Waugh of Winnipeg, first vice president; and Dr. Martin J. Taylor of Houston, second vice president.

Four hundred and ninety-six initiates were received into fellowship, including nine from Wisconsin, as follows:

Jack Harvey Bristow, Monroe
Gervase S. Flaherty, South Milwaukee
Albert Henry Lahmann, Milwaukee
James E. McLoone, La Crosse
Peter A. H. Midelfart, Eau Claire
Maurice G. Rice, Stevens Point
William B. Rydell, Rice Lake
John D. Steele, Jr., Milwaukee
Marres H. Wirig, Madison

Honorary fellowships were conferred upon Dr. James C. Magee, surgeon general of the United States Army; Dr. Thomas Parran, surgeon general of the United States Public Health Service; and Professor Dr. Eugene Polya, professor of surgery at Peter Pazmany University, Budapest, Hungary.

The College announced that 2,720 hospitals in the United States, Canada, and a few other countries, were named on its 1939 approved list; also that 307 cancer clinics located in the general hospitals of the United States and Canada had been approved by the College, which means that there is an approved cancer clinic in one of every five hospitals of over 100 beds. Dr. Frank E. Adair, chairman of the cancer committee, announced a broadened base of cancer activities by the College through invitation not only to surgeons, but also to therapeutic radiologists, to participate in a more active way in the future cancer programs. He urged registration with the College of all cases of five-year cancer cures, stating that if every Fellow of the College were to register all his cases it would soon be possible to accumulate 100,000 records of cures. More than 30,000 are already on file at the College, which is the only depository for cured cancer cases of all types. Dr. Adair said that a study of the cured cases will be a lead as to the best method to pursue in treatment of the new cases.

The College also announced a list of 179 hospitals approved for graduate training in general surgery and/or the surgical specialties. These include the Wisconsin General Hospital and the Wisconsin Orthopedic Hospital for Children in Madison, and the Milwaukee County General Hospital at Wauwatosa.

Surgical developments discussed. — Among the surgical developments reported to the Congress was an operation, described by Dr. J. T. L. Nicholson, of the Children's Hospital of Philadelphia, that has been employed in a number of clinics there and elsewhere to remedy the twisted and useless leg muscles which may follow infantile paralysis; tendons are taken from the back of the limb, wired through a groove in the kneecap bone, and attached to the front of the leg below the knee, making the rear muscles pull front tendons and thus straighten the limb. An operation was described by Dr. Evarts Graham of St. Louis which effected cure of cancer by removal of an entire lung; Dr. Graham performed his first operation of this type about six years ago on a Pittsburgh doctor who is now in good health; several hundred similar lung removals have since been performed throughout the world, Dr. Graham reported, saying that when the cancer is not too far advanced, the mortality from the operation is only 10 per cent, but it jumps to 40 or 50 per cent in advanced cases. A novel operation for treatment of growths of the upper esophagus, in which a rubber or cellophane tube worn outside the body but under the clothing is substituted, was described by Dr. John H. Garlock of Cornell University Medical College, who also told of his successes in treating cancer of the lower esophagus by cutting away the diseased tissues and joining the healthy tissue to the stomach by moving the stomach up into the chest wall. Dr. Chevalier Jackson of Philadelphia described for the first time a narrow field operation on cancer of the larynx. Dr. Vilray P. Blair of St. Louis told of an operation which would, by means of skin grafts, restore sight to eyes damaged by acid or shock. Dr. Edward H. Campbell of Philadelphia reported an operation which is proving effective in cases of otosclerosis; a hole is bored in the bony shell deep in the ear, the ear-drum is cut partly free, stretched inward to close the opening, and sound vibrations are thus transmitted directly to the fluid in the canals which actuates the endings of the nerve of hearing. Dr. Eugene Polya of Budapest reported his improvements on the operation for gastric resection. Dr. Henry W. Cave of New York reported an operation for ulcerative colitis in which the mortality is now about 20 per cent, with prospects of reduction when surgical treatment at an earlier stage is instituted. Dr. Michael L. Mason of Chicago urged use of the smallest possible instruments, such as clamps and forceps, to prevent needless bruising and killing of good tissues surrounding the wound which would aid greatly in its future healing if not harmed by the surgical procedure, and emphasized the importance of letting the skin be its own bacteria killer.

The final session of the Congress was a public meeting on conservation of health featuring addresses by prominent surgeons. Cancer, maternal care, budgeting for health, and hospitals were among the subjects discussed with the aim of educating the public to seek diagnosis and treatment early.

The *Chicago Medical Society* will present a symposium on nutritional deficiency on November 15. Information concerning the program, which is given below, may be obtained by writing the Chicago Medical Society, 30 North Michigan Avenue, Chicago. The morning sessions will be held at Thorne Hall, Northwestern University Medical School; the evening sessions in the Chicago Woman's Club.

9:00 a. m. to 12:00 p. m.
Chairman—Dr. N. S. Davis, III.

1. Vitamin A. Deficiency—Dr. Frederic T. Jung
2. Vitamin D and Calcium Deficiency—Dr. Smith Freeman
3. Vitamin K Deficiency—Dr. Warren H. Cole
4. Vitamin C Deficiency—Dr. Chester J. Farmer, Dr. Arthur F. Abt
5. Pellagra and Polyneuritis in Alcohol Addicts—Dr. Don C. Sutton, Dr. John Ashworth
6. Round Table Discussion—Dr. Tom D. Spies

Luncheon—DeWitt Hotel, $.50

2:00 p. m. to 5:00 p. m.
Chairman—Dr. Chester J. Farmer

1. Nutritional Deficiencies During Maturity and Old Age—Dr. N. S. Davis, III
2. Nutritional Deficiences during Pregnancy—Dr. Edward Allen
3. Nutritional Deficiencies during Infancy and Childhood—Dr. Bengt Hamilton
4. Anemia Due to Nutritional Deficiency—Dr. Howard L. Abt
5. Nutritional Deficiencies and their Relation to Surgery—Dr. Charles B. Puestow
6. Normal Dietary Requirement—Dr. Clifford J. Barborka
7. Commercial Vitamin Preparations—Dr. F. C. Bing

6:30 P.M. Dinner—Chicago Womens Club, $1.50
72 E. 11th St.

8:30 P.M. Vitamin B and Pellagra
Dr. Tom D. Spies, Cincinnati, Ohio

BIRTHS

A daughter, Betsy, to Dr. and Mrs. Albert H. Lahmann, Milwaukee, on October 2.

A son to Dr. and Mrs. C. E. Bellehumeur, Milwaukee, on September 13.

A son to Dr. and Mrs. L. J. Schneeberger, Milwaukee, on September 15.

A daughter to Dr. and Mrs. C. F. Park, Milwaukee, on September 28.

A son to Dr. and Mrs. Paul F. Doege, Marshfield, on October 30.

MARRIAGES

Dr. Albert H. Stahmer, Wausau, and Miss Margaret Lemke, Wausau, on October 12.

Dr. Robert W. Mason, Marshfield, and Miss Lorraine Miller, Marshfield, on October 17.

Dr. Amy Louise Hunter, Madison, and Mr. F. G. Wilson, Madison, on October 19.

DEATHS

Dr. Burt E. Scott, Berlin, died on October 2 at his home at the age of sixty-eight years.

He was graduated in 1901 from the Wisconsin College of Physicians and Surgeons, Milwaukee. In the same year he began the practice of his profession in Berlin. When he retired from active practice on July 1 of this year, because of ill health, newspapers of Milwaukee, Berlin and numerous other Wisconsin cities, carried long and laudatory articles on his thirty-eight years of service to Berlin residents. The July issue of the WISCONSIN MEDICAL JOURNAL noted his reply to these articles, namely: "A doctor is a poor stick if he doesn't accomplish something when he has the opportunity."

The citizens of Berlin will erect a memorial to him in the Berlin Memorial Hospital. Dr. Scott was instrumental in establishing this hospital, formerly called the Yates Memorial Hospital. The doctor was a member of the Green Lake–Waushara County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association. Surviving him are his widow and two sons.

Dr. W. H. Washburn, Milwaukee, pioneer Milwaukee internist and medical educator, died on October 4 at his home, following an illness of about a year.

Dr. Washburn was born in Weyauwega, in 1854. He began the practice of medicine in Ishpeming, Michigan, after his graduation from Rush Medical College, Chicago, in 1877. For several years he practiced in Florence, Wisconsin, and *The Florence Mining News*, in commenting on his death, reported: "Dr. Washburn will be remembered by old-timers here as the mining physician for the mines . . . Dr. Washburn was most happy when recalling the lusty days in Florence, in the wide open era of Old Man Mudge and Morrison, as described in Chase Osborn's 'Iron Hunter,' one-time editor of *The Mining News*. It was while Dr. Washburn was in Florence that Willie Dickinson, son of the Commonwealth mine superintendent, was kidnapped in 1881 and never found. Dr. Washburn was one of the band of men who searched the woods in vain."

In 1885, Dr. Washburn took up the practice of medicine in Milwaukee. He was one of the first faculty members of the Wisconsin College of Physicians and Surgeons—now the Marquette University School of Medicine. He was a member of the Wisconsin Medical Advisory Board during the World War. In 1909 he was elected to the presidency of the Medical Society of Milwaukee County and, in 1934, was among those honored by the Society at a banquet for physicians who had been in practice for fifty years. He was one of the nine charter members of the Milwaukee Academy of Medicine. In addition to membership in his county medical society, Dr. Washburn held membership in the State Medical Society of Wisconsin and the American Medical Association.

He is survived by his widow, a daughter and a son—Dr. Robert G. Washburn, Milwaukee dermatologist.

Dr. Louis A. Fuerstenau, Milwaukee surgeon, died on September 21 in a Milwaukee hospital, where—about a week previously—he had undergone a surgical operation.

Dr. Fuerstenau was born in Green Bay in 1881. He received his medical degree from Northwestern University Medical School in 1909. In 1910 he opened an office in Milwaukee and practiced there from that time until his last illness.

He was prominent in civic and religious circles in Whitefish Bay where he maintained his residence. He was a member and officer of several medical societies, including the Milwaukee Society of Clinical Surgery (former president), the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association.

Dr. Fuerstenau is survived by his widow, one daughter and a son.

Dr. R. M. Nichols, Sheboygan Falls, died at his home on September 30. He was seventy-six years old.

The doctor was graduated from Hahnemann Medical College and Hospital, Chicago, in 1887. Later in the same year he located at Sheboygan Falls where he resided thereafter, except for a year and a half during the World War when he served in the medical corps of the United States army. In 1924 he took over the position of postmaster of Sheboygan Falls.

Dr. Nichols, a leader in fraternal and civic affairs, was especially interested in the Boy Scout movement; he was the recipient of that organization's highest award—the Silver Beaver—and was called "the grand old man of scouting" in his community. He was a former member of the Sheboygan County Medical Society, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, two sons and four daughters.

Dr. Henry P. Rhode, pioneer health commissioner of Green Bay, died on September 28 in a Green Bay hospital of a heart ailment. He had been in poor health for some time.

Dr. Rhode, the son of a physician, was born in 1873. He was graduated in 1894 from the University of Illinois College of Medicine, Chicago. He practiced in Forest Junction for several years before moving to Green Bay.

Surviving Dr. Rhode are his widow and two daughters.

Dr. Lewis J. Daniels, Milwaukee, died on September 20 in a Milwaukee hospital, following a lingering illness. The doctor, a native of Milwaukee, was sixty-five years of age.

After his graduation in 1896 from Rush Medical College, Chicago, Dr. Daniels entered the practice of medicine in Milwaukee. In 1917 he took over the office of health commissioner of Milwaukee, replacing Dr. G. C. Ruhland who was called into military service in the World War. On resigning that position in 1918, Dr. Daniels was named to the war rehabilitation committee of Milwaukee.

He established one of the first radium hospitals in Milwaukee but was forced to discontinue work in that connection in 1919 because of ill health. He carried on his private practice, however, until his final illness. He is survived by his widow and one daughter.

Dr. William F. Reich, Milwaukee, died on October 12 after a heart attack. Dr. Reich, who was born near Chilton, Wisconsin, was sixty-nine years old.

He was graduated from the University of Illinois medical school in 1899. Soon thereafter he opened his office in Milwaukee for the general practice of medicine. He served as school physician for twenty years, in addition to carrying on his private practice.

Dr. Reich was a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his widow, two daughters and one son.

SOCIETY RECORDS

New Members

C. F. Midelfart, Wisconsin General Hospital, Madison.

Mead Burke, Wisconsin General Hospital, Madison.

J. P. Malec, 2 West Gorham Street, Madison.

J. R. Johnson, New Auburn.

A. W. Frankow, West Bend.

G. E. Collentine, 239 West Center Street, Milwaukee.

P. L. Eisele, Statesan.

G. A. Parish, Mayville.

J. D. Warrick, Sharon.

G. A. Cooper, 110 East Main Street, Madison.

Changes in Address

F. W. Leeson, Beloit, to Box 282, Hollywood, Florida.

Esther C. Kurtz, Wauwatosa, to 2329 East Belleview Place, Milwaukee.

M. B. Kaller, Thiensville, to 6112 Wilshire Boulevard, Los Angeles, California.

E. E. Burzynski, Laona, to 1311 North State Parkway, Chicago, Illinois.

R. R. Rivard, Shawano, to Keshena.

M. W. Meyer, Almond, to Vaughn Library Building, Ashland.

S. S. Salinko, Milwaukee, to 571 South Coranado Street, Francania Apartments, Los Angeles, California.

R. B. Pelkey, Coleman, to Pound.

RECENT WISCONSIN LICENTIATES

The following is a list of names of physicians who were licensed through reciprocity at a special meeting of the Wisconsin State Board of Medical Examiners held at the Hotel Schroeder, Milwaukee, September 14, 1939:

Name	*School of Graduation*	*Present Address*
Bane, Helen W.	Minnesota	Beloit, Wisconsin
Baskerville, Edw.	St. Louis University	Joliet, Illinois
Cramp, Arthur L.	College of Medical Evangelists	Gilman, Wisconsin
Goldberger, Esther	Temple University	3049 N. Newhall Street, Milwaukee, Wisconsin
Knutson, Lewis A.	Minnesota	Westby, Wisconsin
Melick, Dermont W.	Pennsylvania	Wisconsin General Hospital, Madison, Wisconsin
Miller, Edward A.	Northwestern	Kewaskum, Wisconsin
O'Keefe, Francis L.	Rush	Delavan, Wisconsin
Theobald, Peter B.	Rush	Oconomowoc, Wisconsin
Wright, Marvin	Iowa	Newton, Iowa

CORRESPONDENCE

THE ARVESON ADDRESS

Wisconsin Medical Journal,
119 East Washington Avenue,
Madison, Wisconsin.

Gentlemen: I read with interest newspaper accounts of the address of Dr. R. G. Arveson, incoming president of the State Medical Society, at the annual meeting in Milwaukee. Later I secured a copy of the October JOURNAL and studied the complete text of the address, and through the JOURNAL I wish to congratulate you on his direct, forthright statements.

When I met Doctor Arveson in Frederic about a year ago I was impressed with the fact that he was an unusually thoughtful person.

> "It takes a man when every other fellow shrinks to dare to stand before his clan and say exactly what he thinks."

It is difficult to awaken the average taxpayer so he can see that as he becomes more and more dependent on government it is necessary for him to give up more and more of his liberty. In exchange for the free services offered by his government he must submit to more and more governmental control over his individual actions.

Professional men—who believe that it is best for all of us that control should rest in the people—must take time to get others to see that we can't keep such freedom and at the same time expect the government to take care of all our wants.

I read some place the other day that a leader is a man who is willing to take upon himself with no thought of fame or gain the responsibilities which the weaker shun.

I hope that more business and professional men will qualify under that definition of a leader.

Yours very sincerely,
PAUL N. REYNOLDS,
Wisconsin Taxpayers Alliance.

DOCTORS AND FOOTBALL

LAWRENCE COLLEGE

Appleton, October 20, 1939.

Dr. A. E. Rector,
Irving Zuelke Building,
Appleton, Wisconsin.

My dear Dr. Rector: I realize that you are no longer President of the Wisconsin State Association, but must still have some connection. I just thought I would pass on a word about an incident which occurred the other evening.

Our freshman football team went down to play Northwestern College at Watertown, Wisconsin. During the game, one of our boys, young Dudley, was injured and a Dr. Ned Abelmann at St. Mary's Hospital there in Watertown, attended him very effectively. He refused to accept any fee for his services and treated the boy with utmost kindness.

I have written Dr. Ablemann, thanking him for his courtesy, but in view of the fact that you probably hear more crabs than compliments I thought you would like to know about this courtesy. There was really no reason why Ablemann should have done this except that he probably knew the boy had little extra money.

I realize that this is a common occurrence in the medical profession and one of the things which gives it its very high ranking in the affections of the people, but I thought you would be interested in having a word about it.

Very truly yours,
(Signed) TOM
Thomas N. Barrows,
President.

Minutes of the Council; Milwaukee, September 12, 1939

1. Call to Order

The Council was called to order after a 12:15 luncheon in Parlor "E" of the Hotel Schroeder, Milwaukee, on Tuesday noon, September 12, 1939, Chairman Gavin presiding.

2. Roll Call

The following were present: Councilors Gavin, Jegi, Johnson, Butler, Bowen, Blumenthal, Christofferson, Krahn, Pippin and then Councilors Pope, Lettenberger and Sproule; then President Rector; then President-Elect Arveson; Treasurer Ira Sisk; then Past President Sargent; Secretary Crownhart and Assistant Secretary Larson.

3. Approval of Minutes of July Meeting

It was moved by Johnson–Jegi that the minutes of the meeting of July 16, 1939, as published in the WISCONSIN MEDICAL JOURNAL, be approved; motion carried.

4. Meeting of Auditing Committee

Secretary Crownhart announced that there had been a meeting of the Auditing Committee of the Council during the morning, and asked whether there was a report ready for the Council. Councilor Christofferson stated that the meeting had been held that morning in the presence and with the aid of the Society's auditor, Mr. George Taylor, Madison, and that while the audit was somewhat incomplete, it was the sense of the committee that the items as presented were proper. It was suggested that a more complete report might be given later. There was no objection, and it was so ordered.

5. Appeal from Expulsion Proceedings of the Oconto County Medical Society

Councilor Krahn participated in this order of business only as secretary of the Oconto County Medical Society. The appellant appeared in his own behalf and made a lengthy statement of his position, after which he answered questions put to him by the councilors. Dr. Krahn did not participate in the proceedings. After appellant's presentation, he departed, and Dr. Krahn left the room temporarily while there was a general discussion of the matter in hand. It was moved by Christofferson–Butler that the entire matter be referred to legal counsel for consideration; motion carried. At this point Councilor Krahn re-entered the room.

6. Approval of Mail Ballot

It was moved by Blumenthal–Krahn that approval be given to the mail ballot of August 21, authorizing the secretary to issue invitations to distinguished members of the judiciary and bar of Wisconsin to be the guests of the Society at the annual dinner at the 1939 annual meeting, such expense to be incurred and charged to the appropriate budget item. Motion carried.

7. Associate Membership for Resident Physicians

Secretary Crownhart explained this order of business, and added that the constitution of the Society prohibits such action and that it could not be amended at the current annual meeting. There was discussion by Drs. Sproule, Bowen, Jegi, Pope, Arveson and Rector, and Secretary Crownhart. In view of the uncertain advantages involved in providing for an associate membership, it was moved by Sproule–Christofferson that the matter be placed on the table; motion carried.

8. Hospital Care Insurance

Secretary Crownhart reported on the more recent activities of those participating in the Wisconsin Hospital Service Association, Inc., and outlined the present status of the situation.

9. Convention for the Revision of the U. S. Pharmacopoeia

Secretary Crownhart asked the wishes of the Council in the matter of providing a delegate or delegates to the Convention for the Revision of the U. S. Pharmacopoeia to be held in Washington, D. C., on May 14, 1940, and explained the procedure in this matter in the past. Secretary Crownhart then read a letter from the office of the president of the convention regarding the meeting. There was discussion by Drs. Arveson, Gavin,

Butler, Lettenberger, Lambert and Bowen, and Secretary Crownhart. It was moved by Bowen–Lettenberger that the State Medical Society of Wisconsin be not represented at such meeting. Councilor Blumenthal amended the motion to provide that a delegate be permitted to attend provided he paid his own expenses incurred in the undertaking. Councilor Bowen withdrew his original motion and offered as a substitute a motion providing for a delegate or delegates up to three in number to represent the Society, providing they will pay their own expenses involved, and that such men present to the chairman of the Council their desire to so represent the Society. Motion seconded by then Councilor Lettenberger, and carried.

10. Drug Dispensing and Future Legislation

Secretary Crownhart asked the thoughts of the Council as to whether drug dispensing by physicians in relation to future legislation was a matter which might properly be explored by the Society in some manner to be suggested later. There was discussion by Drs. Pope, Gavin, Jegi, Krahn, Rector, Arveson, Lettenberger, Butler, Johnson and Bowen, and Secretary Crownhart. It was moved by Butler– Christofferson that the secretary be authorized to explore this matter in the manner most satisfactory to the situation in all its phases; motion carried.

11. Announcements by the Secretary

Secretary Crownhart made announcements concerning the method of handling guests at the annual dinner. Secretary Crownhart then announced that the State Health Officer had informed his office that Social Security funds may be available for paying the costs of certain medical care in counties which are in desperate economic condition, and added that the matter was mentioned at this time so that proper consideration might be given when and if an actual proposal was made.

12. Testimony Regarding Criminal Insanity

Dr. Bowen asked about the possibility of medical legislation relating to criminal insanity and the rendering of "moulded testimony," and the capability of certain physicians to act in a psychiatric capacity when it actually lays outside their field. Secretary Crownhart asked that he be allowed time to investigate the laws on the subject and to make a memorandum to the Council later, after which it might be discussed in meeting.

The meeting adjourned at 4:15 p.m.

J. G. CROWNHART,
Secretary.

Approved:
S. E. GAVIN, M.D.,
Chairman of Council.

A. M. A. FELLOWSHIP

The difference between membership and fellowship in the American Medical Association is set forth below to clear up any confusion that may exist in this regard.

A member of a county medical society automatically becomes a member of the State Medical Society and the American Medical Association, but not a Fellow of the American Medical Association. To become a Fellow of the American Medical Association, he must make special application and pay to the Association the annual dues of $8 (which are credited to a year's subscription to The Journal of the American Medical Association).

Many physicians who pay $8 a year for their subscription to The Journal of the Americal Medical Association are not Fellows only because they have never applied for Fellowship. Only Fellows may register or take part in the annual meeting of the American Medical Association which, in 1940, will be held in New York City, June 10–14.

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street, Chicago

APPLICATION FOR FELLOWSHIP

....., 19....

I hereby make application for Fellowship in the American Medical Association and subscribe for The Journal for one year from date. I am a member in good standing of the ..... County Medical Society, a component branch of the ..... State Medical Association.

N. B.—Eight dollars is deposited with this application. Should I be granted the Fellowship applied for, this fee is to be credited to my subscription for *The Journal*. The Fellowship for which this application is made is to be subject to the Constitution and By-Laws of the American Medical Association.

Signed .....
Name in Full

Street ..... County .....
City ..... State .....

Final Report on Public Health Legislation By Committee on Public Policy

ENDING its longest session in recent years, the Wisconsin legislature adjourned sine die on October 6, 1939. As of September 30, there had been a total of 1,555 bills introduced in the two houses, and, of these, more than 150 directly concerned the public health, though some but in a general way.

In the September issue of THE JOURNAL there appeared a report of your Committee on Public Policy outlining in detail those measures of primary concern in the field of public health. At the time that report was written—August 5—your Committee stated that there were no immediate prospects of adjournment. Time bore out the accuracy of that statement. But this is also of significance,—the status of the measures detailed in that report remained virtually the same during the balance of the session, two entire months.

The Biemiller proposals in the field of publice health consisted of (1) a bill for compulsory sickness insurance; (2) a similar measure to permit the formation of wholly unsupervised forms of medical and hospital care schemes; (3) a measure calling for the creation of a legislative committee to study the costs of medical care and the "ways and means of lightening the burdens thereof;" (4) two measures proposing the creation of an elaborate state system to replace local authorization for the distribution of pneumonia serum and insulin to the medically indigent; and (5) a proposal that there be two local health officers on the State Board of Health.

Only two of these five proposals came to a vote—those proposing compulsory sickness insurance and unsupervised forms of medical and hospital care schemes. Both were defeated, with action on the other measures being incomplete due to adjournment, and, in the case of the State Board of Health proposal, withdrawal of the bill by the author.

The ambitious legislative program of the osteopaths went down to defeat in the Senate, the house in which it was introduced, without the formality of roll calls. It is not difficult to forecast, however, that these measures will doubtless be of the "biennial" type such as those supported by the chiropractors. Public health, in the past ten or fifteen years, has met many an attempt by chiropractors and the so-called (and unlicensed) naturopaths to advance the interest of their particular cults. One osteopathic measure was introduced in the 1937 session—five in the 1939 session. In but fourteen months the 1940 session will begin.

In the September issue of THE JOURNAL the chiropractic program was reported to you as contained in five different measures, four of which were introduced in the Assembly, and one in the Senate. In summarized form these measures would have permitted chiropractors to: use the title "doctor," examine under the basic science law, give treatment under the Workmens Compensation Act, and treat patients of the Winnebago State Hospital for the Insane in a special ward. The Assembly proposals to create a chiropractic ward at Winnebago and to permit chiropractors to use the title "doctor" were defeated by a vote of 55 to 29, and 58 to 31. The other Assembly measures were placed on the table and were not recalled before adjournment of the legislature. No action was taken on the Senate bill. Thus the official records of the 1939 session will show that action on these measures was incomplete due to sine die adjournment.

The Committee on Public Policy previously has reported to you the proposal which, if enacted, would have distinguished between pharmacies and drugstores, permitting drugstores to retail and dispense drugs while prescriptions could be filled only in pharmacies. A companion measure was also proposed to amend the present pharmacy law so as to permit physicians to dispense drugs only in an emergency. The latter measure was withdrawn and following opposition to

the measure relating to drugstores and pharmacies, the Assembly Committee on Public Welfare did not report the measure out with the consequent result that action was incomplete due to adjournment.

Two measures were introduced in the Senate by Senator Connors, Barron, one proposing the elimination of the Wisconsin General Hospital quota-law, and another reducing the examination fees of physicians examining applicants for admission to the Wisconsin General Hospital. The latter of these measures was defeated by a vote of 21–7, while the first was withdrawn. The Assembly also defeated without a roll call a proposal similarly affecting the quota law.

New License Provision

Your Committee again calls to the attention of the members a measure introduced by Assemblyman Peterson of Green Lake county, providing that resident physicians need file their licenses only in the county of residence and not, as required under the previous law, in each county in which they practice. The bill passed both houses without a dissenting vote, and was signed by the Governor.

Changes were made in the so-called Thomson Law relating to antenuptial physical examinations. The bill as finally passed was drafted by the Society and by the State Board of Health, and is believed to substantially clarify the law.

A measure was introduced permitting hospital care insurance, which received the joint support of the Wisconsin Conference of the Catholic Hospital Association, the Wisconsin Hospital Association, and the State Medical Society. This measure has become a law.

Some of the more important measures failing of passage during the recent session were proposals related to the licensing of foreign physicians in Wisconsin, prohibition against a hospital denying staff privileges to physicians whose license had been restored following revocation, and a proposed revision of the state Pure Food and Drug Act. Other proposals included a bill affecting the practice of massage and hydrotherapy, a proposal to change the composition of the pharmacy board, a proposed tax on drugs and toilet preparations. distribution of corpses to medical schools, reporting narcotic law violations, health officers, and measures affecting the rendition of care to the indigent and pensioned.

Your Society has maintained a constant watch on all measures which were deemed important from the viewpoint of public health, and your secretary has made frequent appearances before the committees of the legislature when open hearings were held on the merits of these proposals.

In conclusion your committee feels that it can state that the 1939 session enacted no proposals inimical to the public health and it has done much constructive work in that field. Your committee suggests that the members of the Society refer carefully to the December issue of THE JOURNAL, which will summarize the more important public health laws of the state, and from which each member can determine the exact status of various state regulations as they are in effect at this time.

J. G. CROWNHART,
Secretary.

WANTED TO BUY

•

Standard lantern slide projector.—The State Medical Society of Wisconsin wants to purchase a standard lantern slide projector. Give make, model, price and full details in letter.

•

February, 1938, issues of the Wisconsin Medical Journal.—The State Medical Society of Wisconsin will pay 50 cents a copy for a few copies of the February, 1938, issue of The Journal.

Some of the Problems Confronting the Medical Profession*

By IRVIN ABELL, M. D.
Louisville, Kentucky
Immediate Past President of the American Medical Associatian

FOREWORD

So much has been written on the technical aspects of the so-called "Wagner Health Bill" that we welcome an opportunity to present to our membership this over-all view of one whose official position has brought him into intimate contact with this legislative proposal. —Editor's note.

MR. PRESIDENT, members and guests of the Iowa State Medical Society, I deeply appreciate the privilege of speaking to you this morning upon some of the problems which confront us. In the change in social thought which has occurred during the past few years, much has come about that is at rather wide variance with what heretofore had been accepted as fixed and established. Workmen's compensation, unemployment compensation, and old age pensions are an index of the urge for a wider distribution of social justice. In carrying out this urge, there are some who would go the full extent of complete socialization, and, apparently, they have selected medicine as the proving ground. If scientific medical knowledge and human intelligence could be distributed in boxes and crates as market commodities, such a conception of economics possibly might be carried out. Now the fundamental conception in both economics and ethics is that of value. In economics, the ultimate test of value is the amount of goods which will be consumed, or the premium which will be paid for it in the market. Ethics embraces a wider consideration, and its ultimate test of value is to be determined by the effect upon the individual and the society in which the individual lives.

The advance in the distribution of medical science, so far at least, has been purely and simply evolutionary; methods having been evolved to meet needs as they have arisen. The record is one of which we may be justly proud. Mortality rates have been reduced fifty per cent. Increased expectancy of life has now attained approximately one hundred per cent. During the year 1938, an all-time low mortality rate in every disease in this country has been attained, with the exception of heart disease and cancer, and the explanation for this is readily at hand. As a result of the application of preventive medicine, we have developed a society in which there is a greater proportion of people living beyond the age of forty years than known heretofore in any part of the world. Since both cancer and heart disease take their greatest toll at and after this age of life, their greater incidence is readily understood.

Even with this remarkable accomplishment of medicine no one knows better than the medical profession of the lag or gap that exists between accumulated medical knowledge and its equable distribution. No one or no agency desires more than the medical profession to see this gap bridged, granting that it can be done with the maintenance of the ethical institution of medicine. As far back as 1875 the American Medical Association recommended the formation of a Department of Health in the Cabinet of the President, with a medical man at its head. During the passing years it has reiterated this proposal on a number of occasions. During the same passing years there has been a gradual extension of federal agencies into health activities; the United States Public Health Service in the Department of the Treasury, foods and drugs in the Department of Agriculture, maternal and child welfare in the Department of Labor, the care of the Indians and the insane in the Department of the Interior, the Medical Corps of the Army and Navy with their own establishment, the care of the veterans in the Veterans' Administration, the care of indigent farmers in the Resettlement Administration, and so on through twenty-seven different federal agencies, involving an ex-

* Presented before the 88th annual session, Iowa State Medical Society, Des Moines, April 25, 26 and 27, 1939, and reprinted with permission from the Journal of the Iowa State Medical Society for October, 1939.

penditure of approximately $600,000,000 a year.

The President appointed an interdepartmental committee to coordinate and correlate the health and welfare activities of the government, and this committee, in turn, appointed technical subcommittees to help it in its studies, one of which undertook the study of medical care. Its conclusions and its data were largely assembled from the National Health Survey, which was made largely by non-medical WPA workers, embracing approximately 4,000,000 people, both rural and urban inhabitants, in seventeen different states. Its conclusions and its data show wide discrepancies with the data which the American Medical Association accumulated during its ninety years of existence. As one goes through the National Health Survey, he finds many inaccuracies and inadequacies. From my own viewpoint, the greatest objection to it, I think, is that it stresses the inefficiencies and says little about the efficiencies. For instance, a lay person reading that report and noting a certain number of deaths in this country each year from tuberculosis would infer that all tuberculosis can be eradicated simply by the allocation of federal funds. It is granted that a spot survey or a case finding program will help, but the survey fails to stress the fact that, since the first of the century, the medical profession has succeeded in reducing the mortality rate from tuberculosis by seventy-five per cent.

Furthermore, in its consideration of maternal deaths, every death of a mother from the time of conception until she is discharged after the birth of her baby, is counted as a maternal death. The rate in this country is presumed by the National Health Survey to be unduly high, but this rate is not broken down. We know, for instance, that from one-fourth to one-third of all the maternal deaths in this country follow abortion, and all of the federal money in the world will not reduce that death rate unless it is devoted to the education of women as to the danger of induced abortion. If we take the death rate among the whites, particularly in the states enjoying the upper income level, the maternal death rate would be found to compare favorably with that in any other country in the world. We, and particularly those of us who live in the South, know the conditions under which the negro lives. They are poorly clothed and poorly housed and poorly fed; and many, many times without medical care. They are rachitic, bowlegged, bandylegged, with deformed pelvis, and the maternal death rate is inordinately high. I submit that the existence of such conditions is an indictment of society, certainly not an indictment of the medical profession.

Again, the slogan which was developed from the National Health Survey, that one-third of our people are poorly clothed, poorly fed, poorly housed and without medical care, I think, is open to debate. It is perfectly possible in some of the rural districts, particularly those of the far South, inhabited chiefly by negroes, that this is true, and in some of the counties in my own state I think it is true. For instance, in one of our counties, Owsley County, Kentucky, there are 10,000 people. They collect an insufficient fund in taxes to meet their local governmental agencies. There is only one doctor in the county, no hospital, no dentist, and no trained nurse. It is perfectly possible in that county that one-third, and even a greater percentage, of the people would come within that classification. However, in my own city of Louisville, with its municipal hospital, with an extensive outpatient department, with a children's free hospital, with a crippled children's hospital, with two tuberculosis hospitals, with each private hospital maintaining a limited charity service, with mental hygiene clinics, with baby clinics, with cancer clinics, it is not true that any proportion of our people go without medical care, granting that they know where to get it and are willing to accept it. The type of medical care provided in these institutions is of the best, since the medical service is largely under the control of the medical school of the University of Louisville. Therefore, if it were true that one-third of our people are poorly clothed, poorly housed, poorly fed and without medical care, then I submit that the problem is more economic and social than medical.

Again, in the question of hospital facilities we find a marked difference. The National Health Survey indicates there are more than 30,000,000 people in this country living beyond a radius of thirty miles from a hospital. The American Medical Association's statistics show there are less than 2,000,000 people living more than thirty miles from a hospital, and these are largely in the states where the population density varies from one to five to the square mile.

One might go through the entire National Health Survey and pick out inaccuracies, but as far as I am personally concerned, I am willing to accept the factual data which it does contain, to serve as a basis for the discussion of a wider distribution of medical care. As you know at the National Health Conference in Washington, the technical committee made five recommendations, and, briefly, these were:

1. An extension of public health, maternal and child welfare services.
2. An increase in hospital facilities, in diagnostic facilities.
3. The medical care of the medically needy.
4. The development, in individual states, of programs for the care of all of the people of that state on a compulsory basis.
5. Compensation during illness.

This program was to be gradually developed over a period of ten years, and ultimately was to cost $850,000,000 or $250,000,000 more than the $600,000,000 the government is at present spending in its health activities.

The American Medical Association, as you know, called a special session of its House of Delegates last September to consider these proposals. With four of them it agreed in principle, with certain provisions, and bear in mind that one of the essential provisions was that the need for these services could be demonstrated. It agreed it is worthwhile to expand public health service in preventive medicine, because the prevention of disease is certainly a greater accomplishment and attainment than the cure of an illness, or the control of it or the control of any particular group of diseases. It did specify that curative efforts were not to be made where such were available at the hands of private practitioners.

The American Medical Association and the entire profession, as you know, have at all times heartily cooperated with the United States Public Health Service, the local health service, the county and state health service, in the control and prevention of disease, and at the present time are even going with them insofar as treatment is concerned in the control of specific disease problems, notably tuberculosis, venereal diseases and poliomyelitis. The medical profession is perfectly willing to have public health services expanded, granting that the need can be demonstrated, and granting that the federal government does not incur curative therapy where such is available at the hands of private practitioners.

The American Medical Association agreed in principle on the expansion of hospital facilities and the construction of diagnostic facilities, and its provision there is that the need for the erection of new hospitals be definitely ascertained. If a hospital program is to be started on the basis of such as has resulted in the building of our post offices, we would have an unfortunate situation. As far as the demonstration of the need is concerned, it is of interest to note that the government spent $2,000,000 to build an orthopedic hospital in New Mexico, only to find that there were less than one hundred patients in the state, and that there was no competent orthopedic surgeon to care for them; it was necessary to import one from El Paso. To avoid a duplication of such inaccuracies the American Medical Association specified that the need for the construction of hospitals in any given community should first be demonstrated. It also stressed the point that the existing hospital facilities should be utilized to their utmost and developed in this program. In my own state, for instance, during the past year, the hospitals have shown a fifty per cent bed vacancy, and the hospitals of the country at large have shown a thirty per cent bed vacancy. It is only right to insist that the government utilize those vacant beds on a per diem basis, paying for the patients who are sent to them.

The American Medical Association also agreed with the extension of diagnostic facilities, and there, again, the big question will come as to the demonstration of need. We have 6,000 hospitals in this country, each one of which is equipped with all of the diagnostic methods that are needed for the detection and treatment of disease. Where are we to put the diagnostic clinics? The proposal made by the technical committee was that these diagnostic centers or clinics were to be erected at a cost of $30,000 each, that they were to carry radium, deep x-ray therapy, electrocardiography, basal metabolic determination, serologic and other tests for making a diagnosis. One can readily see that those centers also would of necessity become centers of treatment; they are bound to be, because in constructing these clinics in rural areas where such facilities are not already at hand, it follows as a matter of course that the facilities for treating such patients, particularly with radiotherapy and x-ray therapy, will not be available.

The American Medical Association agreed in principle with the medical care of the medically needy; but it seems to me unfortunate that we have to build any program for the future on the present economic status of this country. We are having, as you know, constantly ten, twelve or fourteen million men unemployed which, with their dependents, gives us practically 40,000,000 people on relief. We have just above this group what they now designate as the medically indigent; in other words, people who are able to purchase the necessities of life, food, fuel, clothing and shelter, but are totally unable to meet the costs of catastrophic illnesses when they occur. These two groups constitute a large percentage of our population. To repeat, I think it would be most unfortunate to build a program for the future with the idea that our economic condition will remain as at present. Is it beyond hope that economic conditions in this country may ultimately improve, and that the people who are now on relief may again become self-sustaining, may again exercise the rights which have always been characteristic of the American people, of individual initiative, with opportunity to select what they want and pay for what they want?

The American Medical Association realizes that under present circumstances there are groups which are totally unable to pay for attention, and it has done its share, I think, in contributing to them. Even estimated on a minimum pay scale, the profession in this country, since the onset of the depression, has contributed in service approximately $1,000,000 a day to this group, $365,000,000 a year, a contribution greater than that made by any agency other than the federal government. The provision with which the American Medical Association has approved this particular recommendation is that the need for it should be established. We realize that the care of the indigent is primarily a responsibility of the community and of the local profession, else we would not have our city hospitals, and we would not have our free clinics. However, when, as a result of sparsely settled communities, having a low or no income, the need for their care becomes apparent, then the medical profession feels that an allocation of federal funds should be devoted to the care of these people, since it has grown to such an extent that the profession can no longer bear the burden alone. Another provision is that the existing welfare agencies should be simplified and correlated, and that provisions for medical care be developed by local, responsible public officials and the medical profession and allied groups. In other words, it still believes that such should be a community or state problem and not a centralization of medical control in federal bureaus.

The fourth recommendation was that plans should be developed in the individual states on a basis to be determined by such state, on a compulsory basis. Compulsory sickness insurance is not insurance. It merely seeks to provide medical attention when one becomes ill. The term which more accurately describes it is sickness tax, because it involves a check-off or a payment of five per cent of the income of those earning a certain amount of money, and the payment of this premium by the government for those who earn nothing. Mr. Falk of the technical committee, in reply to my question

as to what income level he would suggest that a compulsory sickness insurance plan be operated, stated at an income level of $3,000 a year. I then asked if the federal government had reliable statistics which would show the number of people in this country earning more than $3,000 a year, and I was told "Yes, seven per cent." That would mean if compulsory sickness insurance, as advocated in that particular recommendation, becomes operative in each and every state in this Union, ninety-three per cent or 120,000,000 of our population would be so covered.

There are many, many objections to this type of insurance. We heard some of them last night in the address of your President-Elect. I would like to call your attention to one other. With a five per cent contribution on the part of the individual earning less than $3,000 a year and on the part of the individual employing such, between two and one-half to three billion dollars a year would be collected. That is rather a large sum. We know nothing about compulsory sickness insurance in this country. Our only means of drawing any conclusions in regard to it is by a study of the systems which have been operated in the old countries. Those of you who have read Mr. Crownhart's interesting book in which he published his conclusions after some months' study of the sickness insurance plans at present operating in Europe, will remember he stated that there was one non-medical employee for every 100 persons insured. If one figures out the percentage of non-medical employees on that basis for 120,000,000 people, one finds a bureaucratic personnel that will exceed in number any bureau of the federal government at the present time. Even assuming that we have one non-medical employee for each 1,000 or 2,000, we will still have a perfectly huge bureaucratic personnel. Is that objectionable? It is as far as the control of it becomes political.

I realize, just as well as anyone, that all governmental control in this country is, of necessity, political. We have two dominant political parties, and whichever is in power is responsible for governmental control during the time of its incumbency of office. I am also perfectly willing to admit that some of the administration which they afford this country is of the very best type, possibly as good or better than could be afforded by private agencies. However, here we are dealing with a highly technical, specialized type of work and service, and I submit that only doctors, by their years of education, years of training, and their years of experience in practice, are sufficiently familiar with the intricacies of medical care to judge good medical care and how it should be provided.

With a bureaucratic personnel of such size as I have indicated, which would change hands as each administration changes hands and which would afford opportunity for employment of the workers of a given political party, one can see that it would become venal or vicious or partisan, and the one thing to suffer would be medical care; that a good part of that two and one-half to three billion dollars would be devoted to the support and perpetuation of what virtually amounts to a political machine rather than to the care of the individuals for whom the service was intended. Certainly, under such circumstances, a service given any particular group would not be good service. The American Medical Association, from the time of its organization to the present, has specified that medical care must be good medical care. It states, for instance, in one of its articles, that the duty of a profession, the chief aim or object of a profession, is the service which it can render to humanity; that financial consideration must be a subordinate one; that medical care must be good; that we should not have an inferior quality for the lower income group and a superior quality for those able to pay. Without going further into the objections that can be offered to compulsory sickness insurance, it seems to me that these which I have mentioned would be sufficient to condemn it in the minds of any thoughtful person.

I personally felt that the fifth recommendation was more economic than medical; that is sickness compensation, or the payment of compensation to the individual worker when ill, so that his family may have food and fuel and clothing during the time

of his illness. Certainly that is a worthwhile objective. I do not think anyone would find any cause to disagree with it. The American Medical Association has this provision, that its members be relieved of the responsibility of saying when an individual was too sick to work or when he had recovered sufficiently to go back to work, so that his sickness insurance would terminate at that time. I think one can readily see the wisdom of that. John Smith might complain of a backache and his physician be totally unable to find any cause which would explain it. If the physician continued to certify that John's back kept him from work, he might stay away from work for six months and continue to draw his sickness compensation. On the other hand, if the physician certifies that John is able to work, then there are difficulties with his labor associates. In other words, the opportunities for collusion between the employers of labor, and labor, are so great that the American Medical Association felt the responsibility for this decision should rest upon a federal agent rather than upon the medical profession. Those who read "The Citadel" or saw the film will recall that the doctor lost practically all of his panel when he refused to certify that one of the mill workers had a backache of sufficient severity to prevent his laboring. The same thing would happen under this particular recommendation. It is to obviate such complications that this provision was included.

Following the meeting of the House of Delegates, a committee, of which I happen to be chairman, was appointed to confer with the interdepartmental committee. We have had two conferences with it, each lasting all day. Since no draft of the legislative enactment which would translate its recommendations into action was submitted, our discussions were, of necessity, limited largely to principles. Many of those were details and questions of programs, for instance, the $42,000,000 program for tuberculosis. I do not think anyone would object to that amount. Under that program, however, the government will necessarily participate in curative medicine to a certain extent.

If we are to control tuberculosis (and I am talking not as an ordinary surgeon but as one who is interested in this), any program which is going to accomplish our purpose must do so at its source. For instance, in our state, an analysis of the death reports from tuberculosis over a period of years showed that these people had been under the care of a doctor for an average of only six months. Everyone knows that an average of two years would elapse between the time of the infection with the tubercle bacillus and death. The conclusion then is that for eighteen months these people had been in daily contact with others, and a constant source of danger to them, as a result of their infection. If we are going to control tuberculosis, the program must be a case-finding one. At the present time I know of only one or two states with a sufficient number of beds for the treatment of tuberculosis. We have three such sanatoria in the state of Kentucky, with a waiting list running into the hundreds. I think that it true, with very few exceptions, throughout the country. Therefore if we initiate a case-finding program, we are going to find many cases of tuberculosis which must, of necessity, be treated in hospitals that have been erected and are controlled and directed by the government. That part will have to be accepted as inevitable.

One may go on to the cancer program which involves an allocation of $25,000,000 a year for the study of cancer and the control of cancer. If we could utilize our existing facilities, that would take up part of it, yet there must, of necessity, be special institutions devoted to the curative treatment of these patients as well as to the custodial care of hopeless cases. Again that will, of necessity, come under government control, and we must accept, in such instances, a certain amount of curative treatment and do it because we believe it to be in line with public policy and in the interest of public welfare.

The President, on January 28, sent his message on the National Health Program to Congress, with a recommendation for its consideration and study. He said nothing about its passage—only consideration and study.

On February 23, Senator Wagner introduced a bill into the Senate. This has been referred to the Committee on Labor and Education. It is designed, presumably, to translate into activity the recommendations of the technical committee. Since this bill was formulated and introduced, there has been no meeting of the House of Delegates of the American Medical Association, so that the only authoritative body in the Association, representing its membership of 112,000 physicians, has had no expression of opinion upon the Wagner Bill. Such criticisms of it as I shall make represent solely my personal views and opinions and are not to be taken as representative of the Association and, certainly, not to be taken as representative of antagonism on my part toward the National Health Program.

Frankly, I believe it would be unfortunate for the good features of the National Health Program to be lost as a result of acrimonious discussion in regard to their translation into activity. At the same time principles and policies cannot be submerged in deference to expediency. The American Medical Association has never specified the amount of money it thought should be expended in the National Health Program, and I still feel that such is not one of the duties of the American Medical Association. However it is interesting to note that the Wagner Bill provides for an expenditure of $98,250,000 during the fiscal year of 1940, $223,500,000 in the fiscal year of 1941, and $334,000,000 during the fiscal year of 1942, with no limit during the fiscal years of 1941 and 1942 for administration, for the building of hospitals for the tuberculous and mentally ill, for sickness compensation, or for the medical care of the medically needy. After 1942, no limit is mentioned for the expenditure of any amount for the accomplishment of any purpose of the act. That is not a matter of medical interest but it is of interest to note the type of bill which has been introduced.

Nothing is said in the bill, for instance, about compulsory sickness insurance, but the measure provides for the allocation of grants by the Social Security Board to the individual states for the development of plans for the care of all the people of that state, conditional only upon the approval of the Social Security Board. It is totally silent as to the methods and means permissible, by which such medical care is to be given, whether on a statewide basis, state medicine, whether on a tax paid basis or fee for service basis. It leaves absolutely wide open the development of any type of medical care in any state, conditional only upon the approval of the Social Security Board. The American Medical Association has said nothing about the administrative agency which should be concerned, other than to mention that which I have spoken about before; namely, that the public welfare agencies should be simplified and correlated, and that the plans for medical care should be developed in the states under local responsibility and the medical and allied professions.

The Wagner Bill provides three administrative agencies, the Children's Bureau in the Department of Labor, the Public Health Service in the Department of the Treasury, and the Social Security Board. It seems that under such division of responsibility good medical care would be administratively impossible. I heard from one of my friends in Washington by phone, the night before I left home, that the territorial health officers had passed a resolution in which they condemned the control of the care of the indigent by the Social Security Board. The Social Security Board contains no doctors. It contains no one who is familiar with medical care, so that practically all agencies are opposed to the Social Security Board as an administrative agency in the medical care of the sick.

Considerable discussion has occurred in regard to the Public Health Service, because funds coming through the Public Health Service would necessarily filter into the states, through the state health officers. I would like to present both sides of this problem. The objection on the part of many is that the state health officer would thereby control the practice of medicine. Personally, I feel that objection would not hold entirely good in any state in which the health department is on a merit basis. In those states in which the health department is politically controlled, in which the health officer has been appointed not because he knows anything about public health or preventive medicine but because he or his relatives or

his friends have rendered political service to the party in power, there could be political, partisan and venal control. On that basis the program would be objectionable. If Mr. Wagner or someone else would amend his act to say that only states having health departments organized on a merit basis could participate in the program, it might help a great deal to clean up many of the states of the Union.

Public health and preventive medicine is just as much a specialty of general medicine as is surgery, or gynecology and obstetrics. Unfortunately, in some of our states, our medical associations have not been aware of their responsibilities in regard to public health at the hands of the state health department. Many of them have become aroused recently as a result of these developments and now are in the process of clearing them up. I have heard from health officers, on the other hand, that this plan is objectionable to some of them because they have felt they would be controlled by the state medical associations. I do not think that is true, for the reason I have mentioned. They are all doctors; they are all practicing a specialty of medicine. It is only by cooperation and correlation that we would be able to obtain the best results. Again, that can only come when it is organized on a basis of close affiliation with the medical bodies. In my own state, the health officer, the board of health and the state medical association are practically one and the same thing. It is true that the governor has the power of the appointment of the health officer and the state board of health, but only from a group selected and submitted to him by the state medical association, and the state medical association can remove any member at any time when it feels that, either from lack of interest or ability, he fails in the performance of his duty. With such an organization, many of the objections, I think, would be overcome.

Finally, the Wagner Health Bill does provide for advisory councils but it does not define their duties or their responsibilities. It does not define their authority, nor does it tell from which group these advisers are to come; whether from welfare workers, from Social Security employees, or from the medical profession. Again, it does not provide for utilization of the existing hospital facilities. It would be unfortunate if, as a result of competitive hospital building on the part of the program, our Catholic hospitals, our Jewish hospitals, and our Protestant hospitals, would be placed in the position of competing with free service at the hands of the government. These hospitals heretofore have afforded an opportunity for the philanthropic impulses of many, not only church members but those who although they have no church affiliations are interested in human welfare. It would be a great loss in every community if these hospitals should not be encouraged to develop, should not be given support in the utilization of their vacancies and should be placed in competition with government-owned and conducted hospitals.

These are some of the objections which I see to the Wagner Act. I might add that it makes no provision for the determination of needs of any of the services which it proposes to render. After all, that is one of the most important points, to know where a given service is needed, and to what extent it is needed. How can this be determined without the services of those who are interested? The medical profession, the hospitals, the nurses, the various welfare agencies and philanthropic agencies, the county judges and county courts, county boards of health, all are concerned. One should obtain from this group such knowledge as to where medical service, hospital service, diagnostic clinics, and extension of public health service, are really needed, and plans for the development of these services.

I would like to reiterate that my objections are purely and simply those of my personal view. They are not insuperable. It is perfectly possible that the act can be rewritten with the objectionable features eliminated and the good features retained. If so we will be permitted to obtain the objectives to which we are all committed; namely, an extension of public health service, child and maternal welfare, a wider diffusion of hospital facilities and diagnostic facilities, and the medical care of the medically indigent.

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New Age Policies for National Guard Medical Officers Announced

THE Adjutant General of Wisconsin, following conferences with the Commander-in-Chief of the Wisconsin National Guard (Governor Julius P. Heil), the Chief Surgeon, Wisconsin National Guard (Colonel William F. Lorenz), and The Commanding General, Sixth Corps Area, and in accordance with the policy of the National Guard Bureau, announced on October 17 that immediate steps are being taken to commission a number of young medical and dental officers for service with the 135th Medical Regiment, the 64th Infantry Brigade, the 57th Field Artillery Brigade, the 53rd Cavalry Brigade, and the 107th Quartermaster Regiment of the Wisconsin National Guard. The proposed streamlining of divisions, together with the tremendous physical requirements of medical officers in present-day campaigning, have jointly operated to bring the Adjutant General's department to the conclusion that older medical and dental officers should now be retired or placed on the inactive list in order that time and opportunity will be available for the training of their young successors.

The officers commanding the Medical Regiment and the Medical Detachments of the Wisconsin National Guard are outstanding in their profession, and like all others who will be affected are experienced veterans of the World War. Unfortunately, each of them has added twenty-one years to his age since the conclusion of the World War. Since in time of mobilization or active campaigning in the field, a medical officer is probably the hardest-worked individual in a military unit, it is imperative that Medical Detachments and Regiments are staffed in the lower echelons with young men. To accomplish this, the flow of promotion must be greatly stimulated.

It is likewise true that twenty-one years have elapsed since the conclusion of the World War and there are now no available experienced medical officers suitable for state and federal service at home other than the older officers affected by these proposed changes. These services which must be handled by the Adjutant General's office include voluntary enlistments, the administration of selective service with its innumerable medical problems, the organization of a state force in the absence of the National Guard, and to provide experienced surgeons with a military background for the supervision of the two evacuation hospitals which mobilization plans contemplate for Wisconsin. Officers now being placed on the inactive and retired list will be available for this service.

For these reasons the Adjutant General announced today that it is the policy of the department to immediately place on the inactive or retired list all medical officers more than fifty years of age. It is proposed, except in unusual cases, and until further announcement, to limit officers of the grade of Colonel in the Medical Corps to fifty years of age, Lieutenant Colonels, forty-seven; Majors, forty-three; and Captains to the age of thirty-five. This will mean the induction of a number of medical officers in the grade of Lieutenant, whose age will be limited between twenty-six to thirty-three inclusive.

The Adjutant General stated the plan would be carried into effect systematically over a period of several months, enabling the department to keep abreast of retirements with replacements, and insure that the present splendid morale and professional stanards will be maintained.

General Immell said this move was entirely routine and not predicated on any expected call to field service.

The following changes, retirements, transfers to the Inactive List, and promotions are announced, which affect the Medical Department:

I. 135th Medical Regiment

1. Lt. Col. William J. McKillip, MC, 410 N. 40th Street, Milwaukee, promoted to grade of Colonel, vice Colonel James P. Dean, MC, 113 N. Carroll Street, Madison, placed on Inactive List, Wisconsin National Guard.

2. Major Victor E. Ekblad, MC, 321 Board of Trade Building, Superior, commanding Medical Department Detachment, 128th Infantry, promoted to grade of Lieutenant Colonel, transferred and assigned as Executive Officer, 135th Medical Regiment, vice Lt. Colonel William J. McKillip, MC, promoted.

3. Captain Leo W. Peterson, MC, Sun Prairie, Adjutant, 135th Medical Regiment, promoted to grade of Major and assigned to command Second Battalion, 135th Medical Regiment, vice Major Timothy J. Howard, MC, promoted to grade of Lt. Colonel, MC, and placed on Inactive List, Wisconsin National Guard.

4. Captain Lemuel D. Smith, MC, 2454 W. Kilbourn Avenue, Milwaukee, Company G, 135th Medical Regiment, promoted to grade of Lt. Colonel, MC, and placed on the Inactive List, Wisconsin National Guard.

5. Captain Frederick Vater, DC, 3357 N. 51st Blvd., Milwaukee, Company G, 135th Medical Regiment, promoted to grade of Major, DC, Wisconsin National Guard, and placed on the Inactive List.

II. 64th Infantry Brigade

a. 127th Infantry. 1. Captain Edmund A. Brzezinski, MC, 3203 S. 17th Street, Milwaukee, promoted to grade of Major to command Medical Department Detachment, 127th Infantry, vice Major George R. Randall, MC, 425 E. Wisconsin Avenue, Milwaukee, promoted to grade of Lt. Colonel and placed on the Retired List.

2. Captain William L. MacKedon, MC, 709 N. 11th Street, Milwaukee, promoted to grade of Major and placed on the Inactive List.

b. 128th Infantry. Captain George J. Hathaway, MC, 5903 Tower Avenue, Superior, promoted to grade of Major to command 128th Infantry, Medical Department Detachment, vice Major Victor E. Ekblad, MC, promoted and transferred to the 135th Medical Regiment.

III. 57th Field Artillery Brigade

121st Field Artillery. Captain Harold Nebel, MC, 324 E. Wisconsin Avenue, Milwaukee, promoted to grade of Major, vice Major Carl A. Wilske, MC, 2222 East Park Place, Milwaukee, promoted to grade of Lt. Colonel and placed on Retired List.

IV. 107th Quartermaster Regiment

Captain Harry H. Heiden, MC, Sheboygan, promoted to grade of Major, vice Major George H. Scheer, MC, 910 New York Avenue, Sheboygan, commanding Medical Department Detachment, 107th Quartermaster Regiment, promoted to grade of Lt. Colonel, MC, Wisconsin National Guard, and placed on Retired List.

General Immell announced that as a result of these changes in assignment, all doctors and dentists, residents of Wisconsin, under thirty-one years of age, located in the communities in which units having vacancies exist, and who are interested in affiliating

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with the Officer Corps of the Wisconsin National Guard, should contact the local Guard medical authorities and file application with the Adjutant General's office. Full information can be secured by discussing the matter with any of the officers affected by the new policy now announced, or direct from the Adjutant General's department.

General Immell announced further that the promotions, changes, and retirements decided on today do not complete the program set forth under the current policy. Further changes are to be expected.

It was also announced that independent studies are being made of the age questions in other branches. However, General Immell remarked that rigid physical examination and the constant pressure for professional qualifications had largely eliminated over-aged officers in the line branches.

The Journal Bookshelf

BOOKS RECEIVED FOR REVIEW

Textbook of Nervous Diseases. By Robert Bing, professor of neurology, University of Basel, Switzerland. Translated and enlarged by Webb Haymaker, assistant clinical professor of neurology and lecturer in neuro-anatomy, University of California. From the fifth German edition. Eight hundred and thirty-eight pages with 207 illustrations including nine in color. Price, cloth, $10. St. Louis: The C. V. Mosby Company, 1939.

Psychobiology and Psychiatry: A Textbook of Normal and Abnormal Human Behavior. By Wendell Muncie, M. D., associate professor of psychiatry, Johns Hopkins University; assistant psychiatrist, Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital. With a foreword by Adolf Meyer, M.D., LL.D., Sc.D., Henry Phipps professor of psychiatry and director of the Department of Psychiatry, Johns Hopkins University, Baltimore, Md. Seven hundred and thirty-nine pages with sixty-nine illustrations. Price, cloth, $8. St. Louis: The C. V. Mosby Company, 1939.

Synopsis of Pediatrics. By John Zahorsky. A.B., M.DD., F.A.C.P., professor of pediatrics and director of the Department of Pediatrics, St. Louis University School of Medicine, and pediatrician-in-chief to the St. Mary's Group of Hospitals; fellow of the American Academy of Pediatrics. Assisted by T. S. Zahorsky, B.S., M.D., instructor in pediatrics, St. Louis University School of Medicine and assistant pediatrician to the St. Mary's Group of Hospitals. Ed. 3. Four hundred and thirty pages, 153 illustrations—including nine color plates. Price, cloth, $4. St. Louis: The C. V. Mosby Company, 1939.

An Introduction to Medical Mycology. By George M. Lewis, M.D., member of the American Dermatological Association, Inc.; fellow of the American College of Physicians, of the American Medical Association and of the New York Academy of Medicine; member of the Manhattan Dermatological Society; associate and assistant attending dermatologist, New York Post-Graduate Medical School and Hospital, Columbia University; instructor in medicine (dermatology), Cornell University; attending dermatologist to St. Clare's Hospital; etc. In collaboration with Mary E. Hopper, M.S., assistant in mycology, skin and cancer unit, New York Post-Graduate Medical School and Hospital, Columbia University. Three hundred and fifteen pages with seventy-one full-page plates. Price, cloth, $5.50, postpaid. Chicago: The Year Book Publishers, Inc., 1939.

Experimental Pharmacology and Materia Medica. By Dennis E. Jackson, Ph.D., M.D., F.I.C.A., Cincinnati, Ohio, professor of pharmacology, materia medica and therapeutics in the University of Cincinnati College of Medicine; formerly associate professor of pharmacology, Washington University Medical School, St. Louis. Ed. 2. Nine hundred and six pages with 892 illustrations, including fifty-five color plates. Price, cloth, $10. St. Louis: The C. V. Mosby Company, 1939.

Physiology in Health and Disease. By Carl J. Wiggers, M.D., professor of physiology in the School of Medicine, Western Reserve University, Cleveland, Ohio. Ed. 3, enlarged and thoroughly revised. One thousand one hundred and forty-four pages with 218 engravings. Price, cloth, $9.50. Philadelphia: Lea & Febiger, 1939.

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BOOK REVIEWS

Any scientific publication reviewed in this column may be obtained for inspection. Orders for such inspection should be directed to the Medical Library Service, S. M. I. Building, Madison, Wis.

Surgery of the Eye. By Meyer Wiener, M.D., professor of clinical ophthalmology, Washington, U. S.

procedures are described and compared. No attempt is made to set the work up as a textbook of surgery; it is intended to serve as a small, handy reference book. P.A.D.

Brucellosis in Man and Animals. By I. Forest Huddleson, D.V.M., M.S., Ph.D., research professor in bacteriology, Michigan State College. Contributing authors: A. V. Hardy, M.S., M.D., Dr. P.H., associate professor of epidemiology, De Lamar Institute of Public Health, Columbia University Medical School, consultant, United States Public Health Service; J. E. Debono, M.D., M.R.C.P., professor of pharmacology and therapeutics, Royal University of Malta; and Ward Giltner, D.V.M., M.S., Dr. P.H., dean of veterinary division and professor of bacteriology, Michigan State College. Three hundred and thirty-nine pages, illustrated. Price, cloth, $3.50. New York: The Commonwealth Fund, 1939.

Brucellosis is presented from the historic, bacteriologic, epidemiologic, diagnostic, symptomatic and therapeutic points of view. Its occurrence in various animals is also discussed with methods of detection and treatment included. The book fills a need created by the frequent occurrence of the diseases and the still moderately prevalent ignorance of them. C.F.M.

Microbiology and Pathology. By Charles F. Carter, B.S., M.D., director, Carter's Clinical Laboratory, Dallas, Texas; consulting pathologist, St. Louis Southwestern Railway Hospital, Texarkana, Arkansas; consulting pathologist, Mother Frances Hospital, Tyler, Texas; formerly director of laboratories, Parkland Hospital, Dallas, Texas, and lecturer

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in bacteriology and pathology, Parkland Hospital School of Nursing. Ed. 2. Seven hundred and fifty-five pages with 165 text illustrations and twenty-five color plates. Price, cloth, $3.25. St. Louis: The C. V. Mosby Company, 1939.

This book consists of a brief introduction into the fields of bacteriology and pathology. Bacteriology has been treated with the idea of training individuals, especially nurses, to think of these bacteria as the cause of disease. Recognition of pathogenic bacteria and how to prevent their spread is given considerable attention. Various serologic and immunologic tests for the recognition of disease are presented. The section devoted to pathology is quite brief and does not attempt to do more than present pictures of some of the more typical disease processes. There are several plates to illustrate various lesions. Here again the author is giving what is important for recognition of disease. No attention is given microscopic pathology.

The author has made the book interesting. Its chief field is in teaching nurses. Medical students and practitioners require books which have more detailed work in both bacteriology and pathology. It cannot be used as a laboratory reference book because it is lacking in details. The present edition has been revised considerably and is a much better book than the last one. J.K.S.

Do You Want to Become a Doctor? By Morris Fishbein, M.D., Editor, Journal of the American Medical Association, Chicago. One hundred and seventy-six pages. (One of first two volumes in Stokes Vocational Guides series.) Price, cloth, $1.50. New York: Frederick A. Stokes Company, 1939.

Here is a small volume, encyclopedic in nature, which should be of considerable value to any individual considering the study of medicine, as well as any individual who is in the process of preparing for the practice of medicine.

It presents rather briefly in orderly and clear fashion problems which will meet any individual in these two groups, presenting in a brief way answers to the problems presented. F.L.W.

Colwell's Daily Log for Physicians, 1940. An account book for physicians. Champaign, Ill.: Colwell Publishing Company, 1939.

This is "An Account Book for Physicians" which should serve the average physician ideally. It offers the physician a splendid plan for daily and monthly account keeping and gives him almost automatically therefrom monthly and yearly figures which ordinarily have an uncanny way of hiding. These figures are particularly valuable in the closing of one's business year or in the working out of various tax problems. F.L.W.

Headache and Head Pains. By Walton Forest Dutton, M.D. Formerly medical director, Polyclinic and Medico-Chirurgical Hospitals, Graduate School of Medicine, University of Pennsylvania; visiting physician to the Northwest Texas Hospital; visiting physician to St. Anthony's Hospital; director, Medical Research Laboratories, Amarillo, Texas. Three hundred and one pages. Price, cloth, $4.50. Philadelphia: F. A. Davis Company, 1939.

This work is an outline of disorders which may remotely or directly cause or be accompanied by headache or head pains. The excuse for this compilation seems to center about treatment of the specific disorder on the one hand and headaches and head pains on the other. By its publisher it is tooted as something new and original. The reader may judge for himself as to the originality and newness of many of the remedies. The leech, thought by the modern medical student to be a resident of the

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Museum of Natural History, appears to have virtue in the treatment of earache, erysipelas, apoplexy, scleritis and the early stage of meningitis while fly blister to the back of the neck is advised in the later stages of meningitis "to prevent effusion." "For successive crops of boils" we find that "egg shells baked and eaten" will do wonders, and the "relaxed uvula" responds to a variety of astringents. Alcohol *as a gargle* is urged as the remedy for the relaxed tissue associated with pharyngitis, while a Turkish bath is the answer in acute pharyngitis "when the throat feels raw."

Among the numerous suggestions for the treatment of cerebral thrombosis are mentioned: ether (method of administration not described), "leeches or wet cups for decongestion," mustard baths for the feet, and nitroglycerine as a stimulant. Croton oil, elaterium or jalap are advised for the treatment of cerebral congestion, while sulfuric acid is recommended internally for hyperesthesia sexualis when due to hemorrhoidal congestion.

There is nothing in this book to recommend it. For descriptions of the disorders included in its pages, the reader is referred to any standard text on general medicine,—for treatment to the pharmacopeia and Beckman's *Treatment in General Practice*. M.G.M.

Cardiovascular Diseases: Their Diagnosis and Treatment. By David Scherf, M.D., and Linn J. Boyd, M.D., F.A.C.P., associate professor of clinical medicine and professor of medicine, respectively, The New York Medical College, Flower and 5th Avenue Hospitals, New York City. Four hundred and fifty-eight pages. Price, cloth, $6.25. St. Louis: The C. V. Mosby Company, 1939.

The arrangement of this book departs widely from that of the usual text dealing with cardiovascular diseases and, instead of didactically considering the various etiologic types of heart disease, the authors have presented the material in a very practical fashion under the headings of certain prominent symptoms or syndromes. One section deals primarily with the outstanding manifestations of heart disease, such as nocturnal paroxysmal dyspnea, Cheyne-Stokes respiration, pulmonary edema, cyanosis, etc., and the authors have approached these subjects from the standpoint of the physician who encounters these conditions in his daily practice. Of extreme practical value, in the opinion of the reviewer, is the manner in which the authors have consistently presented a physiologic background, not only for the symptoms mentioned above, but for practically all of the commonly encountered cardiac symptoms and signs, including normal and abnormal heart sounds, functional and organic murmurs, precordial pain, peripheral edema, etc. As a result the reader is presented with a practical conception of the dynamics of the circulation which cannot help but prove valuable in his basic understanding of cardiovascular disturbances and in pointing the way to rational treatment of the conditions discussed.

The book was written primarily for the benefit of the student and general practitioner and repeatedly emphasizes the fundamental procedures of detailed history-taking and careful physical examination, while the more technical features such as the orthodiagram and electrocardiogram are relegated to their proper positions as laboratory adjuncts to be applied only in cases requiring special study. The authors are to be commended for stressing the practical value of cardiac percussion which, in some quarters, is rapidly becoming a lost art. Numerous simple procedures and practical observations which can be used to advantage in differential diagnosis are contained in every chapter.

There are four chapters dealing with therapy, and the methods, for the most part, are those which have been generally accepted by the leaders in the field. Individualization of treatment is properly stressed and the attempt to lay down general rules for the routine treatment of cardiac patients, particularly with reference to digitalis administration is discouraged. An excellent discussion of the indications and administration of strophanthin is contained in this section. Most American texts have little to say concerning this drug, but Dr. Scherf's broad experience in the practice of cardiology in Europe enables him to speak with authority on this subject. The section on therapy includes the very latest developments in the use of oxygen, vasodilators and diuretics.

The book earns the right to the title *Cardiovascular Diseases* by including one chapter on diseases of the peripheral vessels which is both practical and timely.

Here and there throughout the book are found rather sweeping dogmatic statements with which one cannot entirely agree, but it must be remembered that the authors are primarily giving the results obtained and conclusions reached through their own experience which cannot help but differ in certain respects from the experience of others. In general the authors have drawn upon the medical literature to very limited extent and the book contains practically no bibliography whatever. It does not pretend to be an exhaustive treatise covering the entire field of cardiovascular disease but is an attempt to present the practical aspects of the more common cardiovascular problems encountered in everyday practice, and, as such, can be highly recommended to the internist, the general practitioner and the medical student. C.M.K.

What It Means to Be a Doctor. By Dwight Anderson. Eighty-seven pages. Price, cloth, $1; in paper covers, 25 cents. New York: Public Relations Bureau, Medical Society of the State of New York, 2 East 103rd St.

This short volume, intended I presume for lay reading or for reading by individuals considering the study of medicine, deals only with an idealistic side of the profession. It gives in no way a picture of the profession as it is. I cannot recommend it for lay reading and I feel that it presents little of interest for the physician. F. L. W.

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Functional Disorders of the Foot: Their Diagnosis and Treatment. By Frank D. Dickson, M. D., F.A.C.S., orthopedic surgeon, St. Luke's, Kansas City General, and Wheatley Hospitals, Kansas City, Mo., and Providence Hospital, Kansas City, Kansas. In collaboration with Rex L. Diveley, A.B., M.D., F.A.C.S., orthopedic surgeon, St. Luke's Kansas City General, Research, and Wheatley Hospitals, Kansas City, Mo., and Providence Hospital, Kansas City, Kansas. Three hundred and five pages and 202 illustrations. Price, cloth, $5. Philadelphia: J. B. Lippincott Company, 1939.

This book presents a brief summary of disabling conditions of the foot. To a newcomer in the field of orthopedics, it affords one with a short discourse on development, classification and accepted treatment of disorders of the feet. It is profusely illustrated with photographs of deformities and their roentgenographic appearance.

When surgery is indicated in the treatment, several methods are presented accompanied by adequate drawings. However, the authors stress conservative treatment and they express the feeling that the majority of foot disorders can be corrected by proper footwear supported by corrective appliances.

They spend some time presenting to the reader exactly what constitutes proper foot apparel.

Though the work is elemental in many respects, it, of necessity, must be so since complaints concerning the foot have been and are too often disregarded by the general practitioner who thus hides his lack of knowledge.

This book has been prepared for the man who treats the family in his office and I believe that both the physician and patient would greatly benefit by its wide circulation and use. S.C.R.

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MALONE—MANAGEMENT OF PROGRESSIVE MYOPIA, KERATOCONUS AND KERATOGLOBUS

(Continued from page 974)

clined), one cannot connect them with any specific type of endocrine deficiency.

The results here presented, in addition to those presented by Wiener and Incze,[2,3] I feel are very convincing that the hormone in adrenalin is of value in controlling progressive stretching of the eyeball and that the mechanism is through its effect on the endocrine balance. One might argue that the lowering of the intra-ocular tension, following adrenalin instillations, would reduce the mechanical pressure which caused the stretching. That this is not the mechanism is proved by cases in which the progression was controlled during the time adrenalin was used and did not return when the adrenalin was discontinued or, in other words, when the agent reducing the intra-ocular tension was withdrawn.

One other factor which plays a part is hereditary predisposition. This factor is more consistent in its effect in the nonprogressive types, but it is not unusual to see parents with a high degree of myopia, marked fundus changes and a history of having had thin glasses as a child and gradually needing stronger ones. The children of these individuals have been seen with a beginning progressive myopia, which was kept from progressing with the above management. Then again, persons with proven progressive myopia do not give any history of progressive myopia in their ancestry.

Conclusion

A method of treatment and management of progressive myopia, keratoconus and keratoglobus, which keeps these conditions in check in more than 90 per cent of the cases, has been presented, together with a discussion of the mechanism of the treatment.

BIBLIOGRAPHY

1. Wiener, M.: Epinephrine in progressive myopia. J.A.M.A. 89: 594–596 (Aug. 20) 1927.
2. Wiener, M.: Myopia: Cause, progress and treatment. South. M.J. 24: 529–534 (June) 1931.
3. Incze, A.: Ueber die Myopie als eine konstitutionelle Veranderung. Ztschr. f. Augenh. 67:20–41 (Jan.) 1929.

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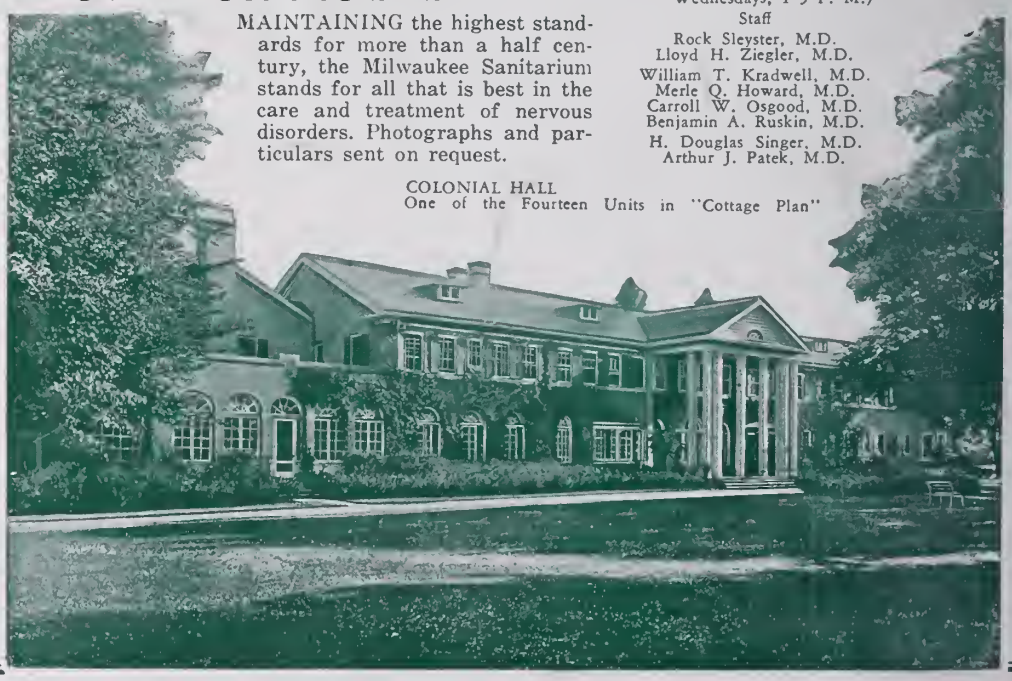

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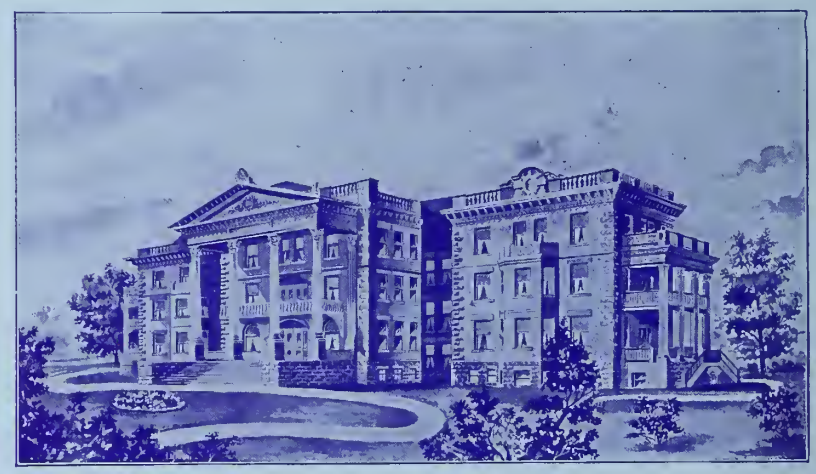

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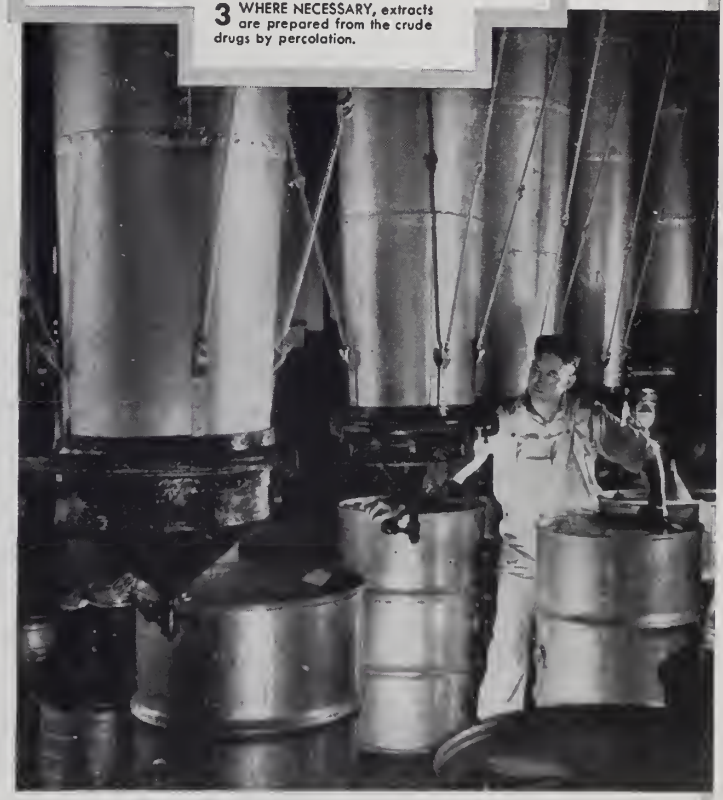

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Volume XXXVIII
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Income Tax Provisions Affecting the Medical Profession

Acknowledgment is made of the courtesy of both federal and state tax officials in reading this material and in making suggestions, all of which have been incorporated. Wherever references are made to form numbers or to general requirements below, it is on the basis that the tax officials anticipate that such forms or such requirements will continue unchanged.

I. FEDERAL

LIABILITY TO FILE

Returns for all taxpayers reporting on a calendar year basis, must be made to the collector of internal revenue of the district in which the individual affected resides, before March 15, 1940, at which time the tax is due and payable. In the event the taxpayer desires to pay his tax on the installment basis, the first installment of one quarter of the tax is due on March 15, 1940, and a quarterly installment every three months thereafter; namely, June 15, September 15 and December 15. An extension of the time for filing a return can be had for reasonable cause. Application for extension should be filed with the collector of internal revenue in the district in which the applicant resides. Such application should be made before March 15 under oath on Form 1134, copies of which may be obtained from the collector of internal revenue.

Responsibility for making these returns is vested in the individual. As will be noted from reading the paragraphs following, liability to make a return depends not on whether one has a tax to pay, but on the amount of his reportable income.

All persons deriving incomes from a business or profession, or both, are required to file their return upon Form 1040 (the large form). This form is also used by persons reporting an income of $5,000 or over, regardless of the nature of its source. The small form, or 1040A, is for persons who secure their incomes from wages, salaries or interest alone, and where the gross amount is less than $5,000.

The large form, or 1040, will be mailed to all Wisconsin physicians by the collector of internal revenue. If such blank is not received, apply to the collector of internal revenue of the district in which you reside.

Every person having a *gross* income of $5,000 or more must file a return, regardless of the amount of his *net* income, or of his marital status. Where a husband and wife living together have an aggregate *gross* income of $5,000 or more, they must file separate returns, or a joint return, regardless of the amounts of their joint or individual *net* incomes.

All of the following persons *must* file a return where their *gross* income was less than $5,000: (1) every unmarried person and every married person not living with husband or wife, whose *net* income was $1,000 or more; (2) every married person living with husband or wife, whose *net* income was $2,500 or more. Where the aggregate *net* income of husband and wife, living together, was $2,500 or more, each may make an individual return or they may unite in a joint return.

The normal tax rate for the calendar year 1939 is 4 per cent on the *net* income in excess of exemptions and credits. Surtaxes, which are graduated, are applicable only to those individuals whose *net* incomes (after deduction of personal exemptions and the credit for dependents, but no other credits) exceed $4,000.

If the marital status of a taxpayer changes during the taxable year, the personal exemption shall be an amount which bears the same ratio to $1,000 as the number of months during which the taxpayer was single bears to twelve months, plus an amount which bears the same ratio to $2,500 as the number of months which the taxpayer was married and living with husband or wife or was the head of a family, bears to twelve months. For this purpose a fractional part of a month shall be disregarded unless it amounts to more than half a month, in which case it shall be considered as a full month. Changes in the credit for dependents allowed a taxpayer are apportioned in like manner.

EARNED INCOME CREDIT

A credit against net income, for the purpose of the normal tax only, is allowed by the 1939 law, calculated at 10 per cent of the earned net income. All net income up to $3,000 is considered to be earned net income regardless of its source, and the maximum earned net income that may be considered is $14,000. Thus the maximum earned income credit allowable against net income for the purposes of the normal tax is 10 per cent of $14,000 or $1,400.

Earned net income is defined as the excess of the amount of earned income over the sum of deductions and expenses properly chargeable against or allocable to the earned income. Under the statute earned income means "wages, salaries, professional fees, and other amounts received as compensation for personal services actually rendered." In a professional occupation the taxpayer may include as earned income all professional fees even though assistants perform the services, provided the clients are those of the taxpayer.

DETERMINATION OF INCOME

The term *gross* income as applied to a physician includes the total compensation received by him during the taxable year for professional services, in whatever forms such compensation may be paid, plus the amount received in interest, rent, dividends,

securities, or from the transaction of any business conducted by such physician.

The term *net* income as applied to a physician means the *gross* income computed under the above definition less allowable deductions for professional expenses. What constitutes allowable deductions will be considered in detail in the subsequent paragraphs.

The term *deduction* as applied to a physician means any amount allowable as a professional expense. Various classes of deductions are treated in detail below.

The terms *personal exemption* and *credit for dependents* have reference to the amounts allowed because of one's marital status or family obligations. These matters are treated in full detail in the instruction sheet attached to the return.

ITEMS NOT REPORTABLE AS INCOME

The following items are not required to be reported because exempt from taxation: gifts, bequests, devises and inheritances; dividends on stock of federal reserve banks, land banks, intermediate credit banks and national farm loan associations; dividends from corporate earnings accumulated prior to March 1, 1913; amounts received through health, accident or workmen's compensation insurance, and damages received by the taxpayer for illness or injuries suffered by him; life insurance proceeds paid by reason of death of the insured (where a policy matures during life the amount of the proceeds, in excess of the net premiums paid, is taxable income); corporate stock dividends of the same kind as previously held by the taxpayer in the issuing company; payments to war veterans under the Adjusted Compensation Payment Act of 1936; earned income received from sources without the United States by a citizen who is a bona fide nonresident more than six months of the taxable year except amounts paid by the United States or any agency thereof; pensions and compensation received by veterans from the United States, and pensions received from the United States by the family of a veteran for services rendered by the veteran to the United States in war-time.

Interest on the following obligations is wholly exempt, but while excluded from taxation must nevertheless be reported on the proper schedules on the 1939 returns: Obligations of a state or political subdivision thereof, Treasury bills and certificates of indebtedness, Treasury notes, deposits in Postal Savings banks, and obligations of the United States issued on or before September 1, 1917, obligations of United States possessions, obligations issued under the Federal Farm Loan Act.

Interest on obligations of the H.O.L.C., Federal Farm Mortgage Corporation, and United States Housing Authority and dividends from federal savings and loan associations are exempt from normal tax, but are subject to surtax.

Interest from Treasury bonds, including United States Savings bonds, is exempt from normal tax, but is subject to surtax except for exemption to the extent of the interest received on the first $5,000 of principal of such bonds. Example—Taxpayer holds $10,000 in principal of Treasury bonds, equally divided between issues bearing interest at 3 per cent and 4 per cent. He may claim exemption from surtax as to the interest received on the $5,000 of 4 per cent Treasury bonds.

CAPITAL GAINS AND LOSSES

The provisions of the 1938 and 1939 Acts relating to taxation of gains and deduction of losses from sales or exchanges of capital assets differ from those in any prior law. Capital gains and losses of individuals are divided into two classes:

(1) *Short-term* capital gains and losses by which are meant those resulting from sale or exchange of capital assets held for not more than eighteen months;

(2) *Long-term* capital gains and losses by which are meant those from sale or exchange of capital assets held for more than eighteen months.

The following percentages of gain or loss recognized are to be taken into account in computing net income:

Short-term: 100 per cent if the asset has been held for not more than 18 months;

Long-term: 66⅔ per cent if held for more than 18 months and not more than 24 months;

50 per cent if held for more than 24 months.

The law also provides for alternative methods for computation of the tax in the case of net long-term capital gains or losses, but these are not applicable until the net income of the individual exceeds $40,000.00.

These new provisions are as yet untested either before the Federal Treasury Department or in the courts, and are of a highly involved character. It is recommended that any physician who made sales or exchanges of capital assets during the past year consult with his attorney, or accountant, or write for assistance to the office of the Collector of Internal Revenue at Milwaukee, before completing his 1939 return.

The following general points may be noted, however:

1. The term "capital assets" as defined in the Act excludes property used in a trade or business which is subject to allowance for depreciation, such as a building or equipment. Thus if improved real estate has been sold during 1939, only the land may be included under Schedule "F" of form 1040, dealing with sales or exchanges of capital assets, the building itself to be shown separately under Schedule "G".

2. If any securities issued by any corporation, including stocks, rights, bonds, debentures and other evidences of corporate indebtedness are ascertained to be worthless and are charged off within the taxable year, the loss resulting therefrom shall be considered as a loss from the sale or exchange of capital assets *as of the close of the taxable year.*

3. Individuals not involved in the sale or exchange of any capital or other assets during 1939 need have no concern over these capital gains or losses provisions, but as professional men, will make their return on the same form, 1040.

The 1939 Act contains new provisions as to determination of the holding period of nontaxable stock dividends or rights. It is expected that regulations and instructions assisting the taxpayer will be sent with the return.

PERSONAL EXEMPTIONS AND CREDIT FOR DEPENDENTS

In the case of a single person, a personal exemption of $1,000 is allowed as a deduction from net income subject to tax. In the case of the "head of a family," or of a married person living with husband or wife, a personal exemption of $2,500 is allowed. If a husband and wife living together make separate returns, the personal exemption may be taken by either of them or divided between them, but may not exceed $2,500 in the aggregate.

A credit of $400 is allowed for each person, other than husband or wife, dependent upon and receiving his *chief* support from the taxpayer, if such dependent person is under eighteen years of age, or is incapable of self-support because mentally or physically defective.

GREEN SHEET

The Commissioner requires the filing of a duplicate income tax return (green sheet). This will be made available to the proper state and municipal tax authorities when requested, but is not available to the public. A $5 fine may be imposed for failure to file a duplicate return.

INFORMATION AT SOURCE

Every person making payments of salaries, wages, interest, rents, commissions, or other fixed or determinable income of $1,000 or more during the calendar year 1939, to an individual, a partnership, or a fiduciary, is required to make a return on Form 1099 showing the amount of such payments and the name and address of each recipient, except that a return need not be made for payments of salaries or other compensation for personal services aggregating less than $2,500 made to a married individual. This form will be furnished by any collector of internal revenue upon request and must be forwarded to the Commissioner of Internal Revenue, Sorting Section, Washington, D. C., in time to be received not later than February 15, 1940.

DEDUCTIONS

Deductions which will be allowed on the tax return, some of which are peculiar to physicians, are listed below. The number given after each heading refers to the paragraph numbering on the pages following. The paragraphs explain in detail how to arrive at the deductions and depreciation.

With reference to depreciation allowable, the rate of depreciation not only depends on the prospective life of the property when acquired but also on the particular conditions under which the property is used as reflected in the taxpayer's operating policy.

The rates given below are therefore suggestive and tentative rather than final in character.

A. INDEX TO DEDUCTIONS

Automobiles, 1.
- Depreciation.
- Insurance, 1, 11(b).
- Maintenance.
- Repairs.
- Salary of chauffeur.

Bad debts, 2.

Bandages, 4.

Depreciation.
- Automobiles—25 per cent annually on cost price, 1.
  - Classification includes snowmobiles and other motive equipment.
- Instruments, 4.
  - 10 per cent annually on cost of surgical instruments and general equipment; 10 per cent on cost of x-ray equipment.
- Medical library, 3.
  - 10 per cent annually of cost price.
- Office equipment, 5.
  - 10 per cent annually of cost price.

Dues, 7.

Equipment, 4.
- Both long and short-lived.

Fire losses, 11(d).
- Professional equipment and other property.

Insurance premiums.
- Automobile, 1.
- Malpractice, 11(b).
- Professional equipment, 11(b).

Laboratory materials and expenses, 4, 11(c).

Lawsuits, 11(a).

Library, 3.

Licenses, 8.

Medical meetings, 9.

Medical supplies, 4.

Office expenses, 5.
- Heat, light, supplies, telephones, water, short-lived office equipment, annual depreciation on furnishings and fixtures.

Office rental, 6.

Professional dues, 7.
- County Society.
- State Society.
- Special societies as:
  - College of Surgeons.
  - College of Physicians.
- Any other paid in interest of profession.

Professional subscriptions, 7.

Salaries, 10.

Scientific meetings, 9.

Sale of spectacles, 11(e).

Taxes and licenses, 8.
Alcohol license.
Automobile license.
Gasoline and oil taxes.
Narcotic tax.
Occupational tax.
Professional equipment and materials taxes.
Reregistration fees.
Social security taxes.
State income tax.
State unemployment compensation tax.
Theft of professional equipment, 11(d).
Traveling expenses, 9.
Both professional calls and scientific meetings.
Wages and salaries, 1, 10, 11(c).
Chauffeur, 1.
Clerk, 10.
Laboratory assistant, 10, 11(c).
Maid, 10.
Nurse, 10.
Stenographer, 10.
Any other employee rendering service in connection with taxpayer's practice or in the care and treatment of patients, 10.

B. EXPLANATION OF DEDUCTIONS

1. **Automobiles.** The cost of operation and maintenance of an automobile used in making professional visits is deductible. These costs include gasoline, oil, tires, insurance, repairs, garage rental, chauffeur's wages and depreciation. If the same car is used for both professional and personal purposes, only such part of the maintenance and depreciation as arises out of the use for professional purposes is deductible. Sums spent for taxi, bus, or railroad fare, while on professional calls, are deductible.

Depreciation is based upon the estimated useful life of the car. If that period be four years, 25 per cent depreciation based on cost price may be taken annually for four years. What has been said with respect to automobiles applies to other motive equipment.

2. **Bad Debts.** If the physician's books are kept according to the "Cash Receipts and Disbursements" system, he may not charge off any unpaid debts because "if his books are kept according to this system, he is only reporting as gross income those accounts which have proved to be good and therefore bad accounts cannot be deducted because they have already been excluded."

If the books are kept upon an "accrual basis" (that is, on the basis of expenses actually incurred and payable even though not yet paid, or income earned although not yet collected), it is permissible to charge off all debts which have been definitely ascertained to be worthless, and have been charged off on the books or records, during the fiscal year covered by the report. *We urge all members who may be keeping accounts on the "accrual basis" to secure permission to change to a cash basis.*

3. **Library.** Most physicians maintain a professional library. Taken as a whole it is doubtful whether the useful life of such a library exceeds ten years. Accordingly annual depreciation equal to 10 per cent of the cost of such library may be deducted.

4. **Medical Supplies and Instruments.** Medicines used in the physician's office to treat patients, bandaging, laboratory materials, and all other medical supplies required for the operation of a physician's office may be deducted as necessary expenses, as may equipment, the life of which is less than one year. The average useful life of surgical instruments and equipment generally is now estimated at ten years which means that 10 per cent of the cost may be taken as annual depreciation. X-ray equipment may be depreciated at 10 per cent of cost annually.

5. **Office Expense.** General office expense is deductible. Among the principal items are heat, light, office supplies, telephone, rentals, water, office equipment having a useful life of a year or less, and depreciation on office furnishings and fixtures. Ten per cent of original cost is a reasonable average depreciation rate for office equipment, furnishings and fixtures.

6. **Office Rent.** If a physician pays rent to another person for office space, he is permitted to deduct the amount from his gross income. This includes regular office space in a rented home provided office hours are maintained there. Where a physician maintains his offices in a rented home he may deduct as rental expenses only that proportion of the total rent paid which his office space bears to the entire house. If he owns his home and maintains an office in it, he cannot claim a deduction for office rent.

7. **Professional Dues and Subscriptions.** Dues paid to professional associations to which a physician belongs in the interest of his profession are deductible. Subscriptions to medical journals or scientific publications are likewise deductible.

8. **Taxes and Licenses.** Any taxes paid upon materials required in professional work are exempt. All licenses which the physician is required to take out may be deducted. This includes the license to prescribe alcohol, narcotic license, automobile license, local occupational and reregistration taxes, state taxes on gasoline and motor oil for professional use of car, state income taxes paid, payments made under the Wisconsin unemployment compensation act and payments made by the physician as an employer under Titles VIII and IX of the Social Security Act.

9. **Traveling Expenses.** Traveling expenses necessary for professional visits to patients are deductible. Traveling expenses in bona fide attendance upon scientific meetings are deductible. The expenses of attending postgraduate medical courses are *not* deductible, however.

10. **Wages and Salaries.** Deductions are permitted for the salary of a nurse, laboratory assistant, stenographer or clerical worker employed in the office so long as the duties of such persons are in connection with the physician's professional work. Wages paid to maids taking care of the office and answering

the telephones are also deductible, as are any sums paid employees for services rendered in connection with the taxpayer's practice, or the care and treatment of patients.

11. **Miscellaneous.** (a) **Expense of Defending Malpractice Suits**—Expenses incurred in the defense of a suit for malpractice are deductible as business expense. Expenses incurred in the defense of a criminal action, however, are not deductible.

(b) **Insurance Premiums**—Premiums paid for insurance against professional losses are deductible. This includes insurance against damages for alleged malpractice, against liability for injuries by a physician's automobile while in use for professional purposes, and against loss from theft of professional equipment, and damage to or loss of professional equipment by fire or otherwise. Under professional equipment is to be included any automobile belonging to the physician and used for strictly professional purposes.

(c) **Laboratory Expenses**—The deductibility of the expenses of establishing and maintaining laboratories is determined by the same principles that determine the deductibility of other corresponding professional expenses. Laboratory rental and the expenses of laboratory equipment and supplies and of laboratory assistants are deductible when, under corresponding circumstances, they would be deductible if they were part of a physician's general office expense.

(d) **Losses by Fire, Theft, etc.**—Loss of and damage to a physician's equipment by fire, theft or other cause, *not compensated by insurance or otherwise recoverable*, may be computed as a business expense and is deductible, provided evidence of such loss or damage can be produced. Such loss or damage is deductible, however, only to the extent it has not been made good by repair and the cost of repair claimed as a deduction. Deductions may likewise be taken for loss of or damage to *nonprofessional* property of a physician caused by fire, flood, theft or otherwise, *where not compensated for by insurance or otherwise.*

(e) **Sale of Spectacles**—Oculists who furnish spectacles, etc., may enter as income, money received from such sales and deduct as an expense the cost of the article sold. Entries on the physician's account books should, in such cases, show charges for services separate and apart from charges for spectacles.

II. STATE

LIABILITY TO FILE

Returns of 1939 income must be made to the assessor of incomes of the district in which the taxpayer resides, on or before March 15, 1940. A written extension of the time in which to file may be granted for cause, but may not exceed thirty days.

Every person, including minors from eighteen to twenty-one years of age, who received a net income of $800 or more if single, and $1,600 or more if married, must file a return whether notified to do so or not. The income of an emancipated minor under eighteen years should be included in the return of his father.

The normal tax, which is graduated, varies from 1 per cent on the first $1,000 of net income to 7 per cent on net incomes in excess of $12,000. The teachers' retirement fund surtax is based on one sixth of normal taxes after deducting $37.50 from the net normal tax.

In general, the definitions contained in the preceding federal income tax digest are applicable as well to state taxes.

INSTRUCTIONS ON THE FILING OF SEPARATE INCOME TAX RETURNS FOR HUSBAND AND WIFE

Section 71.09 (4) (c) requiring that the incomes of husbands and wives be combined for assessment purposes has been held unconstitutional by the United States Supreme Court. To give effect to this decision the Tax Commission has adopted the following regulations:

1. Wives must file a separate return on Form 1W if they have income of their own, but in case they have no income no return need be filed.

2. In the event that both husband and wife have income and file separate returns, the personal exemption of $17.50 for the head of a family may be divided between the two according to their own choice, that is to say, the husband may claim it all, or the wife may claim it all, or they may divide it between them as they see fit.

3. The income of children under eighteen years of age shall be included in the return of the husband, widow or head of a family and the personal exemption for such children or dependents shall be allowed to the husband or may be divided between him and his wife as they may elect, or shall be allowed to the widow having such children. The exemption allowed to the head of a family, other than a widow or widower, supporting children under the age of eighteen shall be limited to a deduction of $17.50 from the tax.

PERSONAL CREDITS AND EXEMPTIONS

The statutes themselves are so clear as to personal exemptions, credits for dependents, and the date determining the personal status of a taxpayer for income tax purposes that they are quoted here in full.

"71.05 **Exemptions.** (1) There shall be exempt from taxation under this chapter income as follows, to wit:

(a) Pensions received from the United States.

(b) All inheritances, devises, bequests and gifts received during the year.

(c) All insurance received by any person or persons in payment of a death claim by any insurance company, fraternal benefit society or other insurer, except insurance paid to a corporation or partner-

ship upon the policies on the lives of its officers, partners or employes.

* * * *

(2) There shall be deducted from the tax after the same shall have been computed according to the rates in section 71.06, a personal exemption for natural persons as follows:

(a) For an individual, eight dollars.

(b) For husband and wife or head of a family, seventeen dollars and fifty cents. For the purposes of this chapter, the term 'head of a family' means a natural person who maintained a household and supported therein himself and one or more persons who were dependent upon him for support; but no additional exemption shall be allowed for those dependent upon the head of a family except in case of a widow or widower supporting children under the age of eighteen years.

(c) For each child under the age of eighteen years who is actually supported by and dependent upon the taxpayer for his support, an additional four dollars.

(d) For each additional person, except persons defined in subsection (2) (c) of section 71.05, who is actually supported by and entirely dependent upon the taxpayer for his support an additional four dollars, except in case of head of a family. In computing taxes and the amount of taxes payable by persons residing together as members of a family, the income of * * * each child under eighteen years of age shall be added to that of the husband or father, or if he be not living, to that of the head of the family and assessed to him except as hereinafter provided. The taxes levied shall be payable by such husband or head of the family, but if not paid by him may be enforced against any person whose income is included within the tax computation.

(e) If the status of the taxpayer, insofar as it affects the personal exemption for husband and wife, head of family and/or dependents, changes during the taxable year, the personal exemption shall be apportioned, under rules and regulations prescribed by the tax commission, in accordance with the number of months before and after such change. For the purpose of such apportionment a fractional part of a month shall be disregarded unless it amounts to more than a half month, in which case it shall be considered as a month."

1939 LEGISLATIVE CHANGES

Among the changes in the income tax statutes enacted or continued by the 1939 Wisconsin legislature are four which are summarized here because of their applicability to many physician taxpayers.

1. *Change in Personal Status During Year.* If the status of the taxpayer, insofar as it affects personal exemption for husband and wife, head of family, and/or dependents, changes during the taxable year, the personal exemption is apportioned under Tax Commission rules in the manner set out in Section 71.05 (2) (e), Statutes, above quoted. The general basis of the apportionment is the number of months before and after such change.

2. *Earned Income from Federal Government Taxable.* All wages, salaries or fees derived from personal services performed for the United States or any agency or instrumentality thereof are now taxable, effective January 1, 1939. This changes the former rule exempting income from such sources.

3. *Sixty Per Cent Surtax Continued to 1941.* The legislature continued the 60 per cent emergency surtax for the calendar or fiscal years 1939 and 1940. These are to be computed as before by the taxpayer on the same return with the normal tax, and are subject to the same personal exemptions as the normal tax. Full instructions will appear on the 1939 tax return.

4. *Computation of Capital Gains and Losses.* The former provisions of the statutes relating to computation of capital gains and losses for surtax purposes have been repealed. Thus, full gains or full losses are now recognized irrespective of the time the asset was held, instead of being graduated, as formerly, on a time basis.

DEDUCTIONS

A. Statute

The statute is so explicit on what constitutes allowable deductions of major items of expense that it has seemed advisable to insert portions of it for the aid of physicians making state returns.

"71.04 **Deductions from incomes of persons other than corporations.** Persons other than corporations, in reporting incomes for purposes of taxation, shall be allowed the following deductions:

(1) Payments made within the year for wages or other compensation for services actually rendered in carrying on the profession, occupation or business from which the income is derived. But no deduction shall be made for any amount paid for services actually rendered in the carrying on of the profession, occupation or business from which the income is derived unless there be reported the name and address and amount paid each person to whom a sum of seven hundred dollars or more shall have been paid for services during the assessment year. No deduction shall be allowed under this section for any amounts expended for personal, living or family expenses.

(2) The ordinary and necessary expenses actually paid within the year in carrying on the profession, occupation or business from which the income is derived, including a reasonable allowance for depreciation by use, wear and tear of the property from which the income is derived * * *

(3) Losses actually sustained within the year and not compensated by insurance or otherwise, provided that no loss resulting from the operation of business conducted without the state, or the ownership of property located without the state, may be allowed as a deduction, and provided further that no loss may be allowed on the sale of property pur-

chased and held for pleasure or recreation and which was not acquired or used for profit, but this proviso shall not be construed to exclude losses due to theft or to the destruction of the property by fire, flood or other casualty. No deduction shall be allowed under this subsection for any loss claimed to have been sustained in any sale or other disposition of shares of stock or securities where it appears that within thirty days before or after the date of such sale or other disposition the taxpayer has acquired (otherwise than by bequest or inheritance) or has entered into a contract or option to acquire substantially identical property and the property so acquired is held by the taxpayer for any period after such sale or other disposition.

(4) Dividends, except those provided in section 71.02 (2) (b) 2 and 3, received from any corporation conforming to all of the requirements of this subsection. Such corporation must have filed income tax returns as required by law and the income of such corporation must be subject to the income tax law of this state. The principal business of the corporation must be attributable to Wisconsin and for the purpose of this subsection any corporation shall be considered as having its principal business attributable to Wisconsin if 50 per cent or more of the entire net income or loss of such corporation after adjustment for tax purposes (for the year preceding the payment of such dividends) was used in computing the average taxable income provided by chapter 71 * * *

(5) Interest paid within the year on existing indebtedness; provided, the debtor reports the amount so paid, the form of the indebtedness, together with the name and address of the creditor. But no interest shall be allowed as a deduction if paid on an indebtedness created for the purchase, maintenance or improvement of property, or for the conduct of a business, unless the income from such property or business would be taxable under this chapter.

(6) Taxes other than inheritance and special improvement taxes upon the property or business from which the income hereby taxed is derived paid by such persons during the year, including therein taxes imposed by the state of Wisconsin or the United States government as income taxes; provided, that such portion of the deduction for federal income taxes as may be allowable shall be confined to cash payments made within the year covered by the income tax return; and provided further, that deductions for income taxes paid to the United States government shall be limited to taxes paid on net income which is taxable under this chapter; and provided further that income taxes imposed by the State of Wisconsin shall accrue for the purposes of this subsection only in the year in which such taxes are assessed.

(7) Contributions or gifts made within the year to the state or any political subdivision thereof for exclusively public purposes, or to any corporation, community chest fund, foundation, or association operating within this state, organized and operated exclusively for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals, no part of the net income of which inures to the benefit of any private stockholder or individual, to an amount not in excess of ten per centum of the taxpayer's net income of the calendar or fiscal year as computed without the benefit of this subsection.

* * *

(10) Amounts contributed for the given period to the unemployment reserve fund established in section 108.16 of the statutes, but not the amounts paid out of said fund.

* * *

(12) Any and all sums not to exceed eight hundred dollars paid by any person whose total income shall be three thousand dollars or less by way of alimony to a former spouse and not to exceed four hundred dollars each for the support of minor children under any order or decree of any court."

B. Index to Deductions

This index is designed to assist the physician in ascertaining what deductions are allowable. The number given after each heading refers to the paragraph numbering on the pages following. The paragraphs explain in detail what deductions and depreciation are allowable.

Automobiles, 1.
  Depreciation.
  Insurance, 1, 4.
  Maintenance.
  Professional use.
  Repairs.
  Salary of chauffeur.
Bad debts, 2.
Bandages, 9.
Conventions, 8.
Depreciation.
  Automobiles—25 per cent annually of cost price, 1.
  Instruments, 9.
    10 per cent annually of cost price of surgical instruments and general equipment; 10 per cent on x-ray equipment.
  Medical library, 6.
    10 per cent annually of cost price.
  Office equipment, 10.
    10 per cent annually of cost price.
Dividends received, 3.
Dues, 12.
Equipment.
  Office, 10.
  Professional, 9, 16(a).
Fire, loss by, 7.
Instruments, 9.
Insurance premiums, 4.
  Automobile, 1.
  Malpractice, 4.
  Professional equipment, 4.
Interest paid, 5.
Laboratory materials, 9, 16(a).
Lawsuits, 16(b), 16(d).
Library, 6.

Licenses, 13.
Losses, by fire, flood, theft, suit, etc., 7, 16(d).
Medical convention, 8.
Medical supplies, 9.
Miscellaneous, 16.
Office expenses, 10.
  Heat, light, supplies, telephone, water, short-lived office equipment, annual depreciation on furnishings and fixtures.
Office rental, 11.
Postgraduate studies, 14.
Professional conventions, 8.
Professional dues, 12.
  County Society.
  State Society.
  Special societies as:
    College of Surgeons.
    College of Physicians.
  Any other paid in interest of profession.
Professional subscriptions, 6.
Salaries, 15.
Sale of spectacles, 16(c).
Scientific meetings, 14.
Subscriptions, 6.
Taxes and licenses, 13.
  Automobile licenses.
  Federal income and social security taxes.
  Import duties, etc.
  Personal property taxes.
  Professional license fees.
  Real property taxes on office owned and used by taxpayer in practice.
  Wisconsin income taxes and surtaxes paid.
  Wisconsin unemployment taxes.
Theft, loss by, 7.
Traveling expenses, 14.
  Both professional calls and scientific meetings.
Wages and salaries, 15.
  Chauffeur, 1.
  Clerk, 15.
  Laboratory assistant, 15, 16(a).
  Maid, 15.
  Nurse, 15.
  Stenographer, 15.
  Any other employee rendering service in connection with taxpayer's practice or in the care and treatment of patients, 15.

C. Explanation of Deductions

In several instances below, references are made to numbered paragraphs of the federal portions of this digest. Such references make it unnecessary to recopy explanatory paragraphs applicable equally to the making of state and federal returns.

1. **Automobiles** (See federal digest, 1).

2. **Bad Debts** (See federal digest, 2).

3. **Dividends Received.** Cash or property dividends received from a corporation's surplus accumulated since January 1, 1911, are deductible by the persons receiving the dividends, if the following requirements are fulfilled:

(a) The corporation paying the dividend must have filed a Wisconsin income tax return for the year preceding the payment of the dividend.

(b) The income of the corporation paying the dividend must have been subject to the Wisconsin income tax law for the year preceding the payment of the dividend.

(c) The principal business of the corporation paying the dividend must have been attributable to Wisconsin for the year preceding the payment of the dividend.

If 50 per cent or more of the entire net income or loss of a corporation, after adjustment for income tax purposes, for the year preceding the payment of a dividend, was used in computing the taxable income of such corporation, it will be considered that the principal business of such corporation was attributable to Wisconsin.

Note: Stock dividends do not constitute taxable income. Liquidating dividends do not constitute taxable income until the taxpayer has recovered his cost of the stock so held. Any amounts received in liquidation in excess of the taxpayer's cost constitute taxable income.

4. **Insurance Premiums.** Premiums paid for insurance against professional losses are deductible. This includes insurance against damages for alleged malpractice, against liability for injuries by a physician's automobile while in use for professional purposes, and against loss from theft of professional equipment, and damage to or loss of professional equipment by fire or otherwise. This further includes premiums for various forms of insurance on the building owned and used in connection with the practice, or a fair proportion thereof where the building is also a home. Under professional equipment is to be included an automobile belonging to the physician and used for strictly professional purposes.

5. **Interest Paid.** Interest paid within the tax year on existing indebtedness may be deducted, provided that the debtor reports the amount so paid, the form of indebtedness, and the name and address of the creditor. No interest is allowed as a deduction if paid on indebtedness created for the purchase, maintenance or improvement of property, or for the conduct of a business, unless the income from such property or business would be taxable under the Wisconsin law.

Interest paid on state and federal income taxes is deductible, but interest paid on fines levied for violations of law is not allowable as a deduction.

Interest paid by an individual on indebtedness created for the purpose of acquiring a home is deductible from gross income. Likewise, interest paid by an individual on money borrowed to pay personal debts, such as hospital bills and other family obligations, is considered a proper deduction from gross income.

Interest paid by an individual on money borrowed for the purpose of securing an education is allow-

able even though other expenses of obtaining such education are not allowable.

6. Library. A fair rate of depreciation on the physician's library may be deducted covering wear and tear sustained through use. In determining the rate, however, obsolescence may not be considered since the Wisconsin income tax law does not recognize losses in value due to such causes. The fact that medical books become out of date during the course of ten years cannot be considered in determining the rate of library depreciation. An annual depreciation of 10 per cent of the cost of such library seems reasonable, however.

Costs of subscriptions to scientific medical journals essential to keep the physician abreast with the progress of his profession are deductible.

7. Losses by fire, etc. Loss of and damage to a physician's equipment and other property, used by him in connection with carrying on his professional practice, by fire, theft or other cause, not compensated by insurance or otherwise recoverable, may be computed as a business expense, and is deductible, provided evidence of such loss or damage can be produced. Such loss or damage is deductible, however, only to the extent that it has not been made good by repair and cost of repair claimed as a deduction. Losses on business conducted or property located outside the state are not deductible.

Losses on automobiles, aircraft, summer homes, motor boats, furniture, etc., purchased and held for pleasure are deductible from gross income where sustained because of theft, fire, flood, or other casualty. Losses on property used for both pleasure and practice are deductible only to the extent that such property was used in the practice, unless such losses were sustained through fire, flood, other casualty, or theft, in which cases the entire loss is deducted.

8. Medical Conventions. Ordinary and necessary expenses incurred in attending medical conventions of professional scientific societies necessary to enable the physician to carry on his profession, are deductible.

Costs of attending professional conventions must be strictly limited to the necessary cost and expense directly attendant upon such conventions. The type of professional convention here contemplated is confined to such as are, as a general rule, ordinarily and generally attended by persons of the same professional standing as the taxpayer, as necessary to the maintenance and carrying on of their regular practice and profession.

9. Medical Supplies and Instruments (See federal digest, 4).

10. Office Expenses (See federal digest, 5).

11. Office Rental. If a physician pays rent to another person for office space he is permitted to deduct the amount from his gross income. This includes office space in a rented home, provided office hours are maintained. Where a physician maintains his offices in the home which he occupies as a residence, he may, if the home is rented, deduct as rent that proportion of the total rent paid which the value of his office space bears to the rental of the entire premises; and if he owns the residence, he may deduct the proper share of expenses attributable to the space so occupied, including taxes, depreciation, insurance, water, light, heat, repairs and general upkeep.

12. Professional Dues. Professional dues paid to professional associations to which the physician may belong in the interest of his profession may be deducted.

13. Taxes and Licenses. All taxes and licenses incident to the professional scope of the physician may be deducted. The following taxes would be deductible by any physician:

(a) Real property taxes paid on office owned by him and used by him in his practice.
(b) Personal property taxes paid on his apparatus and equipment.
(c) Wisconsin income taxes and surtaxes paid.
(d) Federal income and profits taxes paid on net income subject to tax under the Wisconsin income tax law are deductible in the year in which actually paid in cash. That portion of a federal surtax based on dividends not subject to the Wisconsin income tax is not deductible, however.
(e) All license fees incident to his profession.
(f) Automobile licenses on automobiles used exclusively in the practice of his profession. See paragraph 1 supra.
(g) Import or tariff duties and business, license, privilege, excise, and stamp taxes, are deductible if incurred in connection with the carrying on of the taxpayer's practice and profession.
(h) All social security taxes paid by the physician under Titles VIII or IX in his capacity of employer and the amount paid by him under the Wisconsin unemployment compensation act.

14. Traveling Expenses (See federal digest, 9).

15. Wages and Salaries (See federal digest, 10, and state digest 16(e) below).

16. Miscellaneous.

(a) Laboratory Expenses (See federal digest, 11(c)).
(b) Legal expenses incurred in the defense of a suit for malpractice are deductible as business expense. Expenses incurred in the defense of a criminal action, however, are not deductible.

Legal expenses incurred in connection with the operation of a taxpayer's profession are proper deductions unless such business is conducted in violation of the law.

(c) Sale of Spectacles (See federal digest, 11(e)).

(d) Unclassified. Payments required to be made for damages growing out of the carrying on of the profession such as injury to property, interference with property rights, breach of contract, and libel are deductible from gross income.

Miscellaneous expenses which are incurred in producing taxable income and are allowable deductions include the following: fees paid to auditors, tax experts, and lawyers in connection with income tax matters, welfare work expense incurred in keeping up the morale in an organization.

(e) Informational Returns. All salaries, wages, fees and other compensation, whether paid to employees or to independent contractors, such as attorneys or accountants, which exceed $700 in the case of any individual must be reported on Form 9a. This form should be filed with the return; otherwise the payment is not deductible on tax return. This note applies particularly to paragraphs 15, 16(b) and 16(d) above.

Summary of Wisconsin Poor Relief Laws Affecting Care of Indigent Sick

A Digest of Laws, Rulings and Practices

In the administration of relief, the following rulings are applicable and must be followed by relief officials:

1. **Blind Pensioners.** Blind pensions are granted in proper cases under the provisions of Chapter 47 of the Wisconsin Statutes. Such a pension is a gratuity by the state in which the recipient has no vested right. But, on the other hand, neither can the county officials seek to control its expenditure after it reaches the control of the recipient. See: 24 Opinions Attorney General 109. In determining the amount of blind pensions, officials may take into account medical and surgical needs, but if the total assistance granted is not adequate for medical and surgical needs, then medical and surgical relief shall be extended through regular relief channels for there is no provision in the law providing for the expense of medical and surgical care out of the funds available for pensions, and consequently such assistance must be extended under the general relief provisions of Chapter 49, or, in proper cases, under the provisions of Chapter 142, the Wisconsin General Hospital Law.

2. **Old Age Assistance or Pensions.** In determining the amount of old age assistance aid, officials may take into account medical and surgical needs; the total aid received from such old age assistance officials shall not, however, exceed the maximum of one dollar per day. If the assistance granted is not adequate for the medical or surgical needs, then medical and surgical relief shall be extended through the regular relief channels. See: 25 Opinions Attorney General 287 and 26 Opinions Attorney General 306.

3. **Aid to Dependent Children (Mothers' Pension).** Medical and dental care is available from the pension funds not only for the child, but in the discretion of the pension agency for the father, if incapacitated, and the mother. Section 48.33 (6), Wisconsin Statutes. Maternity aid, in the form of supplies, nursing, medical or other assistance, shall be granted during the period from six months before to six months after the birth of a child, if the financial condition of the mother is such as to deprive her or the child of proper care. Section 48.331, Wisconsin Statutes.

The granting of aid for dependent children does not prevent the relief unit from furnishing medical aid in proper cases. See: 20 Opinions Attorney General 146.

4. **W. P. A. Employees.** The fact that an individual in need of medical care which he has not the means to purchase, is employed on a W. P. A. project does not relieve the proper relief officials from extending him that care. The sole question is whether he has sufficient funds to secure such services for himself. If not, he is entitled to assistance through regular relief channels. See: 24 Opinions Attorney General 802 and 26 Opinions Attorney General 610.

IMPORTANT: There is no "no-man's land" in matters involving relief. No matter if the applicant is working and is possessed of sufficient means to provide the ordinary daily necessities of life, if that individual has need of medical care for himself or family which he cannot himself secure, he is entitled to have the assistance of relief officials. See: Coffeen v. Town of Preble, 142 Wis. 183. Thus it has been held the duty of relief officials to supply liver extract to one, suffering from pernicious anemia, whose means were insufficient to purchase that item, although sufficient for other purposes. See: 20 Opinions Attorney General 162. In another case involving similar circumstances, the Attorney General held the furnishing of insulin proper. See 18 Opinions Attorney General 8.

The responsibility of relief authorities to provide relief to those in necessitous circumstances is mandatory by statute and by decisions of the Wisconsin Supreme Court. See: Meyer v. Prairie du Chien, 9 Wis. 233; Elkey v. Seymour, 169 Wis. 223.

Failure of relief officials to render aid is misconduct for which they are "amenable in some action." Patrick v. Town of Baldwin, 109 Wis. 342. Unless the funds are insufficient, poor relief officials' wilful failure to care for a needy person subjects them to criminal prosecution as well as personal liability. 21 Opinions Attorney General 1141.

(Continued on page 1042)

SUMMARY OF POOR RELIEF LAWS

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Milwaukee County Physicians Please Note!

Because of various exemptions in the laws and the separate institutions in Milwaukee County, this Digest is not applicable in general practice in Milwaukee County, as it relates to the authorization of physicians to care for the sick.

JOHN E. MARTIN
ATTORNEY GENERAL

JAMES WARD BECTOR
DEPUTY ATTORNEY GENERAL

The State of Wisconsin
Office of Attorney General
Madison

November 28, 1939

State Medical Society of Wisconsin
119 East Washington Avenue
Madison, Wisconsin

Attention: J. George Crownhart, Secretary

Gentlemen:

I have read with interest the "Summary of Wisconsin Poor Relief Laws Affecting Care of Indigent Sick" which you have caused to be prepared. It obviously is comprehensive and well done, and I am quite sure that those who will have occasion to consult it will find it a most valuable piece of work.

Very truly yours,

John E. Martin

JOHN E. MARTIN,
Attorney General.

IN THE absence of statute, there would be no legal obligation on the part of a municipality to relieve the poor. Meyer v. Prairie du Chien, 9 Wis. 233, and Patrick v. Baldwin, 109 Wis. 342.

In the Wisconsin statutes of 1849 it was provided that, "Every town shall relieve and support all poor and indigent persons lawfully settled therein, whenever they shall stand in need thereof." The provision is but little changed today. To a large extent, revision of the poor law has dealt, not with the betterment of relief, but with the problem of who shall pay for the relief.

The history of poor relief is rife with neglect and misunderstanding. In Mappes v. Board of Supervisors, 47 Wis. 31, 35, the court said: "But in taking leave of the case, we are constrained to say that the ingratitude of the children of this aged pauper, and the neglect of the public authorities in discharging their duties in respect to her, are complimentary neither to the affection and filial duty of the former, nor to the humanity and public duty of the latter. 'Man's inhumanity to man' is not a mere figment of poetic genius."

Poor relief officials, however great their zeal, are hampered in the performance of their duty by lack of training in poor relief, unfamiliarity with the interpretation of laws, and justifiable fear of criticism if they err on the side of humanity at the expense of the public funds. Each new set of town, village, city, and county officials, in each of the many governmental subdivisions of the State, view the poor relief laws and their duties under them from a different point of view. The wonder is, not that poor relief has failed of perfection, but that it has made progress at all.

From court decisions, attorney generals' opinions, and other available authorities, certain principles have become established, certain rules laid down. Innumerable problems have been met and decided.

It is the aim of this discussion to set forth the answers to such perplexing questions as seem settled, as well as to briefly digest a large part of the poor relief law, to the end that those working under it may have a more definite understanding of their duties, liabilities, and rights.

1. Relief is Mandatory

Section 49.01 of the Wisconsin statutes requires that each town, village and city "shall" relieve and support all poor and indigent persons lawfully settled therein. The statute is mandatory. Meyer v. Town of Prairie du Chien, 9 Wis. 233. An action will lie to compel the performance of a duty by officials. State ex rel. Owen v. Stevenson, 164 Wis. 569. State ex rel v. Zimmerman, 183 Wis. 132, 150. If poor officials fail to render aid "they are doubtless amenable in some way for such misconduct." Patrick v. Town of Baldwin, 109 Wis. 342, 354.

2. Legal Settlement

Legal *settlement* and legal *residence* should not be confused; they are not synonymous. 22 Atty. Gen. 929; 24 Atty. Gen. 711.

Legal settlement for poor relief purposes must be in a town, city or village. But the county may be used as the unit of settlement for other purposes (as basis of aid to dependent children, 27 Atty. Gen. 285). And for some purposes settlement may be in *two* counties (apportionment of cost of hospitalization of tubercular person, 27 Atty. Gen. 529). Legal settlement and residence for school purposes may differ. 27 Atty. Gen. 326.

Section 49.02, Wis. Stats., states how legal settlement is acquired. In brief:

Any Adult: By residence in the municipality one year.

Wife: Her settlement is that of her husband. If he has none, then her settlement is the one she had at the time of marriage, unless she has since acquired a new one.

Husband: By one year's residence.

If he has none, and his wife has one, he may be granted relief at her place of settlement.

Minors:

Legitimate children: Their settlement is that of the father, if he has one; otherwise, that of the mother.

Illegitimate children: Their settlement is that of the mother at the time of birth. (Even though she subsequently changes her settlement. 27 Atty. Gen. 469.)

If neither parent has a settlement, a child may acquire settlement by one year's residence.

A minor bound as an apprentice takes immediately the settlement of the master.

Settlement is not gained in the place of birth by birth unless a parent had settlement there.

Emancipation of a minor does not make him "of age" in the matter of gaining legal settlement. Town of Grand Chute v. Milwaukee County, 230 Wis. 213.

Loss of Settlement:

By voluntary and uninterrupted absence for one whole year.

Receipt of aid breaks the running of the year, so that one does not lose legal settlement if he receives relief while absent from his place of legal settlement. Town of Cleveland v. Industrial Commission (Wis.), 286 N. W. 558.

Reorganization (attachment or division) of a municipality: Settlement follows the territory, as does also any period of residence towards the acquiring of a settlement.

A Foreigner:

May acquire a legal settlement so as to entitle him to poor relief. 4 Atty. Gen. 660; 20 Atty. Gen. 801.

May be deported. 23 Atty. Gen. 227.

A settlement cannot be acquired while being supported as a pauper. Scott v. Clayton, 51 Wis. 185; 11 Atty Gen. 419; 13 Atty. Gen. 503; 22 Atty. Gen. 922; 27 Atty. Gen. 777.

One who receives support from relatives or friends does not thereby become a pauper, and is able to acquire a legal settlement. Town of Ellington v. Industrial Comm., 225 Wis. 169.

Receiving of old-age pension prevents gaining legal settlement. 24 Atty. Gen. 163; 27 Atty. Gen. 576.

Legal settlement cannot be acquired by person under legal restraint (in prison). 21 Atty. Gen. 893. Settlement is not lost by imprisonment, even though imprisoned in another state. 22 Atty. Gen. 786.

No relief unit of this state need support one who has removed to another state while such person resides there. 21 Atty. Gen. 363.

The Attorney General has ruled upon the question of legal settlement in innumerable instances, based upon the particular facts of each case. Space does not permit a digest of these opinions, but reference to them is given and they may be classified as follows:

Minors: 21 Atty. Gen. 547, 643, 709, 759, 780, 1095; 22 Atty. Gen. 75, 110, 116, 225, 279, 363, 592, 680, 977, 1041; 23 Atty. Gen. 105, 475, 580, 680, 684, 755, 796, 825; 24 Atty. Gen. 5, 583, 602; 25 Atty. Gen. 430, 686, 745; 27 Atty. Gen. 574; 28 Atty. Gen. 65; Op. Atty. Gen. 9/25/39.

Wife or mother: 20 Atty. Gen. 170; 20 Atty. Gen. 231, 244, 320; 21 Atty Gen. 752, 780; 22 Atty. Gen. 75, 128, 140, 363, 593, 665, 944, 1041; 23 Atty. Gen. 113, 475, 580, 617, 755; 24 Atty. Gen. 110; 25 Atty. Gen. 430.

Miscellaneous: Husband, single person, transient, etc.: 20 Atty. Gen. 622, 1144; 21 Atty. Gen. 119, 186, 318, 390, 621, 707, 780, 846, 893, 979, 983; 22 Atty. Gen. 25, 45, 75, 145, 147, 155, 222, 302, 424, 435, 665,

680, 771, 786, 802, 845, 909, 922; 23 Atty. Gen. 314, 382, 527, 541, 702, 744, 820; 24 Atty. Gen. 9, 112, 163, 190, 221, 251, 416; 24 Atty. Gen. 719; 25 Atty. Gen. 718; 26 Atty. Gen. 28, 472, 574; 27 Atty. Gen. 51, 177, 183, 198, 576, 708; Op. Atty. Gen. 9/26/39.

3. Transient Pauper

A transient pauper is one who is in a municipality wherein he has no legal settlement.

(Doubt is expressed whether "professional tramps" are entitled to poor relief. Vagrancy is itself an offense by law and it would therefore be inconsistent to consider it as indigency. 21 Atty. Gen. 517.)

He is entitled to relief:

If he furnishes a sworn statement as to his legal settlement, the municipality furnishes the relief. Sec. 49.03.

If he does not furnish such sworn statement as to legal settlement, the relief must be furnished by the county, under section 49.04, Wis. Stats. 20 Atty. Gen. 1248. The requirement as to sworn statement was placed in the law in 1929; prior to that time, the municipality furnished the relief. 19 Atty. Gen. 74. See also Milwaukee County v. Sheboygan, 94 Wis. 58, and Ebert v. Langlade County, 107 Wis. 569.

The expense of relief is billed against the county, which in turn bills the county of his legal settlement, and that county bills the municipality of his settlement. 22 Atty. Gen. 699.

If the pauper has no legal settlement, or none that can be ascertained, the county must furnish his relief. Sec. 49.04. 20 Atty. Gen. 1248; 22 Atty. Gen. 730, 918; 26 Atty. Gen. 538.

The clerk of the municipality which renders the relief shall, if possible, ascertain the place of legal settlement, and shall, within ten days from the date the person becomes a public charge, serve a written notice on his county clerk, stating the name of the person, the municipality of his legal settlement, or that it could not be ascertained, and the date on which aid was commenced. The notice may be given after ten days, but in that event the county is liable for the cost of the relief only from the time of the giving of the notice. The county clerk must give notice to the county clerk of the county of settlement within ten days after he gets notice. He may give the notice after that time, but in that event the county of settlement is liable for the cost of relief only from the time of the giving thereof. 20 Atty. Gen. 1034.

The Industrial Commission of Wisconsin is given authority to hear and decide claims between poor relief units for relief rendered. Sec. 49.03 (8a).

Upon application to the county judge or municipal judge, made either by the municipality rendering the relief or the municipality of legal settlement, the judge may make an order requiring the pauper to remove to his legal settlement, "unless it shall clearly appear that his removal would be against his best interests." The cost of removal is chargeable to the municipality of legal settlement. Refusal of the pauper to obey an order of removal subjects him to loss of the right to relief until he does comply. See 22 Atty. Gen. 771; 23 Atty. Gen. 730; 25 Atty. Gen. 686.

Quarantine; removal not considered as being to best interest of patient. 27 Atty. Gen. 532.

If the "county system" of poor relief is in effect in the county of legal settlement, that county is chargeable with the expense of relief.

If the "county system" is in effect in the county where the relief is rendered, the relief is, of course, given by the county instead of by the town, city or village. Sec. 49.15.

One who has lost his legal settlement and not acquired a new one must be supported by the county of his *residence*. 20 Atty. Gen. 1264.

One who is brought from one county into another, in order to receive hospitalization, is not a transient so as to render the latter county responsible for such hospitalization, nor does his legal settlement change. 19 Atty. Gen. 325.

What relief unit pays? The following opinions deal with this question: 22 Atty. Gen. 699, 875, 914, 952, 1005; 23 Atty. Gen. 175, 183, 221, 283, 321, 439, 820; 24 Atty. Gen. 125, 202, 384, 438; 26 Atty. Gen. 538, 610; 27 Atty. Gen. 214; 28 Atty. Gen. 1, 27.

Miscellaneous opinions relating to transients: 22 Atty. Gen. 802, 909, 935.

4. Who is Entitled to Relief

It is the duty of the poor authorities to grant relief when the circumstances are such that the poor person has not the means or credit presently available with which to secure all the necessities of life. Elkey v. Seymour, 169 Wis. 223.

The ownership of property upon which funds cannot be presently raised to furnish necessities does not bar right of relief. It goes only to the question of reimbursement of the municipality for relief given. Elkey v. Seymour, 169 Wis. 223.

In 1931, section 49.01 was amended to provide that, "The ownership of a home or an equity therein shall not bar the granting of relief, in the discretion of the authorities in charge of such relief, to any person who by reason of unemployment or sickness stands in need of such relief."

Under a common rule of statutory construction, *expressio unius est exclusio alterius*, the amendment might easily be interpreted as narrowing the statute, rather than broadening it. Under a narrowed interpretation, one owning a home but not unemployed or not sick would not be entitled to relief, even though in most dire need and even though the home could not be presently used to raise means or credit to supply necessities. Likewise, under narrow interpretation, the ownership of any property might bar relief, contrary to the rule laid down in the Elkey case cited above.

But it is not believed that the legislative intent was to narrow the statute. On the contrary, keeping in mind the background of 1931 legislation, the business depression, a vast amount of unemployment, reduced income, and the innumerable bills introduced in the legislature for the relief of those affected by unemployment and reduced income, it seems more reasonable to conclude that the legislature intended to *broaden* the statute, so that one need not mortgage his home if unemployed or sick.

Sec. 49.025 was enacted in 1933, and provides that no person shall be denied relief because of owning an equity in a home in which he lives or by reason of having an insurance policy with a cash value of not to exceed $300; and no applicant for relief shall be required to assign such equity or insurance policy as a condition for receiving relief. 22 Atty. Gen. 760; 25 Atty. Gen. 104.

In 1937, Sec. 49.01 was further amended so as to authorize relief authorities to pay the interest on a mortgage on a homestead, when by so doing it will cost less than the authorities would have to expend for shelter. In 1939 the statute was further amended to permit payment of taxes and interest on a mortgaged homestead.

The authorities are without power to require a needy person, as a condition of relief, to contract to reimburse the town or county and to convey present or future property as security therefor. 21 Atty. Gen. 596; 22 Atty. Gen. 261, 277. However, in Estate of Pelishek, 216 Wis. 176 it was held that under Sec. 49.10 the unit furnishing relief might recover the amount thereof from a recipient of such relief who later comes into funds or property. It was otherwise held in the case of Guardianship of Decker, 181 Wis. 484, which was decided in 1923. The legislature changed the law to subject after-acquired property to this liability by Ch. 118, Laws of 1925.

A minor having estate resulting from damages for personal injuries is not indigent so as to be entitled to relief, although his parents are indigents. Op. Atty. Gen. 6/26/39.

The county may require work of applicants for poor relief. 22 Atty. Gen. 277; 25 Atty. Gen. 137.

An alien indigent is entitled to relief (20 Atty. Gen. 801), but may be deported upon proof that he is a pauper. 20 Atty. Gen. 338; 23 Atty. Gen. 227.

Indians are entitled to poor relief under the state poor relief laws. 20 Atty. Gen. 498. Indians who are still members of Indian tribes are entitled to such relief. 20 Atty. Gen. 534; 23 Atty. Gen. 680. Also persons of mixed blood, even though living on reservation. 23 Atty. Gen. 314.

5. Extent of Relief

The relief required to be given must be co-extensive with the person's necessities; that is, whatever he may lack of food, clothing, lodging, medicines, medical attendance, nurse, or hospitalization, must be furnished. For example:

The person has sufficient means to feed his children but not to clothe them. The poor authorities must furnish clothes.

Or he has means to furnish all the ordinary necessities, but requires a surgical operation for which he is unable to pay. He is entitled to such operation at public expense.

Or he has means to furnish ordinary necessities but requires expensive medicine costing beyond his means, such as insulin. He is entitled to it at public expense.

18 Atty. Gen. 8; 20 Atty. Gen. 140; 20 Atty. Gen. 162.

School tuition should be furnished. 23 Atty. Gen. 252; 24 Atty. Gen. 602; 25 Atty. Gen. 290.

The furnishing of employment under Reconstruction Finance Corporation and industrial commission outdoor relief plan constitutes relief within the meaning of chapter 49 of the statutes. This is also true where rent, food, etc., is furnished to the recipient and he is given employment to the value of such supplies. 22 Atty. Gen. 198 and 218.

W. P. A. worker's family is entitled to medical aid and hospitalization. Atty. Gen. Dec. 23, 1935. 24 Atty. Gen. 802. "Your county is operating under the county system of relief. The head of a family is working on a W. P. A. project and is receiving forty dollars per month from the federal government.

"You ask whether the members of his family are entitled to medical aid and hospitalization from the county.

"The furnishing of medical aid and hospitalization in no way depends upon the fact as to whether a person is entirely destitute. The essential question is: Has the person sufficient means to furnish such needs for himself? Coffeen v. Town of Preble, 142 Wis. 183. In 20 Op. Atty. Gen. 162 it was held that it is the duty of a town under the town system of poor relief to provide all medical relief for which a person has no means to provide himself, although he may be able to provide all other means of existence; this includes furnishing of liver extract over a long period of time in case of pernicious anemia.

"See also 18 Op. Atty. Gen. 8, in which it was held that a poor commissioner has power to furnish a daily supply of insulin to a person affected with diabetes, even though such person is capable of supporting himself in all other respects."

Misc. op.: 26 Atty. Gen. 610.

6. Two Systems

There are two systems of poor relief: (1) The "town" system, under which each town, village and city relieves the poor within its boundaries; (2) the county system, under which the county has elected to take charge of poor relief.

See Op. Atty. Gen. 8/16/39 for discussion of rendering of relief in case territory is transferred from one county to another.

The law does not authorize a county to handle poor relief part under the county system and part under the town system. 22 Atty. Gen. 189, 1005.

The county system is established by resolution of the county board and may be abolished in the same manner. Secs. 49.15 and 49.16. 25 Atty. Gen. 533; 27 Atty. Gen. 252.

There is express authority, under the county system, for the establishment of the office of superintendent of the poor. (Sec. 49.14). But this provision is not a restrictive one, and the county is given full power to care for the poor in some other manner. Misc. op.: 24 Atty. Gen. 633.

In cities (Sec. 62.09) and villages (Sec. 61.34), there appears to be no question but what the council or board may delegate the duty of caring for the poor to a poor commissioner.

As to towns, the right to appoint a poor commissioner is not clear. Sec. 60.29. The town board is charged with "all affairs of the town not by law committed to other officers." The specific authority in that section for the town board to appoint a night watchman, policeman, a superintendent of police, etc., negatives the right of the town to appoint other officers or agents, and tends to the view that poor relief is a duty imposed upon the board itself. Misc. op.: 24 Atty. Gen. 269.

When poor relief is properly delegated to a commissioner, his authorization for the rendering of relief is, of course, sufficient authority to charge the municipality.

But a superintendent or board of trustees authorized to care for the poor may not expend funds in excess of the amount budgeted to them for the purpose. However, the exhaustion of such a fund does not relieve the municipality of its duty to relieve the poor. 19 Atty. Gen. 521. 24 Atty. Gen. 384. It follows, then, that after the poor commissioner's fund is exhausted, authority to render relief should be secured as in municipalities where there is no poor commissioner,—that is, from the chairman, village president, etc., in emergency cases, and from the board or council in other instances.

Where the county system is in force, the county is charged with all the duties of the town, village, or city, with reference to poor relief. Sec. 49.15. Municipalities may contribute. 23 Atty. Gen. 504.

By reason of quarantine expense being on the town, village or city, under the provisions of Sec. 143.05, Stats., preventive serums and measures must be paid for by the town, village or city, even though the county system of poor relief is in force. For instance, the cost of the Schick test and serums used to immunize a quarantined indigent must be borne by the town, city or village; other medical care must be at the expense of the municipality liable for poor relief, even though the person be under quarantine. 21 Atty. Gen. 303; 25 Atty. Gen. 514.

By Chapter 363 of the Laws of 1933, the Industrial Commission of Wisconsin was given authority to promulgate rules and regulations for the administration of poor relief. Failure to conform is valid reason for withholding state and federal aid. Insofar as such rules and regulations may differ from the statutory methods of administering relief, the statutory provisions are suspended for the time being. 23 Atty. Gen. 339; 24 Atty. Gen. 270; Op. Atty. Gen. 8/16/39.

Poor relief is purely a matter of statute. Municipal corporations hold their powers from the state, which has full power to prescribe the method of furnishing poor relief and what municipality shall be liable therefor. The statute giving the Industrial Commission the duty of determining disputes between relief units was upheld in Holland v. Cedar Grove, 230 Wis. 177.

By Chapter 435, Laws of 1939, all duties imposed on the Industrial Commission by Chapter 363 of the Laws of 1933, were transferred to the Department of Public Welfare.

A county does not have implied power to purchase realty for housing relief clients in individual housing units, although under certain circumstances (no other adequate method of performing its relief duties) it may do so. It may use property acquired through tax title for such purpose. Op. Atty. Gen. 6/13/39.

7. Authorizing Relief

(a) Prior Authorization Necessary

Anyone furnishing supplies or services to the poor must be authorized by the proper relief officials prior to furnishing the supplies or services, in order to be able to enforce payment therefor. *This is true even in an emergency*, except hospitalization in the instance explained under "Emergency Relief."

Jones v. Town of Lind, 79 Wis. 64, 67: "As the town can only be chargeable for the services rendered by virtue of some contract made with its officers for such services, we think the circuit court was clearly justified in reversing the judgment * * *."

Patrick v. Town of Baldwin, 109 Wis. 342, 353: "The agents empowered to act for the municipality in such matters must, either by express contract or by some act or acts from which a contract can be reasonably inferred, bind such municipality, or it cannot be bound at all."

Menasha Woodenware Co. v. Winter, 159 Wis. 437, 454: "A town has no authority to pay the debts of poor persons. It is chargeable with the duty of presently caring for and aiding them when in need, but it has no power to pay their past debts or debts not lawfully incurred on the credit of the town."

The board or council may, however, voluntarily pay for relief furnished in reliance on the credit of the town, although not authorized by one actually having power to authorize it. This may be done on the theory of ratification of the unauthorized contracts of an agent. For example, a health officer's act in authorizing dental work for a poor person.

MacLeod v. Washburn, 178 Wis. 379, where ratification of a mayor's employment of an attorney was upheld, although the mayor had no power to make the employment.

Koch v. Milwaukee, 89 Wis. 220, 228, where it was said: "A municipal corporation may ratify the un-

authorized acts and contracts of its agents which are within the scope of its corporate powers, and such ratification is equivalent to previous authority."

See also Frederick v. Douglas County, 96 Wis. 411, 424.

It would even seem that the acts of one who is not an agent for the municipality might be adopted and ratified, provided the relief was furnished for and on behalf of the municipality. In the Menasha Woodenware Co. v. Winter case, supra, the court refused to permit the payment of past debts of a poor person "not lawfully incurred on the credit of the town," but did allow a storekeeper's account to be paid for goods furnished in excess of what the poor authorities had previously authorized. The court said, page 453: "The town board * * * could have allowed a larger amount in the first instance. A larger amount was furnished. They could ratify what they might have done originally. There is no showing that more than what was reasonably necessary was furnished. The goods were sold with the understanding that the town would pay for them, and credit was given the town."

See also 21 Atty. Gen. 149; 21 Atty. Gen. 1067.

Also St. Joseph's Hospital v. Withee, 209 Wis. 424–425: "The law, as pointed out in Patrick v. Baldwin, 109 Wis. 342, 85 N. W. 274, does not permit a private party, at the expense of the town, to aid or relieve an indigent person without a contract to that effect existing between him and the town."

Emergency ambulance service must be previously authorized. 24 Atty. Gen. 332.

(b) Who May Authorize Relief

Sec. 49.01 provides that "The town board, village, trustees, or common council * * * shall have the oversight and care of all such poor persons * * * and shall see that they are properly relieved and taken care of * * *."

In Patrick v. Town of Baldwin, 109 Wis. 342, 353, it was said: "The statute, as has been said, does not indicate that the supervisors must act in a body in contracting for the relief of a poor person. The nature of the duty in such cases is not consistent with such a requirement. The statute must have a reasonable, sensible construction, in view of the duty imposed. It says that 'the supervisors' shall see that poor persons are taken care of as required by law. That clearly indicates that at least a majority must consent to relief being furnished to a pauper at the expense of their town in order to bind it."

(c) Amount of Relief Authorized

The authority from the board, or, in emergency cases, from the town chairman, village president, etc., should be specific as to the amount of relief.

For example, if a doctor is authorized to make but a single call, and the patient requires further calls, the doctor must secure authority to make such additional calls. Or, if he is authorized to treat the patient for measles and finds an appendectomy necessary, authority for the latter must be secured.

Even in emergency cases, prior authority must be secured, except hospitalization as explained under "Emergency Relief."

Of course, authority may be in general terms, such as to "do whatever is required." The extent of authority is always a question of fact.

(d) Standardizing Authorization

Inasmuch as medical aid may be granted through the authorities having charge of aid to dependent children, old-age pension, etc., as well as by those directly in charge of ordinary poor relief, the securing of authorization is not always simple. However, in practically all counties, the relief agencies and the physicians have cooperated in some plan to simplify the rendering of medical service. In some, a schedule of fees has been established; in others, contracts have been made between relief agencies and medical societies, etc. As a result of this cooperation, there is a growing tendency for the particular agency which asks for medical service to undertake to secure any necessary authorization, both for the service and as to the amount of service. The State Pension Department strongly recommends that there be a definite plan of authorization, to the end that both patient and physician may avoid the need of contacting more than one relief agency; and the Department has prepared suggested forms for use in medical referral. *(Medical Care for Recipients of The Social Security Aids in Wisconsin—1939.)*

8. Emergency Relief and Hospitalization

Subsec. (1) of Sec. 49.18 provides that, unless the board or council shall have designated some other official therefor, the town chairman, village president, mayor, or chairman of the county board, shall provide temporary medical relief.

Subsec. (2) (enacted in 1933) makes an exception to the hard and fast rule requiring previous authorization. It provides that the town, city, village or county shall be liable for hospitalization in instances where a physician reasonably finds that immediate hospitalization is required, for indispensable emergency operation or treatment "and prior authorization for such hospitalization cannot be obtained without delay likely to be injurious to the patient."

The physician's services and compensation are not included under subsec. (2); he must still receive prior authorization if the public is to be charged.

In order to make the public liable for hospitalization, written notice must be mailed or delivered to the official designated in subsec. (1) within twenty-four hours after admission of the patient, reciting the name and address of the patient, so far as known, and the nature of the illness or injury and the probable duration of hospitalization. Inasmuch as the hospital is most interested, it should exercise diligence as to the notice.

An amendment of the law in 1935 permits the municipality paying for such relief to recover from

the municipality of *legal residence*. (Chap. 453, Laws of 1935.)

Misc. op.: 23 Atty. Gen. 847; 26 Atty. Gen. 239; 28 Atty. Gen. 16.

9. What Should a Physician Do When Called to Treat a Person Who is Obviously Indigent But for Whom the Poor Authorities Refuse to Grant Relief?

Inasmuch as the municipality is required, by statute, to relieve poor persons, the doctor should notify the proper authorities that the person requires aid. If they fail to render the aid "they are doubtless amenable in some way for such misconduct." Patrick v. Town of Baldwin, 109 Wis. 342, 354. A writ of mandamus will lie to compel a county board of supervisors to perform its duties. State ex rel. Owen v. Stevenson, 164 Wis. 569. The writ should be sued out by the person requiring relief, as being the person in interest, and not by the doctor. State ex rel. Board of Education v. Haben, 22 Wis. 660; State ex rel. Milwaukee County v. Buech, 171 Wis. 474.

Poor relief officials are criminally liable and liable in damages for wilful failure to care for needy persons. 21 Atty. Gen. 1141.

If the doctor were to render aid in such a case, it would seem that something must transpire between him and the poor authorities upon which an implied contract for his services can be predicated, in order that the town can be held liable.

Under authority of Davis v. Town of Scott, 59 Wis. 604, it might seem that the doctor could continue to render services, after notice to and failure of the poor authorities to perform their duties in such an instance. It was said in the Davis case, at p. 608: "Nor is the primary duty and liability of the defendant town any the less stringent and absolute by reason of the town of Clayton being ultimately liable. We do not think the town is liable until notice is brought home to the supervisors, or some of them. Assuming that such notice was given, and that the woman and her children were in a condition to be a proper town charge * * * then the defendant is liable to the plaintiff for just compensation for whatever time he supported such paupers after such notice, and for which he has received no compensation."

In Beach v. Town of Neenah, 90 Wis. 623, 625, the Davis case was cited as an instance of implied contract.

Patrick v. Town of Baldwin, 109 Wis. 342 discusses the Davis case, not with reference to the holding, but with reference to the notice necessary to the town ultimately liable. However, in the Patrick case it is later said, p. 354: "Performance of that duty by the person designated by law is absolutely essential to create a binding obligation upon the municipality to compensate one for relieving a poor person, legally entitled to relief at its expense * * * Mere neglect of the supervisors of a town to act when they ought to act for the relief of a poor person, would [not] give a private party, not liable by law to furnish such relief, and residing in such town, the right to do so at the expense thereof. There is no more reason for holding that a person may aid a pauper, upon the supervisors of the town in which such pauper has a legal settlement neglecting their duty, and hold such town liable therefor, than for holding that one may repair the highways of a town because its supervisors neglect their duty in that respect, and recover of such town therefor."

In St. Joseph's Hospital v. Town of Withee, 209 Wis. 424–425, the court said: "The law, as pointed out in Patrick v. Baldwin, 109 Wis. 342, 85 N. W. 374, does not permit a private party at the expense of the town to aid or relieve an indigent person without a contract to that effect existing between him and the town. The officers * * * terminated the arrangement theretofore existing between the town and the hospital under which the town was liable for the maintenance. This termination occurred March 26, 1931. The services rendered thereafter * * * were not so rendered under any contract or promise to pay therefor on the part of the town. This leaves the respondent [hospital] without remedy against the town for the services rendered after that date."

The foregoing deals with the right of the physician to *compel* payment for services not previously authorized. With reference to the right of the municipality to voluntarily pay for unauthorized relief, see remarks under "How relief is authorized."

While there appears to be no legal barrier to prevent the doctor from withdrawing from the case, in such a situation, at least after giving notice to the authorities, yet a principle of medical ethics is involved, and the physician's conduct is a matter that he must decide for himself. Clearly, even the most ethical and tender-hearted physician must somewhere draw the line.

10. Obstetrical Cases

There is no difference between obstetrical cases and other medical care, insofar as the liability of the public is concerned. Prior authority to handle the case must be secured, as in other cases.

11. Habitual Drunkards and Drug Addicts

Wisconsin Keeley Institute Co. v. Milwaukee County, 95 Wis. 153, holds that a municipality is not required to furnish an habitual drunkard with care in a private institution for the cure of such affliction.

Note, however, that drunkenness and use of drugs are reasons why a person may be committed to a county home, or an asylum. Secs. 49.07, 51.26 (5), 51.26 (6). 25 Atty. Gen. 288.

12. Hospitalization, Nurse, Etc.

A doctor authorized merely to treat a sick poor person may not, without prior authority, order the patient to a hospital, or employ a nurse, at public expense, except as set forth in "Emergency Relief."

13. Quarantine

The cost of Schick test and serum used to immunize patient must be paid by municipal body ordering quarantine, but serums used for benefit of patient, as well as other necessities, must be furnished by the town, city, village, or county chargeable with the relief of the indigent. Sec. 143.05 (10). 21 Atty. Gen. 303. Misc. op.: 22 Atty. Gen. 894; 25 Atty. Gen. 514.

14. Medical Care in Jails, Etc.

The sheriff is required by statute to furnish medical care to prisoners. Sec. 55.07 (3). This is not poor relief, but must be furnished whether or not the prisoner be poor; it is furnished to him just as are his food and bedding. The statute contemplates payment by the sheriff and reimbursement of him by the county. See Deissner v. Waukesha County, 95 Wis. 588; Hartwell v. Supervisors, 43 Wis. 311; Bell v. Fond du Lac County, 53 Wis. 433. However, the county is responsible for the medical care of prisoners. See Rider v. Ashland County, 87 Wis. 160, 163, where it was said: "It is no doubt, the duty of the county board to procure and furnish all needful medical aid and attendance to persons confined in its jail." It would therefore seem that recovery might be had direct from the county, at least if the sheriff failed to pay.

The sheriff is not required to furnish outside hospitalization. When a prisoner requires hospital care, and is entitled to poor relief, such hospitalization must be authorized and furnished by the poor relief authorities. 20 Atty. Gen. 374–375, 436–437. The sheriff as such has no authority to incur expense under the poor relief laws. Hittner v. Outagamie County, 126 Wis. 430. 28 Atty. Gen. 16.

15. Poor Relief by Relatives. Sec. 49.11

The father, mother, husband, wife, or children of any poor person who is blind, old, lame, impotent, or decrepit or for any other reason is unable to maintain himself, may be compelled to relieve and maintain such person.

The statute fixes the order of liability, as follows: First the husband or wife; then the father, then the children; and lastly the mother.

The poor authorities may secure an order of the county court compelling relief. The court, in making the order for relief, shall take into consideration the financial status of the person compelled to furnish the relief, "having due regard for their own future maintenance and making reasonable allowance for the protection of the property and investments from which they derive their living and their care and protection in old age."

The court may order partial maintenance, when the relative chargeable cannot wholly support but can contribute; or the court may order two or more relatives to share the burden.

The liability of a child to support its parent is wholly statutory, and the statutory provisions for enforcing such support must be followed. County court therefore has no power to order support paid from estate of an incompetent. Guardianship of Heck, 225 Wis. 636.

Grandparents cannot be compelled to support grandchildren. 5 Atty. Gen. 100.

Brothers and sisters not liable for support. 27 Atty. Gen. 847.

A wife having no separate estate and no property except her inchoate dower and homestead rights is under no legal obligation to support her indigent parents. Her husband is under no legal obligation to contribute to the support of her parents. 8 Atty. Gen. 29.

16. Proof of Indigency

When the poor authorities have authorized a physician to treat a supposedly poor person, the burden of proof is not upon the physician to prove the person was entitled to aid, in order to collect his fee. In Elkey v. Seymour, 169 Wis. 223, 228, it was said: "While it was incumbent upon the plaintiff, dealing with public officials, to know or ascertain at her peril the scope of the powers of such public officials, she was not required to examine further and to ascertain whether or not the person to whom such lawful authorities proposed to grant relief, * * * did not meet the calls of the statute which prescribed the duties and obligations of such authorities in the care of the poor. *That duty rested upon such officers.*" (Italics ours.)

17. Cutting Physician's Bill

When the town, county, or village board, or city council, "allows" a physician's bill at less than the amount thereof, what may the physician do?

He may accept such lesser amount and may sue for the balance. Secs. 59.76, 62.25, 60.35 (1), and 61.51, and Sharp v. Mauston, 92 Wis. 629.

From a practical standpoint, it is advisable that the doctor's fee, or at least rate of charge, be specified at the time of being authorized to render the services.

18. Must Physician's Bill Be Itemized?

A physician's bill must be itemized, and sworn to. See Secs. 59.77, 62.12 (8), 60.33 (2), and 61.51.

19. Is Doctor's Pay Dependent Upon Results?

In Ladd v. Witte, 116 Wis. 35, 39, the supreme court criticized an instruction to the jury: "It certainly tended to confine the jury to consideration of *what and how much benefit resulted* to the defendant from this fruitless incision into the body of his new-born child, whose death was certain without the operation, but equally occurred, it notwithstanding. *That is not at all the test.* So that a surgical operation be conceived and performed with due skill and care, the price to be paid therefor *does not depend on the result.* The event so generally lies with

the forces of nature that all intelligent men know and understand that the surgeon is not responsible therefor. In absence of express agreement, the surgeon who brings to such a service due skill and care earns the *reasonable and customary price* therefor, whether the outcome be beneficial to the patient or the reverse." (Italics ours.)

In Holsapple v. Scofield, 176 Wis. 649, 651, it was said: "If the plaintiff performed the dental service for the defendant and did the same in good, workmanlike manner in accordance with the recognized and established practice of those in the same profession in his locality, he became entitled to the reasonable value of his services."

In Wurdemann v. Barnes, 92 Wis. 206, 207, an action by a physician to recover his fees, the court said: "There was no claim that the charges were above the usual rate for such services, and therefore there was no question for the jury."

And on page 208 it was said: "It is claimed that the defendant's son grew worse under the plaintiff's treatment, and that he grew better after the plaintiff had been discharged, but this does not show that the plaintiff was guilty of negligence or unskilfulness in treating him. * * * He could not be held responsible simply because he failed to cure the defendant's son, nor for mere misjudgment in treating him, if the treatment was such as physicians and surgeons of ordinary knowledge and skill would apply."

20. Malpractice

Relief units are not liable for malpractice of physicians who are paid by such units. 23 Atty. Gen. 829. A physician is not relieved of liability for malpractice merely because he is engaged in a semi-governmental function. 21 Atty. Gen. 927; 23 Atty. Gen. 829.

21. Commitment to County Home

Commitment is by order of the judge of any court of record, on petition of the official in charge of the poor, if there be but one, or by any two officers in charge of the poor, of any town, city or village, or county.

Any person having legal settlement who is without sufficient means of support and is by reason of sickness, infirmity, decrepitude, old age, drunkenness, addiction to drugs, or pregnancy likely to become a public charge, either temporarily or permanently, or who lives in a state of indigence, squalor or filth likely to induce disease, or who has moved to another municipality and received temporary aid there (at the expense of the municipality of settlement, of course), may be committed to the county home. Sec. 49.07.

If the county has no county home, the person may be sent to the county home of another county, but not without first having opportunity to be heard.

Where person is committed to county home, county cannot make a contract for support of such person in a private home. 26 Atty. Gen. 483.

Inebriates or drug addicts may be transferred to a county or state insane asylum after hearing before the county judge. Sec. 51.26 (5).

22. County Hospital and County Insane Asylum

A county may establish a county hospital, for the treatment of indigents and persons afflicted with any disease, malady, deformity or ailment, which can probably be remedied or treated advantageously, who are financially unable to provide for their own treatment.

Persons not indigent may be received and treated at actual cost. Sec. 49.145.

Counties may maintain county insane asylums. Sec. 51.25. Commitment may be by the county judge (sec. 51.05), and, in case of insane paupers, by the county judge on petition of a majority of the supervisors of any town, of the common council of any city or of the board of trustees of any village (sec. 51.09). Admission may also be upon voluntary application of the person, supported by certificate of two physicians. (Sec. 51.10.)

Inebriates or drug addicts may be committed to such asylum after hearing before the judge of any court of record. Sec. 51.26 (6).

The county of legal settlement is liable for the cost. Secs. 51.10 and 46.10. If the inmate has no settlement, the state is chargeable. Sec. 46.10. 25 Atty. Gen. 288

23. County Tuberculosis Hospital

Such a hospital may be established by any county. Sec. 46.17. Admission may be had by any person suffering from tuberculosis or showing symptoms thereof, on presentation of a certificate of a physician so stating and upon approval of the county judge of the county of residence. Sec. 50.07.

Indigents are cared for at the expense of the county of settlement, with state aid. Sec. 50.07. 21 Atty. Gen. 119.

24. Soldiers and Sailors Relief

Section 45.10 makes it the duty of the county board to levy annually a tax sufficient to provide relief to needy soldiers, sailors, and marines, and for indigent wives, widows, and dependent children of such persons. It is mandatory that the county board reasonably estimate the needs and levy the tax accordingly. 21 Atty. Gen. 960.

This special provision for needy veterans does not relieve the town or county from the obligation to relieve them, except insofar as their need is removed by this special relief. 21 Atty. Gen. 522, 719.

The relief is limited to the tax levied, and so the county board may not in any year make further appropriation to the soldiers' relief commission. 21 Atty. Gen. 719. But where the budget upon which the county levy is made contains a specific contingent fund, deficiency in the soldiers' relief fund may be met therefrom. 21 Atty. Gen. 960.

Relief is limited to those who served in time of war. 24 Atty. Gen. 101.

A widow is not entitled to relief after remarriage. 24 Atty. Gen. 47.

Misc. op.: 24 Atty. Gen. 54, 238; 25 Atty. Gen. 587; 27 Atty. Gen. 276.

25. Hospitalization of Soldiers and Sailors

Sec. 45.275 requires the soldiers' rehabilitation board to provide hospitalization for any indigent, disabled, honorably discharged soldier, sailor, marine or nurse of any war who is ineligible to hospitalization under federal law. The applicant must have been a resident of Wisconsin for five years prior to application. Treatment shall be at the Wisconsin General Hospital except in emergency cases or those requiring special treatment which can only be provided elsewhere.

26. State Tuberculosis Hospitals

Such hospitals are maintained by the state. Sec. 50.01.

The state board of health appoints physicians throughout the state for the examination of applicants, whose reports are forwarded to the hospital superintendent. On notice from the superintendent, the patient is admitted. The physician receives a fee of $4.00 for making the examination, which is paid, in the case of indigents, by the state, one-half being charged back to the county of settlement. Secs. 50.02 (2), 50.03. Admission is upon approval of the county judge of the county of residence. Sec. 50.02 (1). Half the cost is charged to the county of settlement. Sec. 50.03.

27. Wisconsin State General Hospital

This hospital is maintained by the state at Madison. Commitment is by application to the county judge, made by any sheriff, county supervisor, town clerk, health officer, health nurse, poor commissioner, policeman, physican, or any public official, all of whom *shall* make application if the need come to attention, or by any teacher, priest or minister, who *may* make application. The county judge makes investigation of the financial and physical condition, appoints a physician to examine the person, and makes a finding that the person may be advantageously treated at the hospital or rehabilitation camp (sec. 142.01) and then makes an order sending him there. If the person or his guardian makes selection of that hospital, the person shall be sent there. Secs. 142.02, 142.03.

If the county judge finds that the person can be treated as advantageously at home or in another hospital, and if the person or his guardian does not make selection of the state hospital, and if the judge finds that the cost of treatment at home or in another hospital will be the same or less than the cost to the county for having the person treated at the state hospital, the judge shall make order for such treatment at home or at another hospital, the order to specify the place of treatment and the physician. Sec. 142.04.

In determining the cost to the county, the judge should take into consideration the traveling expense of the person, as well as of the guardian or other person who may necessarily accompany the person, both to and from the hospital, keeping in mind that all of such traveling expenses are borne by the county without state aid. 20 Atty. Gen. 933.

In 22 Atty. Gen. 463, at 465, the Attorney General said: "It is our opinion, therefore, that the county judge, in an emergency, may make a commitment to a nearby hospital even where the expense would be somewhat more than the cost of treatment at Madison." In arriving at that conclusion, the Attorney General said: "The provisions of Chapter 142 are intended to be beneficent in their nature and should be liberally construed to effectuate the evident intent back of their enactment. * * * It is not only a charitable statute but one that is humane as well. It is not believed that the legislature intended to endanger the life of an indigent by insisting upon his removal to Madison where the treatment would be slightly less costly if the patient were able to survive the trip. * * * Where the trip to Madison would necessarily endanger the life of the patient and probably very materially impair his chances of surviving the treatment even if the trip itself were endured, it is not believed that the treatment at Madison would be considered adequate or that the county judge would be bound to prescribe treatment, if any, at Madison." See also 22 Atty. Gen. 875.

The cost of treatment at home or in local hospital must be paid by the county. 21 Atty. Gen. 240; 24 Atty. Gen. 202.

The number of patients certified to the Wisconsin General Hospital, at joint county and state expense, in any one fiscal year is limited to two persons per thousand of population or major fraction thereof in the county acording to the last federal census; and patients certified in excess of such number shall be maintained wholly at county expense. The limitation does not apply to patients certified to the Wisconsin Orthopedic Hospital nor to counties in which there is no hospital. Sec. 142.04. See 24 Atty. Gen. 155.

Commitment must be from county of legal settlement. 21 Atty. Gen. 846.

The physician who examines the patient must make written report to the judge. The selection of the examining physician rests in the discretion of the judge. Prior to 1927, the examining physician was required to be one residing in the county. The law was amended in that year, however, by striking out that requirement, the purpose of the amendment being, as explained to the legislature, to facilitate the examination of patients residing near county lines. Sec. 142.03.

The examining physician is paid five dollars, by the county, for making examination. Sec. 142.03.

His appointment by the judge is a question of fact, and if he receives authentic knowledge of his appointment, he may proceed to make the examination, without waiting for a formal, written appointment. Obviously, he could receive authentic knowledge of his appointment orally from the court, as by telephone.

A contract cannot be made by the county with a county medical society which will take away the judge's discretion as to place of hospitalization. 23 Atty. Gen. 711.

County judge may authorize furnishing glasses under Chapter 142. 25 Atty. Gen. 429.

Misc. op.: 22 Atty. Gen. 1051; 23 Atty. Gen. 439; 24 Atty. Gen. 384; 27 Atty. Gen. 143.

28. Crippled Children

(a) Orthopedic Hospital

The state maintains the children's orthopedic hospital at Madison, for the treatment of crippled children whose parents are unable to provide adequate treatment.

Half the cost of treatment is charged to the county. Sec. 36.32.

The method of commitment is the same as for commitment to the Wisconsin General Hospital. Sec. 36.32 (4). Report to and cooperation with the bureau for the handicapped children of the department of public instruction is required. Sec. 142.03(1).

(b) State Public School at Sparta

Crippled or deformed children may be admitted to the state public school, if their ailment or deformity is subject to cure or amelioration. Sec. 48.21.

Insane, feebleminded or epileptic persons are not admitted. Sec. 48.20.

Admission to the school is through the department of public welfare. Sec. 48.20.

One-half the cost is charged to the county of the child's legal settlement. Sec. 48.20. The expense of a person to accompany the child is charged to the county.

(c) Special District Schools

School districts may maintain special schools for crippled children. Sec. 41.01.

By chapter 231, Laws of 1939, the laws relating to education of crippled children were extended and strengthened. State aid for special schools for such children was set up, a bureau for handicapped children was established in the department of public instruction, schooling was made compulsory, etc.

(d) Interdepartmental Committee and Federal Aids

In 1935 section 48.50 of the statutes was enacted, constituting an interdepartmental committee consisting of the superintendent of Wisconsin Orthopedic Hospital, state health officer, and director of the children division of the state department of public instruction. The duty of the committee is to prepare a unified and comprehensive plan for services for crippled children—locating them, furnishing medical, surgical, corrective and other care, and facilities for diagnosis, hospitalization, and aftercare. The committee's plan is to take into consideration federal aids and services.

See 24 Atty. Gen. 812.

29. Dependent and Neglected Children

(See also "Mother's Pension.")

Such children may be sent to the state public school at Sparta.

Admission is by department of public welfare. Sec. 48.20.

Such children may also be sent to any other suitable public institution or placed in the care of relatives or a child welfare agency. Sec. 48.07.

Misc. op.: 20 Atty. Gen. 1246; 21 Atty. Gen. 267; 22 Atty. Gen. 312; 24 Atty. Gen. 133, 195; 25 Atty. Gen. 574, 577.

30. Education of Blind and Deaf

(See also "Blind Pension.")

Schools, workshop and employment agency are maintained by the state. Secs. 47.01, 47.02, 47.05.

No tuition is charged. Sec. 47.02.

Admission is on order of the county or municipal judge. Sec. 47.03.

Admission is also voluntary. Sec. 47.02.

The state bears entire expense.

Legal settlement is not essential for admission. 24 Atty. Gen. 512.

31. Pensions

(a) State Pension Department. Sec. 49.50

The State Pension Department shall "supervise the administration of old-age assistance, aid to dependent children, and blind pensions."

To enable the state to receive federal aid, the department is given authority to make rules and regulations, and county officers and employees are required to conform thereto. By Chap. 435, Laws, 1939, the functions of the State Pension Department were transferred to the State Department of Public Welfare, Division of Public Assistance.

(b) County Pension Department. Sec. 49.51

A county may establish a county pension department, in which case such department is charged with administering the forms of relief mentioned above.

Misc. op.: 24 Atty. Gen. 698, 709, 710, 711, 763, 764, 765.

(c) Applications

Application for either form of relief is made to the county judge (or to the county pension department if one has been established), who makes proper investigation and fixes the amount of pension. Secs. 49.28 (old-age assistance), 48.33 (aid to dependent children), 47.08 (blind pension).

A denial of pension may be appealed to the State Pension Department, and its decision shall be final. Sec. 49.50 (4).

(d) Aid to Dependent Children. Sec. 48.33

This is the form of relief commonly but erroneously known as "Mother's Pension." It is not necessarily given to the mother, but is given to the person having the care and custody of one or more children under the age of sixteen and dependent upon the public for proper support. Aid may be given, in the court's discretion, for minor children over the age of sixteen, but no federal aid is given the county for such cases. Subsec. (5) (a).

Application must be made in the county of legal settlement, but the children may, with the approval of the court, reside outside the county. Subsec. (5) (b).

Aid is granted to a mother if without a husband, or the wife of a husband who is incapacitated for gainful work, or the wife of a husband sentenced to a penal institution for at least a year, or the wife of a husband who has deserted her for one or more years if the husband has been legally charged with abandonment, or to a wife who is divorced and for one year has been unable to compel her former husband to support the child. Subsec. (5) (d). 26 Atty. Gen. 289, 304, 490.

The amount of aid to dependent children shall be "sufficient to enable the person having the care and custody of such children to care properly for the children. The amount to be granted shall be determined by a budget for each family in which all possible income as well as expenses shall be considered." Subsec. (6). Note that the budget is for the "family," not merely for the needs of the children.

In an unofficial opinion by the Attorney General to the State Pension Department, dated July 11, 1939, it was held that medical and dental aid may be granted to an incapacitated father, whether or not he is the supervising adult within the meaning of section 48.33 (7) of the statutes. The pension agency is given discretion as to such aid but may not abuse the discretion.

The ownership of a homestead by the person having the care of the children shall not bar aid if the total cost of maintenance of the homestead does not exceed the rental which the family would be obliged to pay for living quarters. Subsec. (5) (f).

Maternity aid, in the form of supplies, nursing, medical or other assistance, shall be granted during the period from six months before to six months after the birth of a child. Sec. 48.331. 27 Atty. Gen. 256, 258.

Aid to dependent children does not prevent nor relieve the relief unit from furnishing medical aid. Sec. 48.33 (6) provides: "Medical and dental aid may be granted to minor children, the mother or the incapacitated father, as necessary." Also: "Aid pursuant to this section shall be the only form of public assistance granted to the family for the benefit of of such child, *except medical* and dental aid." See 20 Atty. Gen. 146; 21 Atty. Gen. 952.

Directly in point with the foregoing statement is the holding in Town of Cleveland v. Industrial Commission, (Wis.), 286 N. W. 558, where the court said: "* * * the provision in subd. (6) of sec. 48.33, Stats. (above quoted) that such aid for dependent children 'shall be the only form of public assistance granted to the family', etc., *cannot be construed to prohibit and render illegal the performance of the statutory duties prescribed by sec. 49.03 (1), Stats.* The scope and effect of whatever inhibition there is by reason of the above quoted provision in subd. (6) of sec. 48.33, Stats., *is limited to the action on the part of officers engaged in the granting of aid for dependent children* * * *" (Italics ours.)

Also the case must be construed as meaning that the language "except medical and dental aid" as used in sec. 48.33 gives express authority for those who administer aid to dependent children to provide medical and dental aid.

The acceptance of aid under a federal rehabilitation program does not disqualify for aid under section 48.33. 24 Atty. Gen. 522; 26 Atty. Gen. 610.

Misc. op.: 22 Atty. Gen. 769, 772, 920, 952, 1002, 1041; 23 Atty. Gen. 452; 24 Atty. Gen. 26, 158; 25 Atty. Gen. 68, 470, 505; 26 Atty. Gen. 133, 180.

(e) Old-Age Assistance

The applicant must have attained the age of 65 years, but aid can be given at age 60 when the federal government grants assistance for ages 60 to 65. Sec. 49.22 (1).

Applicant must have been born in or a citizen of the United States. He must have resided in Wisconsin at least five years during the nine years immediately preceding application, during the last year of which period he must have resided continuously in this state. Sec. 49.22 (2), (3). Absence from the state in the service of the state or of the United States shall not be deemed to interrupt residence if a domicile be not acquired outside the state. 25 Atty. Gen. 736.

Applicant must not be an inmate of any prison, jail, workhouse, infirmary, insane asylum, or any other public correctional institution. Sec. 49.22 (4).

He must not have a child or other person responsible for his support and able to support him. Sec. 49.22 (8). 26 Atty. Gen. 382.

Persons may not be granted old-age assistance while inmates of and receiving the necessities of life from any public institution, or while an inmate of a private charitable, benevolent or fraternal institution or home for the aged to which no admission charge as a life tenant has been made. An inmate of a county home may make application, but assistance shall not begin until he ceases to be such inmate. A person shall not receive assistance if the combined property of husband and wife living together exceeds five thousand dollars; or who has deprived himself of any property for the purpose of qualifying for assistance. Sec. 49.23. 28 Atty. Gen. 234.

The amount of assistance shall not exceed an amount which, when added to the other income of the applicant, shall exceed a total of forty dollars per month. Sec. 49.21 as amended by chapter 533, Laws of 1939. 26 Atty. Gen. 306.

Subsec. (4) of Sec. 49.26, as created by chapter 7, Laws of Special Session 1937, provides that when a certificate of old age assistance is filed in the office of the register of deeds it operates as an automatic statutory lien against the real estate of a beneficiary which is situated in the county where filed. The county pension authority may still require the transfer of realty situated without the State of Wisconsin or of personalty with the exception of an insurance policy of less than one thousand dollars in value. Sec. 49.25 providing for claims against the estates of old age assistance beneficiaries was also amended by chap. 7, Laws of Special Session 1937, and this amendment should be consulted. Priority of old age assistance claims and liens in probate are discussed with relation to fact situations, 27 Op. Atty. Gen. 751. In checking the following opinions they should be read with reference to the time of change in the law. 26 Atty. Gen. 322, 418, 564; 27 Atty. Gen. 69, 751, 830.

Funeral expenses not exceeding one hundred dollars may be allowed. Sec. 49.30.

During the continuance of old-age assistance, no recipient shall receive any other relief from the state or any political subdivision "except for medical and surgical assistance." Sec. 49.31. Medical care cannot be ordered paid out of the pension fund (19 Atty. Gen. 548) after the five-dollar limit has been reached. Medical care thereafter must be from general poor relief funds. 26 Atty. Gen. 306.

State and federal aid is given counties. Secs. 49.38, 49.51, 20.18 (6), 20.748.

The county board may require each town, city and village to reimburse the county for all amounts paid in old-age assistance to its residents, less state and federal aid. Sec. 49.37 (2).

An Indian on a reservation may receive old-age assistance. 24 Atty. Gen. 591.

Old-age assistance is exempt from garnishment, levy, etc. Sec. 49.32

Misc. op.: 23 Atty. Gen. 820; 24 Atty. Gen. 280, 438, 624. Income defined and property discussed, 24 Atty. Gen. 461, 709, 710, 711, 763, 764; 25 Atty. Gen. 115, 250; 26 Atty. Gen. 206, 218, 526, 576.

Eligibility to pension offices see: 24 Atty. Gen. 698, 762, 765, 768, 771; 25 Atty. Gen. 55; 26 Atty. Gen. 52; Op. Atty. Gen. 6/2/39.

(f) Blind, and Blind-and-Deaf Pension

Any needy blind or blind and deaf person eighteen years of age or more shall receive pension. Sec. 47.08 (1).

It shall be in an amount which, when added to income from other sources, shall not exceed $780 per year. But no pension shall exceed $360 if the person is blind and $480 if both blind and deaf. Sec. 47.08 (1).

Residence requirements are the same as for old-age assistance.

Applicant must not be an inmate of any publicly-owned charitable, reformatory or penal institution or any public school for the blind or deaf (except summer school of the Wisconsin school for the blind); must not be publicly soliciting alms; must not have relatives legally responsible for his support and able to support him. Sec. 47.08 (2).

All applicants must be examined by a regular practicing physician, appointed by the county board, and designated "Examiner of the Blind and Deaf." Sec. 47.08 (4). Fee paid the physician is $2.00 for each applicant, but the county board may allow a larger fee. 25 Atty. Gen. 671.

A person is not entitled to blind pension while receiving old-age assistance. Sec. 47.08 (8).

Husband and wife may each receive pension. 24 Atty. Gen. 445.

Recovery from estate of blind pensioner is not permissible. 27 Atty. Gen. 141.

(g) Miscellaneous

The State Pension Department policy is to include in the grant to old-age and blind pensioners the amount necessary for medical aid (within the statutory limits as to amount of pension, of course), leaving it to the pensioner to make payment to the physician. In allowing medical aid to dependent children, however, such aid may either be included in the grant or payment of the physician may be made direct by the authorities.

Misc. op.: 22 Atty. Gen. 710; 23 Atty. Gen. 248; 24 Atty. Gen. 109, 449, 709; 25 Atty. Gen. 272, 441, 671; 27 Atty. Gen. 828; Op. Atty. Gen. 6/8/39, 8/9/39.

32. Offenses

A person may be punished who:

Wilfully makes any false representation with intent to secure relief, for himself or another.

Wilfully does any act designed to interfere with the proper administration of relief.

Sells or exchanges articles or supplies furnished as relief or disposes of them with intent to defraud the relief unit, or who buys the same.

Sends or brings, or advises any dependent to go into, any municipality in order to relieve himself or his municipality from relief.

Being in charge of relief, or any assistant who, receives or solicits any personal financial gain through any purchase, sale, disbursement or contract for supplies or other property used in administering poor relief.

Secs. 49.124, 343.25, 348.28.

Pension frauds are punishable. Secs. 49.34 to 49.36.

Wrong intent is essential. 24 Atty. Gen. 573.

Important State Health Services, Laws and Rulings

Communicable Diseases

Contagious diseases, suspected cases, etc.—Conveyance, or permission for conveyance, of any person with a dangerous, communicable disease by public vehicle or to any public place, particularly as it may subject other persons to contracting such disease, shall be cause for arrest and punishment as provided in Sec. 143.10, Wis. Stat.

Conveyance between communities may be legitimately made with the consent of the health officers at points of departure and entrance, provided the public is protected.

Vaccination for smallpox.—When vaccination or exclusion from school is ordered in times of epidemic, with an actual case or cases in the community in a communicable form, the local board of health shall provide for the free vaccination of all children in any school district or part thereof during such outbreak, the expense to be borne by the district. Parents may employ physicians of their choice to perform such vaccinations and shall pay the expense incurred (Sec. 143.13 (3)).

Printed report forms.—The blanks to be used by physicians and others in reporting cases of dangerous communicable disease to the health officer are furnished by the State Board of Health to the local health officers for distribution among the physicians and other persons residing in their district.

Expense of cultures.—The expense of taking release cultures after recovery from diphtheria and the disinfection of persons and premises is a part of the expense of maintaining quarantine and must be paid by the town, village or city. The release cultures shall be made by or under the direction of the local board of health. Authorization of the local board must be obtained if physicians are to receive payment for taking release cultures.

Quarantine of physician.—If a physician's home is quarantined, he may remain as a member of the family and is then subject to the quarantine as other persons are, or he may live outside and visit his home in the capacity of a physican (Attorney General's Opinion.)

Reporting of cases.—A physician is required to report in writing within twenty-four hours all cases of communicable disease to the health officer (Sec. 143.04). (All suspicious cases must be reported and treated as positive until a correct diagnosis can be made. Any neglect or refusal of a physician or householder to report cases of communicable disease makes him liable to a severe fine.)

Quarantinable diseases.—Cerebrospinal meningitis (epidemic), cholera (Asiatic), diphtheria, infantile paralysis, plague, scarlet fever, smallpox, typhus fever, yellow fever.

Placardable diseases.—Chickenpox, influenza, leprosy, measles, German measles, typhoid fever, whooping cough.

Reportable only.—Erysipelas, lethargic encephalitis, mumps, ophthalmia neonatorum, pneumonia, trachoma, tuberculosis and malaria.

Posting of list.—The official list of communicable diseases is required to be posted in every physician's office (also in every hospital). (Sec. 143.04.) The list is furnished free on cardboard by the State Board of Health.

Diagnosis.—In diagnosing communicable diseases, physicians shall use ordinary skill and bacteriological examination if that is of value in determining the true condition (Sec. 143.04).

Penalty.—For violation of any of the above laws, except that concerning posting of list of diseases, physicians are liable to fines ranging from $5 to $100, or imprisonment, or both; and for a second offense are subject to suspension of their license to practice for one year. (Sec. 143.04.10).

Privilege under quarantine.—Physicians are among the few individuals specified by law as permitted to enter premises quarantined for communicable disease. The expense of maintaining quarantine, including examinations and tests for disease carriers, provided this is done under direction of the local board of health, and the enforcement of isolation, shall be paid by the town, village or city, but the expense in treating communicable disease is not necessarily an obligation of the local board of health, and the local authorities cannot be held liable unless prior arrangement has been made with the physician (Sec. 143.05).

Tuberculosis.—Every physician is required to report within one week cases of tuberculosis in his care or under his observation. The report shall contain the name and address, age, sex, and occupation. The report shall be confidential to the extent that the name and address of the patient shall not be published by any newspaper or publication. The physician shall notify the health officer within twenty-four hours of the vacation of any place by death from tuberculosis or by removal of a consumptive (Sec. 143.06).

No person with tuberculosis of the lung or other part of the respiratory tract, or reasonably believed to be suffering from such disease shall be permitted to attend or frequent any school, except open-air schools, especially equipped for the purpose, until the health officer of the municipality where the school is situated furnishes a written certificate stating that the individual is free from a communicable form of tuberculosis. Such certificate shall only

be issued after thorough examination by a licensed physician in a manner satisfactory to the State Board of Health.

Venereal disease.—All physicians and certain institutions are required to report directly to the State Board of Health all cases of venereal disease in a communicable state that come to them for treatment (Sec. 143.07).

A printed form, furnished by the State Board of Health, is used for reporting. This report is to be by age, sex, conjugal condition and name of the disease, but *not* the name of the patient although a serial number may be given to each case. Printed instructions for the patient are attached to this report blank and are required to be given to him. Secrecy is imposed upon the State Board (Sec. 143.07).

The State Board of Health requires that the source of infection be inquired into and reported back to the Board for the purpose of investigation. All persons having a venereal disease must remain under treatment until the disease is no longer communicable. Discontinuance of treatment may be the cause for commitment to an institution until the disease is no longer communicable. Investigation in cases not under treatment may be made by an officer of the State Board of Health, or, when so directed by the State Board of Health or by any local health officer who is a physician (Sec. 143.07.2, 4, 5).

Drugs comomnly used for treatment of syphilis, both arsenicals and heavy metals, are furnished on request to physicians in indigent or near-indigent cases where little or no compensation is involved. Physicians having patients unable to pay for treatment for venereal disease may assign such individuals for treatment at state clinics.

When a patient refuses treatment the physician shall notify the State Board of Health, giving particulars, to enable the Board to act, and, if necessary, to have the person committed for treatment. In counties of over 250,000 population, the county board may designate the county institution where such commitments may be made. Such persons may be summoned before any court of record or a warrant may be issued for them (Sec. 143.07.5).

When a physician has reported a case of venereal disease to the State Board of Health, all questions regarding the presence of the disease and the date from which treatment was neglected shall not be regarded as privileged information when the patient or physician is called upon to testify to the facts before any court of record (Sec. 143.07.7).

Physicians shall be furnished free of charge with the results of examinations for the diagnosis of gonorrhea made by any state laboratory, and of examinations of blood or secretions for the diagnosis of syphilis from the state psychiatric institute (Sec. 143.07.10).

Any city or county may require that persons convicted of acts involving moral turpitude shall undergo a medical examination for the presence of a venereal disease.

No physician or health officer shall issue a certificate of freedom for any person except those certificates required by law for marriage licenses and those required by local ordinances to be issued to local health officers. No person shall carry or exhibit such certificates to other persons, or show, for immoral purposes, venereal disease reports from any laboratory.

All cases of venereal disease shall be regarded as communicable until the following requirements have been met: Until open sores are healed; until satisfactory care and treatment has been given pregnant women with syphilis; females who have given birth to a syphilitic child; syphilitic persons at any stage of the disease who reasonable evidence indicates are promiscuous in sexual relations and are a menace to others; and persons with early syphilis not adequately treated.

Physician protected from liability.—A physician who reports to the State Board of Health the name of a person afflicted with a venereal disease on account of such person not continuing treatments until the disease is no longer communicable will be protected from liability, if the facts justify his action. (Attorney General's Opinion.)

Infant blindness.—The attending physician (or midwife) is required to use a 1 per cent silver nitrate solution in the eyes of newborn babies. For the prevention of ophthalmia neonatorum the State Board of Health is required to supply the solution free to every physician (and midwife), put up in proper containers and distributed to health officers for delivery to practitioners.

When ophthalmia neonatorum appears in any newborn babe not attended by a physician or midwife and the case is reported, as required, to the health officer, a competent physician shall be employed by the municipality to examine and treat the case as directed in the instructions accompanying the solution. The penalty for violation of any part of this law is a fine up to $100 (Sec. 146.01).

Vital Statistics

Registration with local registrars.—Upon locating for the practice of medicine, physicians are required to register their name, address and occupation with the local registrar of vital statistics, and by him be supplied with the laws, rules and regulations for the enforcement of the vital statistics law (Sec. 69.17).

Registration of births.—Physicians shall file within five days certificates of births attended by them. Such reports are to be made to the local registrar of the district in which the births occur. All particulars shall be given in the space provided. All bills or charges for professional services rendered in connection with confinements are declared unlawful and need not be paid until the birth certificate, properly filled out, is filed as provided in Sec. 69.26.

Illegitimate births.—In the case of a child born out of wedlock, the physician shall not fill in the name of the supposed father until legal proceedings shall have adjudged the paternity of the child. (Sec. 69.28.21).

Chapter 524, Laws of 1939, provides that a new certificate shall be made out in cases of illegitimate birth when the parents are subsequently married or when the child is subsequently adopted. This new certificate is to contain no reference to the illegitimacy or adoption. The original certificate is to be filed and may not be obtained thereafter except on court order.

Certificate of birth before child is named.—When a certificate of birth is presented without the given name, the local registrar shall make out and deliver to the parents a special blank for the supplemental report of such given name (Sec. 69.30).

Stillbirths; registration required.—In stillbirths the attending physician shall register the children as births and deaths, with the explanatory word "stillbirth." The medical certificate shall state the cause of stillbirth, if known, whether a premature birth; and, if born prematurely, the period of uterogestation in months, if known. (Sec. 69.32).

Report of congenital deformities.—Physicians shall report to the State Board of Health within twenty-four hours after the birth of any child with a deformity or physical defect, such report to be separate from and in addition to the birth certificate, and shall explain fully the nature of the defect. They may also make suggestions and recommendations as to the care, treatment or correction of such deformities or defects (Sec. 69.29). Such reports are turned over to the Crippled Children Division for the purpose of follow-up work.

Registration of deaths.—Physicians shall make and sign certificates of deaths occurring in their practice, giving such data as are called for in the certificate form. The certificate shall be made by the physician last in attendance, and shall specify the time in attendance, the time he last saw the deceased alive, and the hour of day when death occurred. He shall further state the cause of death so as to show the course of disease or sequence of causes resulting in death, and also the contributory causes, if any, and the duration of each. Causes of death which may be the result of either disease or violence shall be carefully defined, and, if from violence, its nature shall be stated, and whether accidental, suicidal or homicidal. In case of deaths in hospitals, institutions, or away from home, the physician shall furnish the special information required. The cause of death and all other facts shall, in all cases, be stated in accordance with the rules and regulations of the state registrar (Sec. 69.36).

A new form of death certificate is now being issued which requires information in addition to that contained in the old forms, including Social Security number of deceased person, more information as to residence, etc.

Death without physician.—In the absence of a physician at death, any physician may be employed for the purpose of making a proper death certificate upon request of the local registrar (Sec. 69.37).

Coroner's duty.—A coroner cannot enter the cause of death except in cases where a coroner's jury has held an inquest. (Attorney General's opinion.)

Charge for certificate prohibited.—A physician is prohibited from making a charge for filling out the certificate of the cause of death, under penalty of a fine. (Attorney General's opinion).

Miscellaneous Services and Rulings

State Laboratory of Hygiene.—Physicians shall be furnished free of charge with results of laboratory analyses of specimens sent for determining diagnosis of disease (Sec. 36.225). These laboratories include the central laboratory in Madison, branch laboratory at Rhinelander, and cooperative laboratories at Oshkosh, Green Bay, Superior, Beloit, Kenosha, Wausau, Sheboygan and La Crosse.

The materials which are examined in these laboratories are sputum for tubercle bacilli; swabs for diphtheria bacilli and other organisms; pus for gonococci and other organisms; central nervous systems of dogs and other animals for Negri bodies diagnostic of rabies; spinal fluid for meningococci and other organisms; materials in suspected cases of anthrax, glanders and actinomycosis; blood, feces and urine for the diagnosis of typhoid and paratyphoid fever (blood only for tularemia and undulating fever) or to detect carriers of these germs; and chemical and bacteriological examination of water to detect its fitness for drinking purposes. The cooperative laboratories are required to do tissue examinations for the diagnosis of malignancy. Such tests are made free for physicians, and the facilities of the laboratories are urged upon the physicians of Wisconsin in the effort to detect and combat communicable disease. Pneumonia typing is now a valuable service offered by the laboratories.

State biological products.—Under the law, local boards of health are required, under the direction of the State Board of Health, to furnish antitoxin free to indigents suffering from certain communicable diseases. Diphtheria antitoxin, tetanus antitoxin, smallpox vaccine, diphtheria toxin for Schick test, combination Schick test and control outfit, diphtheria toxin-antitoxin mixture, anti-meningococcus serum and anti-rabic serum are furnished to local health officers at special prices made possible by the State Board of Health through arrangement with the manufacturers. Distributing facilities for these products are located in every county.

(Continued on page 1061)

Vital Information Concerning the Prevention and Control of Communicable Diseases

Prepared by the Bureau of Communicable Diseases

WISCONSIN STATE BOARD OF HEALTH

For Public Health Nurses and Teachers

Those desiring more complete information upon the Wisconsin regulations on communicable diseases should request a copy of the pamphlet entitled, "The Prevention and Control of Communicable Diseases." Of interest to teachers is the pamphlet entitled, "Regulation and Recommendations Relating to the Sanitary Care of Schools."

Diseases	Early Signs and Symptoms	Incubation Periods	Periods of Communicability	Rules for School Attendance	Special Features
Diphtheria	The onset may be gradual or rapid. The early signs are those of fever and sore throat with grayish white patches on the throat, palate or tonsils. In laryngeal diphtheria there is continuous croupy cough. The glands of the neck near the angle of the jaw may be swollen. Later there may be profound prostration. Mild cases may be mistaken for ordinary sore throat.	2 to 5 days	While diphtheria organisms are present in secretions	Sick child must be excluded from school until two consecutive negative cultures, taken not less than 24 hours apart, are obtained from the nose and throat. Carriers must also conform to the same rule. No clinical case can return in less than 10 days. Children in the family with the patient may return to school after taking up their residence elsewhere for five days and obtaining negative cultures, the first to be taken at the time of removal and the second not earlier than the fourth day after removal. Children remaining in a quarantined home are released when quarantine is lifted and one negative culture of nose and throat and freedom from disease. Exposed children from other homes may return to school after a negative culture and freedom from symptoms of disease. Release cultures are to be taken by or under the direction of the local health officer, at the expense of the town, village or city.	A very serious disease varying greatly in its form and frequently escaping detection. Mild cases should be particularly sought after as they are fully as infectious as the more apparent ones. All children from nine months of age on should be immunized by injections of toxin antitoxin or toxoid. This causes permanent immunity to a high per cent. This should not be confused with antitoxin which is for treatment and immediate immunization after exposure. Daily inspection of children for fever, sore throat or croupy cough is recommended during the prevalence of the disease. Tests may reveal mild cases and carriers. Carriers are to be excluded and the health officer informed. The same person may have more than one attack of diphtheria.
German Measles	The malady is usually mild. The rash may be the first sign noticed. Ordinarily there is little signs of "cold in the head" as there is in measles. The eyes may be inflamed, while slight fever and slight sore throat may accompany the attack. Usually resemble mild measles or mild scarlet fever. Ordinarily appears in epidemics.	10 to 21 days	Most contagious during early part of disease.	Sick child cannot attend school. House is usually placarded for one week. Some local boards of health require two weeks' placarding. Other children in family may attend school but should be sent home on any signs of illness. See rule in "Prevention and Control of Communicable Diseases."	Precautions should not be neglected. May be confused with mild cases of measles or scarlet fever.
Influenza (Epidemic)	The onset usually is abrupt, with fever, chills, pain in the head, back and limbs as well as "a cold in the head." Lassitude or profound depression are characteristic symptoms. The epidemic character of the disease aids in making the diagnosis.	2 to 5 days	Unknown. Probably until four days after temperature is normal.	Sick child cannot attend school until 4 days after temperature becomes normal and abnormal manifestations have disappeared. Well children from infected homes can not attend school until temperature of last patient in home has been normal for four days.	An exceedingly infectious malady frequently followed by serious after-effects. The patient should be kept in a recumbent position until 4 days after the temperature has become normal or longer if necessary.
Measles	Begins like a "cold in the head," with running nose, sensitive or inflamed eyes, sneezing and fever. The rash consisting of small, irregular groups of dull-red, slightly raised spots, appears about the third day. The rash is usually first seen on the forehead and face, spreading rapidly over the entire body	7 to 18 days Usually 14 days	During period of catarrhal symptoms and while there are abnormal mucous membrane secretions.	Sick child can not attend school. Children from infected home who have had measles may attend school. Well children from infected homes who have not had measles can not attend school for 14 days from last exposure, dating such exposure from the beginning of the rash in last case in household. When measles is present in a community all children with the slightest indication of a cold or watery eyes should be excluded from school until recovery.	A malady which is infectious even before the rash appears. Complications such as bronchopneumonia, middle ear disease, weakness of the eyes and even tuberculosis may ensue. The after-effects are much more serious than the disease itself. The diagnosis can often be made early by detecting the Koplik spots in the mouth.

Chicken Pox	Usually occurs in children under 12 years of age. Onset usually gradual with mild fever. Fever symptoms may be lacking. The rash usually appears on the second day as small raised pimples which shortly become filled with clear fluid. Later scabs form. There may be successive crops of this rash, most marked on the trunk, up to the tenth day of the disease.	14 to 21 days	From the beginning of symptoms and as long as crusts are present on the skin.	Sick child can not attend school. Two weeks' placarding required at home. Well children from infected home may attend school, but should be sent home on first signs of illness.	Usually a mild disease with few after effects but readily transmitted. May be confused with the mild type of smallpox.
Mumps	The onset may be sudden or gradual, with slight fever, nausea. Swelling about the angle of the jaw and in front of the ear are the characteristic symptoms. The swelling may be painful.	4 to 25 days Usually 18 days	Two weeks after onset and one week after disappearance of swelling.	Sick child can not attend school for a least two weeks after onset of disease and not until one week after disappearance of swelling. No placarding required. Well children from infected homes may attend school if there is effective isolation of patient, but should be sent home on first signs of illness.	Because of the infectiousness of the disease attempts should be made to observe early symptoms after exposure and exclude immediately persons showing symptoms.
Scarlet Fever	The onset is often sudden. Sore throat, headache, fever and sometimes vomiting may be early symptoms. In the beginning of the disease the eyes are not watery or congested as in measles. Sore throat in mild cases may be the chief early symptom. The rash usually appears in less than 48 hours upon the neck and upper part of the chest and later extending to the limbs. It appears as a fine bright-red rash with evenly diffused spots. Later the surface layer of the skin usually peels and still later in the disease this peeling may show only on the hands and feet.	2 to 7 days Usually 3 or 4 days	At least four weeks from onset and while there are abnormal discharges or open sores.	SEE FOLLOWING PAGE	When the disease is present a daily inspection of the school children should be made for the purpose of detecting early cases. Sore throat, fever or other illness should result in the exclusion of a child from school until recovery. The disease is dangerous both during and after the attack. Complications are frequent. A small percentage of cases of scarlet fever do not have a distinct rash. Quite an additional number of cases have only a slight rash on some parts of the body, the rash disappearing within a few hours. The failure to recognize these obscure cases is undoubtedly responsible for the occurrence of many additional cases.
Smallpox	The onset is apt to be sudden, with fever, headache and backache which may last three or four days. The rash appears after a decline in temperature and is usually first noticed about the wrists and face. It consists first of small red spots, which quickly become elevated and hard like shot to the touch. These later develop into pustules and crusts.	8 to 21 days Usually 14 days	From first symptoms to disappearance of all scabs and crusts.	Sick child cannot attend school or leave home until all crusts or scales have fallen off Exposed children who were vaccinated immediately after exposure may return to school. With the written consent of the health officer, they may live in the quarantined home, but must not come in contact with the patient. Exposed children, who are not vaccinated, must be quarantined.	Section 143.13 of the Statutes. Upon the occurrence of smallpox in a municipality it becomes incumbent upon the local board of health to prohibit the attendance at school of children and teachers for a period of 14 days unless they can produce evidence of a recent or successful vaccination. Vaccination is a nearly perfect preventive against smallpox and dependence should be placed upon this measure in combating smallpox.
Whooping Cough	Symptoms are a cold, sneezing, coughing. This fails to ameliorate and after a variable period of a few days to two weeks the characteristic whoop may begin.	Within 14 days	During catarrhal stages and during first weeks of characteristic whoop	Sick child must be excluded from school at least 6 weeks after onset of the cold and while in whooping stage. Well children from same home may attend school, but must be excluded upon slightest sign of cold or cough.	Whooping cough is especially infectious during its early stages. The disease is often fatal to children under five years of age and occasionally to older individuals, and may cause prolonged debility at all ages.

SCABIES OR ITCH

An infectious eruption found most frequently on the forearm and between the fingers but may involve the entire body. Ordinarily it takes the form of small, scattered, red spots among which there may be some watery vesicles or pustules. Marked itching characterizes the disease which is of a chronic nature unless treated. The infected child should sleep alone and be kept away from others until cured. During treatment the underclothing and bed linen should be frequently changed and boiled to kill the parasite to prevent reinfecting the body. Whenever the disease occurs in a family all children in the family should be inspected for evidences of it. The disease is non-febrile

PEDICULOSIS OR LICE

Light gray insects. Lay eggs or "nits" in the hair especially at the nape of the neck and about the ears. Symptoms are irritation and itching of the scalp.

The treatment of this condition is accomplished by thorough application, to the scalp and hair, of a mixture of equal parts of olive oil or sweet oil and kerosene. The next day the hair should be thoroughly washed with vinegar to remove the nits or ova of the louse. If by chance all the nits or ova are not removed by the first application the treatment should be repeated

EXCLUSION FROM SCHOOL

Teachers should send home at once any pupil with a severe cough, a severe cold, itch, lice or other vermin or any contagious skin disease; also children who are filthy in body or clothing or who have any dangerous contagous or infectious disease. [See rule 17, Prevention and control of communicable diseases. In all suspected cases of any communicable disease, both parents and health officer should be informed. (Rule 17)]

IMPETIGO "CONTAGIOUS SORE"

Sores which are at first watery vesicles or pustules and which soon form loose scales and crusts. Appear on face and sometimes hands—pea or finger-nail size—may be one or several. Adjacent sores may unite into "patches". Child should use separate towels. The disease is contagious. Exclude child until sores have disappeared. (Rule 17)

Vital Information Concerning the Prevention and Control of Communicable Diseases—Continued

New Scarlet Fever Control Rules for Wisconsin

On July 18, 1939, the State Board of Health adopted new rules governing the control of scarlet fever. These rules, published in mid-August, became effective in mid-September, and supersede all previous rules governing the disease.

Here are the rules.

1. *Quarantine.* The patient, persons in the household, and premises shall be placed under quarantine except as specified in the following paragraphs.

2. *Length of Quarantine.* Mild cases, when so designated by a physician, may, with the approval of the health officer, be released in twenty-one (21) days from the date of report. In all other cases, quarantine shall be maintained for at least twenty-eight (28) days from date of report and while the patient has acutely enlarged or suppurative cervical glands, ear discharges, or inflammatory or catarrhal conditions of the nose and throat caused by the disease, and until all indications of communicability have ceased. With the consent of the health officer cases requiring a long quarantine may be released in ten (10) weeks, provided proper precautions can be taken by the patient. When the quarantine is removed prior to six weeks' time, the patient shall not attend school or come in contact with groups of children or handle foodstuffs to be consumed by others in less than six weeks from the beginning of quarantine. Children on the premises who have remained well may be liberated and attend school upon removal of quarantine. The patient should remain isolated from all other children in the home until the six weeks' period is completed.

3. *Wage Earning Contacts.* A special *written* permit may be granted by the health officer to adult wage earners or providers of the family needs living in quarantined homes, allowing them to enter and leave the quarantined premises only for the purpose of attending their work. Such wage earners or providers must be eighteen years of age or over. Such permit shall *not* be granted if the wage earner or provider of the family needs is a food handler or the work requires handling of milk, milk utensils, or milk products. A permit shall *not* be granted if the wage earner or provider of the family needs comes into close contact with the patient while in the quarantined home or in contact with groups of children while at work. Such persons shall be subject to examination for scarlet fever at such periods as required by the health officer.

4. *Other Family Contacts.* Well persons in the quarantined household may be permitted to leave after cleansing and having clean or disinfected clothing, and shall not again enter the premises until the removal of quarantine. Such persons shall also be subject to examination for scarlet fever at such periods as required by the health officer. Children so moving shall remain in isolation for seven (7) days after removal and if they then have no symptoms of scarlet fever may return to school provided they continue to reside in a separate building apart from the quarantined household. Upon removal of a scarlet fever patient to a hospital or elsewhere the premises shall be disinfected and the well children of the household shall remain isolated for seven days after removal of patient.

5. *Contacts Outside Family.* Children outside of the family intimately exposed to scarlet fever shall be isolated for seven days from date of exposure. Teachers and other adults intimately exposed in place of residence shall not attend school or associate with groups of children for seven days after exposure.

6. *Diagnosis by Desquamation.* Desquamation characteristic of scarlet fever shall be considered evidence of scarlet fever in lack of other probable diagnosis. The health officer shall determine the date of onset of disease as near as possible and shall impose the usual period of quarantine from that date, which shall never be less than fourteen (14) days and in no case shall a child be permitted to attend school in less than six weeks from probable onset.

7. *Examinations, Violations, etc.* Persons holding permits and others who have been exposed to scarlet fever shall be examined for scarlet fever at such periods as are required by the health officer. Permits may be cancelled for violation or non-compliance with the regulations. Where it is apparent to the health officer that isolation is ineffective quarantine may be established for the period required.

8. *Disinfection.* All articles which have been in contact with a patient and all articles soiled with the discharges of the patient shall be concurrently disinfected. Terminal disinfection by chemical means and thorough cleaning of premises shall be carried out before quarantine is removed.

(Continued from page 1057)

Wassermann test free.—Upon application to the Psychiatric Institute physicians may arrange to have the Wassermann test made for their patients, or to make chemical examinations of the cerebrospinal fluid, free of charge. The Psychiatric Institute is located at the University of Wisconsin, Madison (Sec. 46.13).

Venereal disease, indigents.—The county is required to pay for the care and treatment of indigent persons afflicted with a venereal disease. (Attorney General's opinion.)

Drugs limited to prescriptions.—The sale of prescription or recommendation of any drug for the treatment of venereal diseases may be done only through written prescription issued by a licensed physician (Sec. 143.07.11).

Information.—Section 146.15 requires that physicians of mining, manufacturing and other companies, and certain officials, shall, upon request, furnish to the State Board of Health any information touching the public health, and for refusal shall forfeit $10.

Corpses, duty of physician.—Disinterred corpses are declared dangerous to health and may not be transported unless authorized by a permit from the health officer, showing name, age, place, and medical attendant. Local health officers shall refuse permit when the cause of death is given as heart failure unless the physician in charge states that the cause was not diphtheria (Sec. 155.01).

Industrial illness, occupational diseases.—Every medical practitioner shall report to the State Board of Health cases of poisoning from lead, phosphorus, arsenic or mercury or their compounds, or compressed air illness contracted in employment, giving patients' names and addresses and the type of diseases suspected. A fine of $10 is applicable for failure to comply with this section (Sec. 69.49).

Prenatal letters.—Upon receipt of the name and address of expectant mothers, sent by physicians, nurses, and others, the Bureau of Maternal and Child Health of the State Board of Health will send a series of nine monthly prenatal letters to such patients. These letters contain definite information regarding the general hygiene to be followed by the expectant mother. She is advised when to see her physician, what food to eat, how to prepare for confinement at home, and given other valuable information.

Maternity homes.—No license shall be issued unless the State Board of Health is satisfied that the physical equipment of the place to be used as a maternity hospital is adequate for the proper care of mothers and infants. The State Board of Health may revoke the license of any maternity hospital if the persons licensed to conduct the same shall have violated any provision of sections 48.43 to 48.46 or any of the rules and regulations of the State Board of Health issued thereunder or the provisions of such license. Violation of the above regulations shall be punished by a fine of not less than $10 nor more than $500, or by imprisonment in the county jail for not more than one year, and said term of imprisonment in case of an association or corporation may be imposed upon its officers who participated in said violation.

Rulings on Health Administration

Disagreement on diagnosis.—If two or more physicians disagree upon a diagnosis of a communicable disease, the health officer, if a layman, should select a physician to make a diagnosis for him and handle the case accordingly.

Tests for quarantine release.—If tests are required for release from quarantine, the tests are to be made by the health officer or some one designated by him, either a physician, nurse, or an individual especially trained to make such tests. Such material should be sent at once to a state laboratory.

Swabs, when accepted.—Swabbings taken by the attending physician will not be accepted in releasing from quarantine, unless the attending physician has been authorized by the health officer to make such swabbings. If so authorized, they are accepted.

Qualification as joint health officer.—A physician can legally qualify as health officer of two adjoining towns, although he may live in another jurisdiction. (Attorney General's Opinion).

Tuberculous patients; admission to sanatoria.—Application and report of examining physician blanks, required for entrance to the county sanatoria, are provided by each institution. The state sanatorium is located at Statesan, Wisconsin, and twenty county sanatoria are located conveniently throughout the State where patients suffering from tuberculosis may be admitted for care and treatment.

STATE SANATORIUM'S "THE BEACON" TO CARRY TUBERCULOSIS INFORMATION OF INTFREST TO LAYMEN

Wisconsin State Sanatorium, Statesan, announces that in 1940 its bimonthly publication, The Beacon, will contain an unusually interesting and informative series of articles on tuberculosis by outstanding physicians and workers in that field in Wisconsin. The articles will be written primarily for laymen, in nontechnical phraseology. They will cover such subjects as "The History of Tuberculosis," "The Social Problem," "Modern Treatment," "Rehabilitation," "The Sanatoria of Wisconsin," and "World Famous Sanatoria." The Beacon is published at cost. Inquiries may be directed to Mr. Harold McGee, Editor, The Beacon Publishing Company, Statesan, Wisconsin.

Premarital Examinations

APPLICANTS for marriage licenses in Wisconsin must meet the following requirements as far as the physician is concerned:

A. The male applicant must present a certificate in the form prescribed by law to the effect that the physician has thoroughly examined him and believes him to be free from venereal disease. This examination must have been made within fifteen days prior to making the application. The statute provides that the fee for this service shall not exceed $2. The certificate must be submitted in the following form:

I, _____ (Name of Physician), being a physician, legally licensed to practice in the state of _____, my credentials being filed in the office of _____ in the city of _____county of_____ State of _____, do certify that I have this _____day of _____19____ made a thorough examination of _____ (name of person), and believe him to be free from all venereal diseases.

_____(Signature of physician)

B. Within fifteen days prior to making application both male and female applicants must submit to and be given a Wassermann or other standard blood test for syphilis, the test to be performed in a laboratory approved by the State Board of Health as competent to make such an examination or at the Wisconsin Psychiatric Institute free of charge, and if the results are negative be given a certificate in the form prescribed as follows:

I, _____(name of physician), being a physician, legally licensed to practice medicine and surgery in the state of _____ my credentials being filed in the office of _____ in the city of _____county of _____ state of _____ do certify that_____ (name of person) was given the Wassermann or other standard blood test for syphilis at _____ _____(name of laboratory) from blood taken by _____ on the _____ day of _____ 19 ____ and that the result of such test was negative.

_____

(Signature of physician making laboratory test)

Note: There is provision for non-residents securing their blood tests in their own state requiring the submission of the original certificate from the laboratory together with a statement from the State Health Officer of the state (or his representative) to the effect that he believes the laboratory competent to make the test.

"Wassermann Fast" Cases

Section 245.11, paragraph (4) follows:

"In the case of an individual whose laboratory test for syphilis results in a positive finding, when in the opinion of his attending physician the individual no longer has syphilis in an infective or communicable stage, the state board of health may review the findings and clinical evidence through a deputy state health officer and thereafter the state health officer is empowered to grant a certificate to the county clerk that the individual is not in the infective or communicable stage of syphilis if such he his best judgment."

To avoid unnecessary correspondence, in order to supply lacking information, forms have been prepared and are available from the offices of the State Board of Health on which physicians requesting special consideration of noncommunicable cases may make application to the State Health Officer. In accordance with provisions of the above section when this form is submitted by the physician, including his statement that in his opinion the individual no longer has syphilis in an infective or communicable stage, and if in the best judgment of the State Health Officer the individual is not in an infective or communicable stage, he issues the required certificate which is sent directly to the county clerk.

Provisions of Wisconsin General Hospital Law

THE State of Wisconsin General Hospital, located in Madison, was established for two primary purposes: (1) to furnish facilities for teaching and the advancement of medical knowledge; and (2) to furnish specialized facilities for the care and hospitalization of patients lacking such facilities within their own communities.

Any resident of Wisconsin who is afflicted with a deformity or ailment which can probably be remedied or advantageously treated, if he or the person liable for his support is financially unable to provide proper treatment, may apply through his doctor or interested public official to his local county judge for admission to the hospital as a public patient. The judge then appoints a physician to investigate the physical condition of the patient. At the same time the judge makes an investigation as to the propriety of such a commitment, the supervisor of the town, village or ward of residence of the person, shall furnish all information necessary for the judge to intelligently pass upon the case. If the judge is satisfied that the patient or the person liable for his support is financially unable to provide proper treatment and upon recommendation of the physician that the patient is a proper person for hospitalization at the State of Wisconsin General Hospital, the judge shall then issue an order approving such hospitalization, in which instance the cost is borne

equally by State and county, provided that the county has not exceeded its quota for that year.

Unless the case is an emergency, the hospital desires the court order certifying the patient to the institution prior to the arrival of the patient. This allows the hospital to delay admission in certain cases where the services are already over-crowded.

Patients are also admitted to the hospital upon receipt of a letter from the family physician stating that the patient can pay $6 a day, in advance, for hospitalization, but that a professional fee or extras in addition would be a severe hardship. A few private cases are also admitted, but the hospital is not primarily interested in this type of work. Address all communications to the office of the Superintendent, 1300 University Avenue, Madison, Wisconsin.

Classification of patients admitted to the hospital, in 1939, is given below:

1. *County-State patient:* Hospitalization is authorized by the county judge of the county in which patient resides. Hospitalization costs are paid equally, half by the county and half by the State unless that county's quota for that year is exhausted in which case the county bears the full burden; (88 to 90 per cent of the patients in the hospital come under this classification).

2. *Special rate patient* (formerly called the "clinic case"): This type of patient comes to the hospital on his physician's recommendation that he be accepted on a $6 per day basis. A financial statement of the patient is taken on admission and if it is felt that his status justifies a $6 per day charge he is admitted on that basis; he is thereby entitled to every service except transfusions and special nursing; (6 to 8 per cent of the patients in the hospital come under this classification).

3. *Private patient:* This type of patient is handled the same as would be the case in any other hospital *except in* that he is accepted only on reference or recommendation of the physician in the home community.

No patient is accepted at Wisconsin General Hospital unless referred or recommended by the patient's physician, except in case of emergency or accident where delay may cause serious complications.

Divisions of Wisconsin General Hospital

Wisconsin General Hospital: Admissions per above; general hospital service plus teaching privileges in connection with the University.

Wisconsin Orthopedic Hospital: Orthopedic and plastic surgery patients only. All patients admitted through the regular admitting channels of the Wisconsin General Hospital. Crippled Children's Division secures admission for many patients through its services.

Wisconsin Psychiatric Institute: Furnishes facilities for blood and spinal fluid Wassermann examinations for the various state agencies and institutions, and for any physician desiring its facilities.

Bradley Memorial Institute: Nervous and mental patients; observation and treatment of short duration.

University of Wisconsin Infirmary: Student health center and hospital.

Scope and Fees

Provisions of the Wisconsin General Hospital Law as it relates to the relief of the medically indigent are contained in other portions of this issue of the Journal*, and the purpose of this article is to treat particularly the extent of the law and the collection of physicians' fees allowed thereunder.

Treatment May Be at Home or in Local Institution

Under the Wisconsin General Hospital Law (sections 142.01 and 142.04) a person having a legal settlement in any county, who is crippled or ailing and whose condition can probably be remedied or treated advantageously, and for whom treatment is financially impossible, may be confined, as the situation warrants, in the Wisconsin General Hospital, in the Wisconsin Orthopedic Hospital, in a local institution or at home.

Conditions Necessary to Local Treatment

Where treatment is to be given at home or in a local institution, the court must find that such treatment will be adequate and at the same or less expense to the county. But it must be kept in mind that the law is beneficent, and must be construed to give effect to its purpose. Thus the Attorney General has held that treatment need not be ordered at Madison in the emergency case, even though the expense might be less than in a local institution, because "it is not believed that the treatment at Madison would be considered adequate. . . ." (XXII O. A. G. 465). And in the consideration of "expense," the county judge may take into account the costs necessary to remove a patient to Madison, for transportation expense, and those of an attendant, both to and from the institution, are not items of joint state and county expense.

The County Quota

Under the provisions of the law, state aid ceases when the total county patients committed from any one county exceeds a ratio of more than two persons per thousand of population or major fraction thereof, although there is no limit if there is no hospital in the county concerned. If the county exceeds its quota, then the county must pay the entire cost of hospitalization if the patient is to be confined in Madison. If the patient is confined at home under the provisions of the law no expense of hospitalization is involved at all. The only expense to the county would be that of medical care and nursing.

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* See pp. 1051, 1052.

Physicians' Fees

In proceedings under the Wisconsin General Hospital Law, two entirely separate and distinct fees are permitted physicians.

By provisions of section 142.03 (2) the county judge, if satisfied that a patient presents a proper situation, "shall appoint a physician personally to examine the person." By statute, the physician is directed to make a verified report in writing giving certain required information, and shall "be paid by the county $5.00 and actual and necessary expenses." Since no method is provided for the payment of the physician, he must proceed through legal channels for the collection of the $5.00 fee allowed. Following the provisions of section 59.77 (1), dealing with claims against the county, the physician must make a statement of his claim in writing upon county voucher forms setting forth its nature and the facts upon which it is founded. If the claim includes mileage, the statement should specify the days and places, so as to show between what points, and when, and the purpose for which the travel charges were made. Since the fee is statutory the time expended in the performance of service need not be stated. But the statement must be verified by affidavit and filed with the county clerk, whose duty it is, under the provisions of section 59.79 to transmit the same to the county board.

A further fee is allowable for medical treatment where a patient may be confined under the Wisconsin General Hospital Law in local hospitals or at home. Where such is the case, the county judge is required to "enter an order directing such treatment, the place thereof, and the physician or physicians." The expense of treatment of such patients, in local institutions or at home, shall be paid by the county treasurer, upon the certificate of the county judge who shall be satisfied as to the correctness and reasonableness thereof. The claim of the physician rendering the treatment need not be passed upon by the county board, but only by the county judge. See sections 142.04 and 142.08 (5). See also XXI O.A.G. 240 and XXII O.A.G. 408.

Narcotic Laws

THE March, 1939, issue of the Wisconsin Medical Journal contained an article written by the U. S. Commissioner of Narcotics, H. J. Anslinger, entiled "The Harrison Narcotic Act, and the Practitioner". This study, reprinted here, sets forth in detail the provisions of the act and its relation to the practitioner. The Harrison Narcotic Act was technically drafted as a revenue measure, for only through the taxing power can the federal government control or regulate traffic in drugs within the states themselves, but it was primarily intended, as Justice Holmes pointed out in United States v. Jin Fuey Moy, (1916) 241 U. S. 394, to control and regulate the sale and use of narcotics.

The State Law

The federal act, however, because of constitutional limitations on the scope of its operations, was not sufficient. Supplemental state legislation was essential. This need was recognized by the proposal in 1932, by the National Conference of Committees on Uniform State Laws, of a "Uniform Narcotic Drugs Act," and since that time, thirty-nine states, including Wisconsin, have adopted the act; the Wisconsin Law being enacted by Chapter 306, in the Laws of 1935.

The state act was intended to facilitate the regulation, control, and enforcement, with particular emphasis on enforcement, of the use of narcotics in conformity with the aims and purposes of the federal act. In drafting the state law, effort was made to avoid any duplicate effort, either on the part of the enforcement officers or the persons subjected to the act. The state law makes specific reference to the federal act and provides that a compliance with the federal law shall constitute a compliance with corresponding sections of the state law. The procedure to be followed by practitioners and others subject to the law, is adequately set forth in the article by Commissioner Anslinger, which follows on page 1065 of this issue; from it the practitioner may obtain the exact procedure required of him. There are certain additional factors which merit consideration by the practitioner, some of which arose subsequent to the passage of the Wisconsin law, and which, while not specifically falling under the provisions of the Federal Harrison Narcotic Act, are related to the subject in a general way.

Use of Narcotics and the Practitioner

It must be remembered, first of all, that the practitioner can use narcotics only in connection with patients upon whom he is in attendance in the regular course of his professional practice. Except for the provisions of Sec. 161.27, Wisconsin Stats., forbidding the possession and use of opium pipes and Sec. 161.275, as enacted by Chapter 49 of the Laws of 1939, outlawing smoking preparations of hemp or loco weed and the use of marijuana in a form suitable for smoking or beverage purposes, neither the state nor federal act places any limitation upon the quantity that may be used, the time during which it may be continued, or the form in which it may be administered.

The courts have, however, definitely held that the administering, dispensing and prescribing of drugs for the sole purpose of satisfying the craving of an addict is not within the limits of professional practice as contemplated by the act. In the use of such drugs the practitioner must always act in good faith. Because of this construction of the act by the courts and the similar position taken by the federal

authorities the practitioner should take care to avoid any suspicion of noncompliance, not so much because of possible conviction but because of the trouble and expense and adverse publicity which might result should the practitioners be charged with violation of the act. In consideration of the narcotic law's application, the practitioner should keep in mind the following three phases of the problem: administration, dispensation, and prescription.

1. *Narcotics Administered by Practitioners.*—It is in this branch of the use of narcotics that the practitioner is given the greatest freedom. Under the federal law, he is not compelled to keep a record of the drugs administered either by himself or by his duly authorized assistant, intern or nurse. The state law, however, does require practitioners to maintain a record of any narcotic drugs administered except in the case of—

solutions or other preparations of such drugs for local applications when the amount is limited within forty-eight consecutive hours, (a) four grains of opium, or (b) one-half of a grain of morphine or of any of its salts, or (c) two grains of codeine, or of any of its salts, or (d) one-fourth of a grain of heroin or of any of its salts, or (e) one grain of extract of cannabis or one grain of any more potent derivative or preparation of cannabis, or (f) a quantity of any other narcotic drug or any combination of narcotic drugs that does not exceed in pharmacologic potency any one of the drugs named above in the quantity stated.

The only standard required is that he administer the drug in good faith, in accordance with accepted professional practice.

2. *Narcotics Dispensed by Practitioner.*—Under both acts, the practitioner is required to keep a record of all narcotic drugs dispensed by him, such record showing the amount, date dispensed, name and address of the patient; this record must be kept for two years. One record will suffice for both federal and state requirements. When the practitioner's office is accessible to the patient, the dispensing of narcotics should be avoided as much as possible; certainly no more should be placed in the hands of patients than is necessary to provide until the next visit.

3. *Prescribing by Practitioner.*—The laws do not compel the practitioner to keep records of the prescriptions issued, but the physician's case records should be complete and in detail. The practitioner should bear in mind that the best professional opinion seems to recognize the fact that an attempt to cure an addict outside the walls of a hospital or other institution is almost certainly doomed to failure and that an attempt to cure under such circumstances may furnish grounds for suspicion of violation. Both the federal and state laws contain specific reference to drug addicts and it is only in exceptional cases that a practitioner is justified in furnishing an addict with the means of obtaining a supply of drugs.

In addition to the statements contained in the article by Commissioner Anslinger, it should be noted that the Harrison Narcotic Law itself does not regulate the sale and use of cannabis, which is regulated under other provisions of law, although the procedure relative to licensing, registration, and use is identical with that of the Harrison Act pertaining to opium and similar drugs. It is, however, necessary that a practitioner register separately if he intends to engage in the sale or use of cannabis and marijuana. Federal regulations pertaining thereto are also applicable to the state act. While it is doubtless true that these drugs are seldom used, this information may be of particular concern to some practitioners in the state who may find it important in connection with their own practice.

The Harrison Narcotic Act and the Practitioner*

By H. J. ANSLINGER

United States Commissioner of Narcotics, Washington, D. C.

THE drugs which come within the purview of Harrison Narcotic Act are opium and coca leaves, and any compound, manufacture, salt, derivative, or preparation thereof. A practitioner lawfully entitled to distribute, dispense, give away, or administer any of these drugs to patients upon whom he, in the course of his professional practice, is in attendance, may register under the act with the collector of internal revenue of his district, and pay an occupational tax of $1 per annum. It will be seen that a practitioner who is not qualified under the laws of a state or territory to distribute, dispense, give away or administer narcotic drugs, is not eligible for registration under the Harrison Narcotic Act. In the case of a medical practitioner, this means, generally speaking, that he must have a valid and unrevoked license, issued by the appropriate authority of his particular jurisdiction, to practice medicine.

Having duly registered and having paid the occupational tax, the practitioner is assigned a registry number, and receives a special tax stamp which must be kept posted conspicuously on the premises "where the business is operated," i.e., in the practitioner's office. In order to obtain a supply of taxable narcotic drugs or preparations for dispensing to patients in the course of medical treatment, the practitioner must now apply to the collector of internal revenue for a book of official order forms, the book

* Reprinted from the American Journal of Medical Jurisprudence, 1:184–187 (November) 1938.

containing ten originals and ten duplicate copies of the order form. The collector will furnish upon request a copy of the blank form upon which a book of order forms may be ordered and a remittance of 10 cents must accompany the application when forwarded to the collector, to cover the purchase price of the book of order forms. Before issuing the order forms the collector will cause to be shown thereon in a legible and permanent manner the name, address, registry number, and class number of the practitioner to whom they are supplied as well as the date of issuance and the collector's signature or his name and the initials of the issuing employee.

To Purchase Narcotics

Order forms are issued in duplicate and shall be executed in duplicate. They are arranged to permit the execution of the original and duplicate simultaneously by the insertion of a carbon sheet. An order for taxable narcotic drugs is prepared by the practitioner upon an original and duplicate order form, the original being signed by the practitioner and forwarded to a person, firm, or corporation qualified to sell taxable narcotics, such as a registered manufacturer or wholesale dealer. The duplicate copy of the form must be preserved by the practitioner for a period of two years and kept available for inspection by any federal or state officer authorized to make such inspection. I wish to emphasize at this point that the proper method of obtaining taxable narcotic drugs or preparations by a practitioner, for general use in his practice, is by the use of an official order form. It has been found that some physicians issue a so-called prescription for narcotics such as hypodermic tablets of morphine, marking the order "For office use." A retail druggist who fills such an order violates the law and besides incurring criminal liability, incurs civil liability to an occupational tax in a higher class than that of retail dealer, as well as a civil penalty.

The ordinary source of supply for the practitioner who wishes to obtain taxable narcotics for general use in his practice, is (1) a person, firm, or corporation registered under the Harrison Act as a manufacturer in Class 1 or (2) a person, firm, or corporation registered under said act as a wholesale dealer in Class 2. The average druggist who is registered as a retail dealer in Class 3 is qualified to fill lawfully issued prescriptions for narcotics, but may not under his Class 3 registration sell narcotics to a physician pursuant to an order form, except, under certain conditions, aqueous and oleaginous narcotic solutions. A druggist qualified by registration as a retail dealer may supply registered practitioners on order forms, in quantities not exceeding one ounce at any one time, with aqueous or oleaginous narcotic solutions, in which the narcotic content does not exceed a greater proportion than 20 per cent of the complete solution, to be used in legitimate office practice. A druggist qualified only by registration as a retail dealer may not supply a practitioner, pursuant to an order form, with a quantity of any other taxable narcotic drug such, for instance, as a tube of hypodermic tablets.

Some retail druggists, in order to accommodate members of the medical profession, register under the Harrison Act in Class 2 as a wholesale dealer in addition to their registry in Class 3 as a retail dealer. A retail druggist who has duly registered and paid the occupational tax as a wholesale dealer may, of course, supply a registered practitioner, pursuant to the latter's order form, with tax-stamped narcotic drugs such as a tube of hypodermic tablets, for use in professional practice.

Dispensing Narcotics

A practitioner, in the bona fide medical treatment of a patient, may dispense or administer narcotic drugs directly to the patient or he may issue to the patient a prescription for narcotics which prescription is filled by the retail druggist. The method of prescribing narcotics for patients is perhaps more general.

As to the formal requirements, a prescription for narcotic drugs must be dated as of and signed on the date when issued and must bear the full name and address of the patient and the name, address, and registry number of the practitioner. The prescription should be written with ink or indelible pencil or typewritten and must bear the signature of the practitioner. No government form of prescription is issued, the practitioner being permitted to use his own form, but the duty of properly executing the prescription rests upon the practitioner.

The refilling of a prescription for taxable narcotic drugs is prohibited. As a general rule, the partial filling of narcotic prescriptions is not permissible. If, however, a dealer is unable to supply the full quantity called for in a prescription and an emergency exists, he may supply a portion of the drug called for by the prescription, provided he makes a suitable notation on the face of the prescription of the quantity furnished and the reason for not supplying the full quantity on the back of the prescription, and advises the issuing practitioner thereof. No further quantity shall be supplied except upon a new prescription.

The furnishing of narcotics pursuant to telephone advice of practitioners is prohibited, whether prescriptions covering such orders are subsequently received or not, except that in an emergency a druggist may deliver narcotics through his employee or responsible agent pursuant to a telephone order, provided the employee or agent is supplied with a properly prepared prescription before delivery is made, which prescription shall be turned over to the druggist and filed by him as required by law.

A prescription, in order to be effective in legalizing the possession of unstamped narcotic drugs and eliminating the necessity for use of order forms, must be issued for legitimate medical purposes. The responsibility for the proper prescribing and dis-

pensing of narcotic drugs is upon the practitioner, but a corresponding liability rests with the druggist who fills the prescription. An order purporting to be a prescription issued to an addict or habitual user of narcotics, not in the course of professional treatment but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act; and the person filling such an order, as well as the person issuing it, may be charged with violation of the law. In the case of narcotics dispensed by the practitioner directly to the patient, the same standard applies, i.e., that the drugs shall be dispensed only in the course of professional practice.

Addicts

It is obviously impossible to lay down any general rule as to what is meant by the "course of professional practice" when applied to all of the infirmities to which flesh is heir. However, in a case which involved the prescribing of narcotic drugs to addicts, the Circuit Court of Appeals for the Sixth Circuit propounded to the United States Supreme Court the following question:

> If a practicing and registered physician issues an order for morphine to an habitual user thereof, the order not being issued by him in the course of professional treatment in the attempted cure of the habit, but being issued for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, is such order a physician's prescription under exception (b) of section 2 (of the Harrison Narcotic Law)?

The United States Supreme Court held that

> To call such an order for the use of morphine a physician's prescription would be so plain a perversion of meaning that no discussion of the subject is required. That question should be answered in the negative.
>
> Webb and Goldbaum v. United States (1919) 249 U. S. 96.

The Supreme Court emphasized this rule in a later case involving the prescribing of narcotics by a practitioner for an addict, by holding, in part, as follows:

> Manifestly the phrases "to a patient" and "in the course of his professional practice only" are intended to confine the immunity of a registered physician, in dispensing the narcotic drugs mentioned in the Act, strictly within the appropriate bounds of a physician's professional practice, and not to extend it to include a sale to a dealer or a distribution intended to cater to the appetite or satisfy the craving of one addicted to the use of the drug. A "prescription" issued for either of the later purposes protects neither the physician who issues it nor the dealer who knowingly accepts and fills it.
>
> Jin Fuey Moy v. United States (1920) 254 U. S. 189.

It may be stated that the Supreme Court has laid down the general rule that the prescribing or dispensing of narcotic drugs to addicts merely for the purpose of gratification of drug addiction cannot be considered as prescribing or dispensing narcotic drugs in the course of professional practice only. Practitioners who so dispense or prescribe narcotics are therefore liable to prosecution under the law. A sale of narcotic drugs made for the purpose only of catering to drug addiction is not a sale made in good faith and in the course of professional practice. A. W. Boyd v. United States (1926) 271 U. S. 104.

Upon trial of a practitioner upon charges of illegal dispensing of narcotics it has been held that, the issue being whether the drug was dispensed in the legitimate course of defendant's practice as a physician, evidence of experts as to the proper method recognized by the medical profession for the treatment of narcotic addicts is admissible on that issue. Reeves v. United States (C.C.A. 5th) 263 Fed. 690; see also Melanson v. United States (C.C.A. 5th) 256 Fed. 783; Sevensma v. United States (C.C.A. 6th) 278 Fed. 401; Strader v. United States (C.C.A. 10th) 72 F. (2d) 589; Hawkins v. United States (C.C.A. 5th) 90 F. (2d) 551.

Those practitioners, fortunately comparatively few in number, who have commercialized their profession by catering to drug addicts in complete disregard of the tenets of professional practice, and who find themselves on trial charged with offenses against the narcotic laws, nearly always resort to a claim of entrapment as a defense. A representation is made on behalf of the defendant physician, and it is sought to be substantiated, that he had no intention of transgressing the law, but that he was enticed into selling or prescribing the drug for improper purposes by the investigating officer or by someone associated with that officer. It should be stated at this point that an investigating officer is not authorized to commence an active investigation of the alleged narcotic irregularities on the part of a practitioner without first securing express authority to do so from his district supervisor, and that authority is not granted unless the investigation is based on well-founded suspicion, strong circumstances or trustworthy and reliable information that such violation is being committed. The rule which the Federal courts apply in this regard may be found most completely stated in a charge to the jury which was quoted with approval by the United States Circuit Court of Appeals for the Eighth Circuit in W. V. Smith et al v. United States (1922) 284 Fed. 673. A pertinent excerpt from this approved charge to the jury follows:

> It is no enticement to ask a physician to write an illegal prescription, if you suspect that he might do it, and you want to find out if he does it, nor to ask a druggist to sell narcotics illicitly, because both of them know better, and if they are going to obey the law, why they won't do that in response to any form of petition or inducement, and it is perfectly within the rights of investigating officers to determine, by means that have been here disclosed, whether a party, or parties, are engaged in violation of the law, and if they are, to take steps accordingly, so that I wish to disabuse your minds of all this confusion that this, in itself, was such an unwarrantable offense on the part of the Federal officers that

it relieves this offense charged, if you find any offense was committed, of its character as such offense.

See also Neuman v. United States (C.C.A. 4th) 299 Fed. 128; Hodge v. United States (C.C.A. 6th) 13 F. (2d) 596; Swallum v. United States (C.C.A. 8th) 39 F. (2d) 390; Ratigan v. United States (C.C.A. 9th) 88 F. (2d) 919. It will be seen that the Bureau rule of enforcement practice to avoid illegal entrapment is well within the limits of the rule established by the courts.

The Narcotic Bureau has never sanctioned or approved the so-called reductive or ambulatory treatment of addiction for the reason that where the addict controls the dosage he will not be benefited or cured. Medical authorities agree that the treatment of addiction, with a view to effecting a cure, which makes no provision for confinement while the drug is being withdrawn, is a failure, except in a relatively small number of cases where the addict is possessed of a much greater degree of will power than that of the ordinary addict. The following report of a special committee of physicians, which is understood to have been adopted by the American Medical Association, is quoted from the *Journal of the American Medical Association*, issue of June 14, 1924:

Your committee desires to place on record its firm conviction that any method of treatment for narcotic drug addiction, whether private, institutional, official or governmental, which permits the addicted person to dose himself with the habit-forming narcotic drugs placed in his hands for self-administration, is an unsatisfactory treatment of addiction, begets deception, extends the abuse of habit-forming narcotic drugs, and causes an increase in crime. Therefore, your committee recommends that the American Medical Association urge both federal and state governments to exert their full powers and authority to put an end to all manner of such so-called ambulatory methods of treatment of narcotic drug addiction, whether practiced by the private physician or by the so-called "narcotic clinic" or dispensary.

In the opinion of your committee, the only proper and scientific method of treating narcotic drug addiction is under such conditions of control of both the addict and the drug, that any administration of a habit-forming narcotic drug must be by, or under the direct personal authority of the physician, with no chance of any distribution of the drug of addiction to others, or opportunity for the same person to procure any of the drug from any source other than from the physician directly responsible for the addict's treatment.

The following statement is quoted as an excerpt from an "Introduction," by Dr. Morris Fishbein, to a series of articles by various authors on "Indispensable Uses of Narcotics," published in the *Journal of the American Medical Association*, March 14 to June 6, inclusive, 1931:

Physicians may, by the exercise of more thought in practicing, do much to avoid censure in relation to narcotic addiction. They may substitute, whenever possible, non-habit-forming drugs in the place of morphine or other opium alkaloids. When narcotics are indispensable, however, as shown in this series of articles, no more should be administered than is necessary to achieve the desired end. Patients requiring daily administration should be seen often by the doctor and the amount of drugs ordered or supplied should not exceed that required by the patient until seen again. Independence of administration on the part of nurses should be strictly limited to prescription and any change in treatment should be in writing.

For these views in disapproval of the so-called ambulatory treatment for drug addiction, we can find some support, at least by strong implication, in the language of a decision of the United States Supreme Court in the case of United States v. Morris Behrman (1922) 258 U. S. 280. To quote, in part, from this decision:

Undoubtedly doses may be varied to suit different cases, as determined by the judgment of a physician. But the quantities named in the indictment are charged to have been entrusted to a person known by the physician to be an addict, without restraint upon him in its administration or disposition by anything more than his own weakened and perverted will. Such so-called prescriptions could only result in the gratification of a diseased appetite for these pernicious drugs, or result in an unlawful parting with them to others, in violation of the act as heretofore interpreted in this court, within the principles laid down in the Webb and Jin Fuey Moy cases.

Federal Bureau Policy

The Bureau of Narcotics, in carrying out its duty to enforce the Federal narcotic laws, endeavors to avoid any action that might possibly harass or even inconvenience the conscientious law-abiding practitioner. It attempts to inform the profession relative to the technical requirements of the law and the regulations in order to forestall irregularities that might otherwise be committed, unintentionally by the ethical practitioner, through lack of such information. It must and does attempt to bring to the bar of justice those comparatively few practitioners who disregard the law, and the ethics and high ideals of their profession by converting their offices into depots for the illicit distribution of narcotic drugs. That the physician in the last-mentioned class represents an important factor in the diversion of narcotic drugs will be appreciated from the fact that, in a few recent cases in which the offending physicians were convicted, the tabulation of prescriptions disclosed that one group of four physicians had, within a period of twenty-three months, written over 19,000 prescriptions for numerous drug addicts, calling for a total of 66 pounds of morphine.

STATE SOCIETY'S NEW ADDRESS

The new address of the State Medical Society of Wisconsin is:

917 Tenney Bldg.,
Madison, Wisconsin.

Physicians and the Workmen's Compensation Act

THE professional concern of the physician with the workmen's compensation act in Wisconsin is with reference to fees for services rendered an employee injured in the course of his employment, and in connection with the medical panels maintained by the employer.

In order to phrase concisely that which has been stated on other occasions with reference to these two general fields of inquiry, it is necessary to summarize briefly the circumstances under which these questions are raised.

Under a decision of the Wisconsin courts, the workmen's compensation act is held to deal exclusively with matters growing out of the relation of the employer and employee. "All except employers and employees are strangers to the act and their usual lawful rights and remedies are unaffected by it." See Noer v. Jones Lumber Company, 170 Wis. 419; St. Mary's Hospital v. Atlas Warehouse & C. S. Company 226 Wis. 568.

Under the act, the employer is required to "supply such medical, surgical and hospital treatment, medicines, medical and surgical supplies, crutches, artificial members and appliances . . . as may be reasonably required to cure and relieve from the effects of injury, not to exceed the period for which indemnity is payable and in case of his neglect or refusal seasonably to do so, the employer shall be liable for the reasonable expense incurred by or on behalf of the employe in providing the same." Note that under this statute, any direct liability of the employer must be imposed by reason of his express authorization of treatment. If the employer expressly authorizes treatment, his liability to the physician continues until such time as it was terminated by his objection to further medical care at his expense. See St. Mary's Hospital v. Atlas, 226 Wis. 568.

Under this construction, the basic liability for the reasonable value of medical care is that of the employee, at least for so much thereof as is not attributable to the injuries suffered or to the liability of the employer under the compensation act.

The physician cannot directly institute proceedings before the Industrial Commission for the collection of his claim against an employer, since, under the decisions of the Wisconsin court, the physician is a stranger to the act. He can, however, request the employee to institute proceedings under which the liability of the employer will be determined and, by practice of the Industrial Commission, allowance may be made to the physician to the extent that the employer is deemed responsible for furnishing the injured employee with medical care.

Under the new amendment to the workmen's compensation act, adopted in the 1939 session of the legislature, employers are required to maintain a panel of physicians from among whom the injured employee may select his attendant. The panel shall be reasonable in size and partners or clinics shall be deemed as one physician for the purpose of listing in the panel, but the provision in the statute existing prior to the 1939 session that "the employer shall not be required to maintain a panel of more than five physicians" has been eliminated.

At the suggestion of the insurance companies selling workmen's compensation insurance in Wisconsin the State Medical Society of Wisconsin entered into a joint agreement with them to permit employees eligible to benefits under the workmen's compensation act to have free choice of physician. Through the medium of this agreement any member of the State Medical Society of Wisconsin who indicates his willingness to serve injured employees may have his name included in the panel which is certified to the insurance companies. This agreement makes it possible for from 75 to 80 per cent of the employees in Wisconsin to have a wide choice of physician.

A conference committee was established to execute the provisions of the agreement. Any physician member of the State Medical Society of Wisconsin whose name appears on the panel certified by the Society may avail himself of the services of the conference committee as an arbitration medium where differences arise between the insurance carrier and the physician as to method of treatment, amount of charges and similar questions. The same privilege applies to insurance companies who feel that they have been injustly charged, when the physician neglects to supply the necessary information to the insurance company, or when the physician neglects to bill the insurance company for services rendered.

This conference committee is composed both of physicians and insurance company representatives. Regular meetings are held to hear any complaints or to consider means to broaden the application of the agreement. This conference committee is not a "court of last resort," but is an initial arbitration group. Physicians who have not had occasion to avail themselves of the facilities of the Conference Committee on Open Panels are advised that any physician who has a grievance or complaint relative to the handling or disposition of compensation cases may simply advise the secretary of the State Society of the general nature of the complaint, and, based upon this rather informal statement, further details will be obtained and submitted to the conference committee. There is no formality entailed in placing such matters before the conference committee.

The attention of members is specifically called to the provision under the application for placement on panels that the member agrees to have consultation when so requested by the insurance carrier. **The member also agrees to communicate with the insurance carrier in regard to the consultant in order that the consultant might be mutually agreed upon.** It is recognized that exceptions will occur to this portion of the agreement, but the exceptions should occur only in the event of an emergency.

The agreement on panel practice in Wisconsin as adopted by the Council of the Society and the insurance company associations is as follows:

Agreement on Panel Practice in Wisconsin

The Workmen's Compensation Law of Wisconsin requires all employers to maintain a panel of five physicians, from which an injured employe shall have the right to make choice of an attending physician in case of accident. In many communities the common interests of the employer, the injured employe and of the medical profession will be more equitably served by liberalizing the minimum statutory requirement. In order to provide a larger medical panel from which the injured employe may select his attending physician, representatives of both the stock and mutual insurance companies writing compensation coverage in the State of Wisconsin, and representatives of the State Medical Society of Wisconsin, established the following principles:

1. The State Medical Society will prepare, and make available to insurance carriers, panels listing the names of all those physicians in each component county society desiring to accept employes eligible for treatment under the Workmen's Compensation Act. This list and the panels will be kept as accurate as possible, but need not be revised more often than January 15 and July 15 of each year. If any panel distributed by an insurance carrier includes the names of any physicians not members of the State Medical Society, nothing thereon shall indicate that it has been approved by said Society.

2. A State Conference Committee of four, two representing insurance carriers and two representing the State Medical Society will be established, whose function it will be to coordinate the obligations of the insurance carriers with the facilities of the medical profession to provide proper benefits to injured employes. Specifically such committee shall have the duties of:

a. Mediating, if possible, those cases where the insurance companies complain that the attending physician has neglected or refused to furnish the reports reasonably necessary.

b. Mediating, if possible, those cases where it is complained that the insurance carriers have unreasonably interfered with what is properly in the discretion or control of the attending physician.

c. Reviewing any situation in which it is claimed that there has been a violation of medical ethics and, in its judgment, referring any facts relative thereto to the Board of Censors of the County Medical Society.

d. Mediating, if possible, differences that may arise between the attending physician and the insurance carrier relative to remuneration.

e. Hearing any complaints relative to the competency of those serving on such panels and removing their names therefrom if, upon investigation, it is found that such complaints are justified.

In the event of complaints from either insurance carriers or physicians the State Conference Committee may designate a special local committee to investigate and report to the State Conference Committee with recommendations as to the action to be taken. Both the State Conference Committee and the special local committees will attempt to mediate only those cases wherein the physician involved is on the listing provided by the State Medical Society.

3. It is understood that this is a trial plan and is necessarily limited to the State of Wisconsin. Any modifications of this general statement of principles to be effective must be approved by the State Conference Committee.

Wisconsin Hospitals and Medical Payments Plan

FOLLOWING the consideration of a bill in the Wisconsin legislature to provide for a lien for physicians and hospitals against damages that may be paid by insurance companies arising out of automobile accidents, the two major insurance company associations* suggested that a voluntary agreement be tried by the State Medical Society of Wisconsin and the insurance companies selling liability insurance in Wisconsin. After a period of some two years' study by hospital, insurance and Society representatives, the Society advised both the hospitals and the physicians that agreement had been reached whereby hospitals and physicians were more definitely assured of payment for their services to individuals who were injured in accidents and who, because of their injuries, were indemnified by an insurance company.

This voluntary agreement arose out of the recognition that large numbers of individuals who were reimbursed in whole or in part for personal damages, dissipated their funds in one manner or another and the hospital and physician remained unpaid, despite the fact that settlement of the damages was predicated, often in its entirety, upon the medical and hospital expenses incurred by the injured party.

Nearly every recognized insurance company licensed to sell liability insurance in Wisconsin is a member either of the American Mutual Alliance or the Association of Casualty and Surety Executives, which are the two insurance company associations who made this agreement and assisted in placing it in operation. The names of the insurance companies who are members of these two associations appeared in the May, 1939, issue of the WISCONSIN MEDICAL JOURNAL on page 410.

The officers and the Council of the Society understood from the outset that this agreement was not a panacea for the several problems of physicians and hospitals in automobile accident cases. They did feel, however, that if the plan operated successfully a great assistance could be rendered members of the Society and the hospitals. It covers only those cases in which the injured party is indemnified by an insurance company, whether hospitalized or not, or where the insurance companies, in accordance with their standard clause, pay expenses incurred by the insured in the event of bodily injury, for such immediate (first aid) medical and surgical relief to others as shall be imperative at the time of the

* The American Mutual Alliance (association of mutual insurance companies).
The Association of Casualty and Surety Executives (association of stock insurance companies).

accident. This provides for reimbursement to the insured driver for expense "incurred by the insured" for first aid rendered to others.

Under the Wisconsin Hospitals and Medical Payments Plan it is to be emphasized that the fundamental confidential relationship between the physician or the hospital and the patient shall be maintained under the agreement as it has been in the past. Information relative to the injuries sustained by a patient as a result of an accident should be supplied to the insurance company *only* when the physician or hospital has on file the signed form which gives the hospital or physician the privilege to so inform the insurance company. Specifically the agreement provides "In so far as possible the insurance company representatives will cooperate with the hospital and the physician in securing such orders."

Standard forms have been prepared for use in the operation of this agreement. Three forms are available for purchase at the rate of 35 cents per pad. One form is entitled "Order for Payment—Medical, Surgical and Hospital Bill;" there is a similar form for a minor or an incompetent person and a third form entitled "Information Authorization." This last form authorizes the physician to supply the insurance carrier with a complete report of the injuries and disabilities arising out of the accident. These forms were prepared with great care and should always be used in automobile liability cases. They may be secured from the State Society office.

As soon as the payment form (number one or two) has been signed by the patient, the original copy of this form should be sent to the insurance company, or companies, affected. Failure to obtain payment from the insurance company, due to the fact that it has no liability in the case, does not preclude the physician or hospital from obtaining payment from the patient. Likewise, if the settlement for the injuries is not sufficient to cover the hospital and medical care, the physician and hospital may obtain the unpaid balance direct from the patient.

A conference committee is established under the agreement, whose function it is to receive and adjudicate if possible any claims, complaints or differences that may arise under the operation of the plan itself. The method of placing a question before the conference is simple and direct. Any member of the Society may submit a question for review by the conference committee simply by forwarding to the State Society a narrative account of the incident. This information will be brought before the conference committee at its next meeting and if it appears to be warranted, the member referring the matter and a representative of the insurance company will be invited to meet with the committee. The committee is established to review such differences *before* litigation is entered upon. Failure to arrive at a satisfactory settlement through the conference committee does not preclude subsequent investigation of suit by the physician, the hospital or the insurance company.

The full agreement as approved by the Wisconsin Hospital Association, the Wisconsin Conference of Catholic Hospitals, the State Medical Society of Wisconsin, the American Mutual Alliance and the Association of Casualty and Surety Executives, appears below:

Wisconsin Hospitals and Medical Payments Plan

Doctors and hospitals have in the past experienced difficulties in securing the payment of charges from patients who have collected damages from persons causing their injuries despite the fact that in such cases a part of the patient's financial recovery actually was based on hospital, medical, and surgical expense.

These principles are therefore enunciated in an effort to protect in so far as possible the interests of hospitals, medical and allied professions, insurance companies, the community and general public:

1. **Except as the patient or his lawful representative may otherwise direct, the fundamental confidential relationship between the physician or hospital and patient shall be maintained.** It is recognized that in order properly to submit a claim not only the early details of the injuries suffered must be disclosed, but also the expense which the injured party has incurred. In event of law suit or settlement, disclosure of this information is unavoidable, but the election so to disclose is that of the injured patient, and is his to be exercised. Therefore, when so authorized by the patient, the physician and hospital will supply to the interested insurance company or companies complete information concerning the injuries and prognosis.

2. The obligation incurred by the injured party for necessary medical, surgical and hospital care is one primarily owing to either the physician or hospital. Payments by the insurance company by way of indemnifying the patient therefor should be applied toward the liquidation of such obligation to the extent such funds are available, and to assist therein, the insurance companies will recognize orders on proper forms for reasonable charges upon such funds which ultimately may become payable to the patient or his personal representative. Insofar as possible, the insurance company representatives will cooperate with the hospital and the physician in securing such orders. Where the payment is insufficient to afford satisfaction to all parties concerned, the insurance company will endeavor to pay physicians' and hospital bills on an equitable basis.

3. In order that the insurance companies may furnish the fullest cooperation (and for the hospital's or physician's own proper protection) the physician and hospital shall notify insurance companies promptly of any claim upon which an order has been or may be issued.

4. In event of settlement with a patient who refuses or has failed to sign an order, the insurance company will endeavor to carry out the principles set forth in paragraph two and when this cannot be done will notify the hospital and physician before settlement or if such advance notice is not possible, then as soon thereafter as can be done.

5. The company shall pay any expense incurred by the insured, in the event of bodily injury, for such immediate medical and surgical relief to others as shall be imperative at the time of accident.

6. A Conference Committee of eight, consisting of four insurance company representatives, and four representing the medical and hospital interests is created to mediate disputes and to further cooperation.

Privilege Status of Testimony of Physicians and Surgeons in Legal Proceedings

THE present law relating to privilege accorded the testimony of physicians and surgeons in Court is as follows:

325.21 *Communications to doctors.* No physician or surgeon shall be permitted to disclose any information he may have acquired in attending any patient in a professional character, necessary to enable him professionally to serve such patient, except only (1) in trials for homicide, (2) in all lunacy inquiries, (3) in actions, civil or criminal, against the physician for malpractice, (4) with the express consent of the patient, or in case of his death or disability, of his personal representative or other person authorized to sue for personal injury or of the beneficiary of an insurance policy on his life, health, or physical condition.

This statute refers only to the testimony of a physician or surgeon in legal proceedings and is to be distinguished from Sec. 147.20 (d), Wis. Stats., which provides for revocation of the license of a physician or surgeon for wilfully betraying a professional secret. Testimony within the protection of the statute includes information given by the patient in good faith, even when the physician or surgeon could have diagnosed and prescribed without it, and may include the physical circumstances of an injury and its occurrence, or the previous condition of an injured part of the body if, in the opinion of the physician or surgeon, such information is necessary to enable him to treat the patient. The law relating to the privilege is statutory and has no basis in the common law. Accordingly, the tendency of the court is to interpret the statute strictly and literally and to enforce only such restrictions as the statute specifically imposes, and not to add restrictions which the legislature may have omitted. As a result, certain interpretations and constructions of the statute have been made which are important to know. For a long time the Wisconsin Supreme Court has adhered to the doctrine that a physician or surgeon may testify, or may be compelled to testify, to a condition observed by him when unconnected with treatment, even when the person observed or examined for purposes other than treatment is or was a patient of the physician. Following this principle the court has held that a physician or surgeon may testify as to a death certificate made by him, or as to an autopsy performed by him.

In a recent decision the court has held that a nurse could testify as to a record made by her at a patient's admission and during his treatment, in spite of the fact that the record was used by the doctor in treating the patient, because the statute specifically names only physicians and surgeons. For this same reason, testimony of an intern, attendant or x-ray operator or the x-ray plate made by him is not privileged.

The privilege of the statute may be waived by the patient himself, or by his personal representatives or by beneficiaries of an insurance policy. Although it might appear from a reading of the statute that waiver by a personal representative is to be permitted only in personal injury cases, nevertheless, the court has very recently held that the personal representative may waive the privilege and introduce the testimony of a decedent's physician as to the health and physical condition of the decedent prior to death in a case involving a tax on gifts made in contemplation of death.

In addition to the statute itself, there is and has been since July 1, 1939, a rule promulgated by the Supreme Court which has the force of statute and reads as follows:

Rule (Section 269.57 (2)). The Court or a presiding judge thereof may, upon due notice and cause shown, in any action brought to recover for personal injuries, order the person claiming damages for such injuries to submit to a physical examination by such physician or physicians as such court or a presiding judge may order and upon such terms as may be just; and may also order such party to give to the other party or any physician named in the order, within a specified time, an inspection of such X-Ray photographs as have been taken in the course of the treatment of such party for the injuries for which damages are claimed, and inspection of hospital records and other written evidence concerning the injuries claimed and the treatment thereof; and if compliance with the portion of said order directing inspection be refused, the court may exclude any of said photographs, papers and writings so refused inspection from being produced upon the trial or from being used in evidence by reference or otherwise on behalf of the party so refusing.

This rule is restricted to personal injury cases. That part which deals with a physical examination of the injured party is not inconsistent with the privilege statute because the examination is being made not for treatment but for a purpose independent thereof. As to its effect on introduction of records in a trial, it will be noticed that the order does not compel a party to permit inspection of such records and written evidence, but provides a penalty in case of refusal in that the party refusing may not himself use them or produce them in the trial.

Medical Witnesses and Expert Testimony

NEVER before has medical testimony assumed such importance as in recent years. Formerly many medical men asserted that they did not care to be drawn into litigation, but it is now next to impossible for an active general practitioner, much less for a specialist, to escape at least some appearances either before courts or such administrative tribunals as the industrial commission. Medical testimony is important and frequently even of controlling weight in cases involving mental competence as, for example, lunacy, guardianship, and will proceedings. It is also of paramount importance in the field of industrial accidents and disease, while the increased use of the automobile has in itself given rise to an almost independent branch of jurisprudence and with it problems of forensic medicine.

The subject falls logically into two divisions. The first is that of the ordinary nonexpert medical witness, and the second is that of expert or opinion testimony ordinarily offered only by specialists. A number of observations may be made with equal applicability to both classes of medical witnesses.

Nonexpert Testimony

One of the first questions which arises in the mind of the physician is his duty with respect to offering testimony either in a nonexpert or expert capacity before a court or administrative tribunal. It may seem an elaboration of the obvious to recall that the physician is first of all a citizen and as such an integral part of his community; that the courts, and such bodies as an industrial commission "are part of the machinery of his government." The average physician undoubtedly has a professional duty to assist with his training and knowledge, a judge or public administrator who may have need of his judgment. This is quite apart from any legal requirement.

On the purely legal side it is well settled in Wisconsin, as elsewhere, that a doctor must obey the order of a court or other properly authorized public official to appear and offer testimony in a given case. This order customarily takes the form of a subpoena and the doctor must obey a subpoena, just as any other citizen, under penalty of contempt.

Generally speaking, the testimony of an ordinary practitioner appearing in a nonexpert capacity is much more limited in character than that of his brother physician who has qualified and is appearing as an expert. Ordinarily, the general practitioner may testify only to what he has observed in the case of a given patient and a given disease. He is limited to the facts which have come from his own professional diagnosis and observation, although even the nonexpert medical witness generally is given a latitude unknown among nonexpert witnesses in other fields, that of prognosis. This undoubtedly is judicial recognition of the high general training of the medical profession, and of the further fact that a physician, is as greatly concerned with prognosis as with diagnosis and treatment. No medical witness whether nonexpert or expert should ever volunteer an answer to a question to which he does not know the answer. Neither should he fall into the trap of giving an opinion which exceeds either his training or his observation.

While no conscientious physician will venture before any tribunal unprepared, unless summoned without notice, it may be said as a general proposition that exhaustive preliminary research either in the laboratory or in medical literature is not be expected in the case of the nonexpert witness. It is ordinarily enough that he review his case notes, hospital record or other memoranda, and limit himself to what they show, together with such other findings as are within his personal knowledge.

Neither the nonexpert nor expert medical witness may employ medical texts to supplement his testimony. It is permissible in some states to quote medical authorities who agree with the findings of the witness, or for the witness to state that his diagnosis or prognosis is supported by a certain medical writer. It is undoubtedly advisable for any physician before going into court to have in mind at least the leading literature of the particular field in which he is going to testify, unless it is so highly limited that only a specialist could be expected to know it. By having that minimum preparation he may be saved the embarrassment of seeming unfamiliar with outstanding medical literature, which admission is frequently elicited by the attorney for the other side for the sole purpose of casting doubt on the validity of the witness' otherwise competent testimony.

The question of the compensation of the nonexpert witness rather commonly arises, and is a matter which should be settled, wherever possible, in advance of the physician's appearance before a tribunal. As a matter of strict law neither a nonexpert nor expert witness is, merely in his capacity of witness, entitled to more than the statutory fee, which in Wisconsin is $2.50 for a court of record. If a nonexpert witness is to receive more compensation than is given him by law, this should be arranged for with the person requesting such witness' public attendance and testimony. It is reasonable for the nonexpert general practitioner to ask compensation, within the financial limits of the party on whose behalf he appears, which will roughly compensate such witness for the loss of time and inconvenience to which he is put.

Care should be observed, however, in the interests of the physician's own integrity, and in the best interests of justice, that the physician at no point ac-

quire a monetary interest in a given piece of litigation which might even unconsciously color his judgment. While no exception can be taken to a physician's testifying as favorably as he conscientiously can for the particular side on which he is called; the ethical physician will be careful never to have a vested interest in the outcome of a pending cause.

Both the nonexpert and expert medical witness must remember at all times that section 325.21 of the Wisconsin Statutes makes privileged any information which the physician may have acquired in attending any patient in a professional capacity. (See the article on page 1072 of this issue on the subject of "Privilege.") The only exceptions are: homicide trials, lunacy inquiries, civil or criminal malpractice actions against the physicians, and express waiver of the privilege either by the patient, or in the event of the latter's death or disability, by the express waiver of such person's personal representative.

Expert Testimony

The general subject of expert or opinion testimony is the peculiar province of the expert witness. In the words of a recent author on jurisprudence: "An Expert Witness is one who has made the subject upon which he gives his opinion, a matter of particular study, practice or observation, and who has a special knowledge on the subject, which must be recognized in law as a distinct department of human knowledge and endeavor."

The Wisconsin Supreme Court, in a leading case on the subject, states: "*The more difficult field is entered when we approach the question of calling upon men of exceptional experience and qualifications to give their opinion as the result either of facts which they observe or from an hypothetical statement of facts. This is the real field of expert evidence. It is there that the expert can testify and the nonexpert cannot.*"

At the outset care should be taken to distinguish two senses in which the word "expert" is commonly used. As the Wisconsin Supreme Court has wisely observed "Much of the testimony of a so-called expert is in no wise different in character from that of any other witness." Frequently both attorneys and courts seem to regard *all physicians* as expert in the general field of treatment of human illness by comparison with laymen. It is true that all physicians are expert in the sense of being peculiarly and especially educated in the general subject of medicine. The situation is further complicated by decisions holding that, although a physician is not a technical specialist in a particular branch of medical science, he may testify as an expert, where, assuming hypothetical statements of fact to be true, he can express an opinion, satisfactory to himself without further study, as to a question of science pertaining to a special field.

Perhaps the principal difference between an expert and nonexpert medical witness, is that the former's testimony is far less circumscribed. The nonexpert is limited to matters within his personal observation and knowledge. The nonexpert may not ordinarily express an opinion, as differentiated from facts, except in the field of prognosis. The expert, on the other hand, may, in addition to stating observations and other facts within his personal knowledge, give opinions based on two sources other than personal observations of the party as to whom he is offering testimony. These are: (1) Information gained by him from testimony which the expert heard in court; (2) Information assumed by a hypothetical question propounded to him.

Whereas the general practitioner is ordinarily qualified with the statement that he has been admitted to the practice of medicine in Wisconsin, and that he has practiced for a given number of years, the expert must be qualified far more carefully. He should make statements as to his postgraduate studies, his research, any writings, any teachings or other positions, any specialized experience or practice, the fact that he has had opportunity to observe an exceptionally large number of cases, or anything else designed to set him apart from the general practitioner or non-specialist. The careful qualifying of an expert witness is highly important for its psychological qualities in impressing a tribunal or a jury, as well as for the further reason that it lays the foundation for the degree of weight to be attached to the testimony subsequently offered.

As has already been stated it is equally the duty of the expert as well as the nonexpert medical witness to respond to a properly issued summons to appear before a tribunal. This rather fundamental difference may be noted however, between the expert and nonexpert witness. The essence of the nonexpert's testimony is *facts* and *actual observation*, whereas the essence of the expert's testimony is *opinion* based upon a special skill and experience even in the absence of observation of a given case. A nonexpert witness would undoubtedly be in contempt of court for refusing to tell what he *knew* in a given case especially where the patient has waived the statutory privilege, but a court cannot compel an expert to have an *opinion* concerning a situation of which he has not personal knowledge, or as to which he has made no observations. However, if the expert does have an opinion, whether previously familiar with the case then before the tribunal, or not, he is under legal duty to offer that opinion if so requested.

Still another important difference between the nonexpert and expert witness lies in the amount of preparation prior to appearance before the tribunal. While the nonexpert witness will ordinarily not be expected to do more than review his case notes and tell what he has observed, and what he knows as a result of such observation, the expert cannot stop at this point. By the very reason of his being an expert he is supposed to know much better than his nonexpert fellow physician the medical literature, the laboratory aspects, and the technical medical side of the particular point in issue. This

presupposes preparation of a most careful character. Wherever possible, it will presuppose examination of the patient and a personal knowledge of the history of the case. This is not always possible in the case of adverse parties, or of a deceased, and it is for this reason, among others, that opinion evidence and the hypothetical question are so commonly employed.

Much has been written, a good deal of it critically, of the hypothetical question which is so commonly employed in the examination of expert witnesses. Such a question has been defined as "one which states and assumes as true certain probative facts appearing in evidence, and asks the opinion of the witness thereon as to some ultimate fact in issue." Hypothetical questions should be so formulated as not to invade the fact-finding province of the jury; they need not be limited to undisputed facts, but should not contain facts which are not before the tribunal. Such questions should cover sufficient ground to justify invoking expert opinion, should be technically as accurate as possible and should never be unfair or misleading.

Hypothetical questions have frequently found disfavor both with courts and the medical profession, but they serve a perfectly legitimate function, namely that of assuming a given medical or other factual situation, thereby filling gaps in the witness' own opportunities for observation and diagnosis in a given instance. Such questions also serve as a check on the facts, and further, afford a basis for prognosis which is frequently all-important in personal injury or industrial cases.

Where it happens that an expert witness has likewise treated the patient he is competent not only to testify on the basis of what he has seen and knows of the specific case, but also to give opinion evidence and to answer hypothetical questions.

The question of compensation very properly arises in connection with expert medical witnesses. By very reason of the fact that such witnesses are expert they customarily command higher remuneration than do general practitioners; they commonly travel a longer distance; they are expected to prepare much more fully and comprehensively than nonexperts. Skill, special knowledge, exceptional or even unique experience, all distinguish them from the ordinary medical witness. All of these marks of the expert may properly be weighed in considering what constitutes fair compensation for the testimony of such a person. Warning cannot be too strongly sounded, however, that while an expert should have compensation which is fair under all the circumstances, he should not be given a monetary interest in the outcome of the litigation, nor should his compensation in any way depend upon the character or emphasis of his testimony. His compensation must always have professional rather than commercial limits. Whenever the facts are otherwise the result in too many cases will tend to be at least an unconscious coloring of such expert's testimony because of his almost proprietary interest in the consequences of what he says. Both legal and medical literature are replete with warnings against luring the expert witness from a professional plane and making him what is for all practical purposes almost a proponent in the litigation. An expert who so acts reflects discredit on himself, on his profession and on the entire practice of permitting the offering of opinion evidence.

No better guide is available for the almost religious observance of both nonexpert and expert medical witnesses than the following decalogue formulated by Dr. A. I. Rosenberger of Milwaukee, and published in *Colorado Medicine:*

1. Examine your case thoroughly and repeatedly so that you know what you are talking about. Know your facts well. They must be incontrovertible. The opinion you form from these facts is your own, but must be arrived at honestly.

2. Testify slowly, clearly, simply, and in language that the layman can understand. Forget your Latin medical terms. You are obliged to talk down to the level of intelligence in the jury box in order to get your facts across.

3. Stick to the unvarnished truth. If you do not, your statements will strike back at you like a boomerang.

4. Do not become partisan or assume a proprietary interest in the legal proceedings, for if you do, it will diminish your value in the eyes of the court and the jury.

5. Maintain your dignity and do not advise or consult with an attorney in the courtroom, but sit far away from him. The attorney should prepare his case before he goes into court.

6. You are not required to answer by "yes" or "no" an involved question if such answer places you in the position of the man who was asked, "Have you stopped beating your wife?" Your "yes" would be a lie and your "no" a prevarication.

7. If a long, involved, hypothetical question is to be propounded to you, request that it be given to you in writing before you are put on the stand so that you may thoroughly study it and not embarrass your attorney by your answer.

8. Refuse to answer any question which puts you into some other field of medicine than your own. You may always say, "I cannot qualify."

9. Do not allow an attorney of the blustering, bull-dozing type to anger you or "get your goat." The purpose of this line of questioning is to throw you off guard.

10. Remember that at times the most valuable words in the English language are, "I do not know."

STATE SOCIETY'S NEW OFFICES

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Reporting Treatment of Gunshot Wounds

INQUIRY is frequently made as to whether a physician is required by law to report the treatment of gunshot wounds to law enforcement officials. Some states, including New York, by express legislative enactment, compel physicians to report such treatment. Most states, however, including Wisconsin, have no such provision, and the question in most instances has never been passed upon by the courts.

That the law treats communications between physician and patient as privileged is generally recognized although it is significant that this privilege exists, not as an original rule substantive of law, but because of express statutory provision. (Sec. 325.21, Wisconsin Statutes; also article in this issue, p. 1072) Privilege under the statutes is generally held to extend only to the actual interest of the patient in the trial of a lawsuit, and does not apply to situations arising prior thereto. The question of reporting gunshot wounds is related to the subject of professional ethics as well, and resolves itself into the highly controversial problem of under what circumstances the familiar doctrine of privilege is to be relaxed.

It has been contended that since communications between physician and patient are considered professional secrets, the provisions of Sec. 147.20 (1) (d) of the Wisconsin Statutes, might have application. That section provides that a "wilful betrayal of a professional secret" constitutes grounds for a revocation of a physician's license. No definite attempts have been made to define the term "professional secret" as used in the statutes. Application of the term in its broadest sense would include information acquired in the treatment of all diseases, including contagious diseases. But Chapter 143, of the Wisconsin Statutes, relating to communicable disease creates an exception to this recognized privilege of secrecy by providing that the attending physician must immediately report certain communicable diseases to the State Board of Health. This is a clear recognition by the legislature of the fact that the public interest demands in some instances that the individual privilege be subordinated to the general public welfare.

This conflict between the individual privilege and the public interest was considered by the Supreme Court of the state of Nebraska in the case of Simonsen v. Swensen (1920) 177 N. W. 831. A physician notified the hotel at which a patient was residing that the patient was afflicted with syphilis in its advanced stages. The state of Nebraska had no statute depriving a patient of the privilege and compelling the attending physician to give notice to the state in such cases, but nevertheless the patient was held to have no cause of action for the breach of confidential relationship. The court, in construing the application of the words a "betrayal of a professional secret," (the words being identical to those contained in the Wisconsin Statutes) said:

> We believe the word "betrayal" is used to signify a wrongful disclosure of a professional secret in violation of the trust imposed by the patient . . . The information given to a physician by his patient, though confidential, must, it seems to us, be given and received subject to the qualification that if the patient's disease is found to be of a dangerous and so highly contagious or infectious nature, as it will necessarily be transmitted to others unless the danger of contagion is disclosed to them, then the physician, should in that event, if no other means of protection is possessed, be privileged to make so much of a disclosure to such persons as is necessary to prevent the spread of the disease. A disclosure in such case would, it follows, not be a betrayal of the confidence of the patient, since the patient must know when he imparts the information or subjects himself to the examination, that, in the exception stated, his disease may be disclosed.

Certainly the reason for this rule as applied to communicable diseases would have like application to gunshot wounds. It must be conceded that the desirability of apprehending a criminal far outweighs a breach of privileged communication. It would follow, then, that a physician would be conforming to the accepted canons of professional ethics by subjecting the patient's privilege to the interest of the general public welfare.

It then becomes necessary to consider whether or not an actual duty is placed upon the physician to report such wounds and what the consequence of his failure to do so might be. It is true, of course, that in a number of instances the physician will have actual knowledge that the wound arose purely as a result of an accident. When, however, the physician knows the patient to have committed a crime or has good reason to suspect it, the serious question of whether or not police officials must be notified, arises. Smith, in *Forensic Medicine*, expresses the opinion that an express duty exists on the part of the physician to report the case and that "failure to disclose such information may render the doctor liable to prosecution." The theory of such prosecution would probably be that a physician might be a so-called "accessory after the fact," by reason of his having, under the provision of Sec. 353.08, Wisconsin Statutes, harbored, maintained or assisted" . . . any principal felon or shall give such offender any other aid, knowing that he had committed a felony . . . , with intent that he shall avoid or escape from detection, arrest, trial or punishment."

Whether a physician is liable to conviction as an accessory after the fact, seems highly doubtful, in absence of circumstances other than the mere treatment of wounds. Until such time as the legislature may see fit to compel the reporting of such wounds, the matter is left entirely in the hands of the members of the medical profession, to be answered as their code of moral and social duty dictates.

Malpractice and Malpractice Suits

THE Wisconsin statutes provide that complainants in personal injury actions must give notice of their claim within two years after the "happening of the event" causing the damage claimed, unless they have begun action by service of summons and complaint within the same period. Section 330.19 (5). The Wisconsin Supreme Court has held that no matter whether a cause of action based upon malpractice is predicated upon a tort (wrongful act) or contract (breach of agreement) liability, the action is essentially one for personal injury and falls within this particular statute. See Frechette v. Ravn, 145 Wis. 589; Klingbeil v. Saucerman, 165 Wis. 60. This is likewise true although the action may be one for loss of services, nursing and medical expense. See: Shovers v. Hahn, 178 Wis. 615. Our Supreme Court has also held that an infant is not excused from complying with this statute. Hoffmann v. Milwaukee Electric, 127 Wis. 76. Thus it follows that the provisions of the statute are applicable to individuals incapacitated by reason of insanity or a similar cause.

But if the statutory notice is given by those incapacitated by reason of infancy or insanity, the ordinary statute of limitations is extended. In the case of infants, the statute is extended until they reach the age of twenty-one years. If the individual is insane, the statutory period of limitations will be extended five years, unless he recovers within the six-year period. If he recovers after the ordinary period of limitations has expired but before the eleven-year period has expired, he must bring his action within one year after the disability ceases.

In order to protect himself properly in event of a malpractice claim, certain routines should be followed by every physician. These routines may avoid unmerited claims arising through misunderstanding or precipitated by some thoughtless remark. In the WISCONSIN MEDICAL JOURNAL 27:573–575 (Dec.) 1928, certain precautions were suggested, and their substance is restated here, to help in avoiding malpractice actions.

Causes For Misunderstanding

1. Medicine is a science but its proper application is largely an art. It is unwise for the physician to make unnecessary positive statements, particularly in early diagnosis or treatment in the broad field of human ills. When you say, "It is nothing but a cold; take these, go back to work and forget it," and subsequently it is found that the patient had incipient tuberculosis all the time he saw you, he is sure at least to resent your too-positive attitude if nothing more.

2. Few of the laity understand that an exact anatomical alignment in a fracture is not usual or necessary; that you are trying to attain it but that you are primarily interested in the functional result. When this is not explained and the patient subsequently sees an x-ray film showing only a fair anatomical result, who is to blame him if he fears he has had poor treatment? Frankness in explaining at least something of this to "fracture patients" is urged; then they will at least appreciate the difficulties that beset the paths of the best of men and will be thoroughly satisfied to find a good functional use restored.

3. The physician who promises quick results and fails to attain them frequently finds his patient seeking another physician.

4. Attorneys frequently say that street corner advice is worth just what one pays for it, yet it occurs with a fair degree of frequency that an attorney will ask a physician for street corner advice on a supposed course of treatment. Be careful what you say for he may be trying to arrive at conclusions whether a client has a real malpractice case. What he tells you will likely be but one side of the case and when all is known to you, your first opinion may be reversed.

5. In these days of compensation insurance a new cause for misunderstandings between physicians exists. It is an everyday occurrence for insurance carriers to demand that "their physician" see the insured. Reports are occasionally written by such physicians scoring the acts of the family physician. The insurance company may show this report to the claimant to show how his period of recovery was prolonged by faults of the family physician explaining that the company could hardly be expected to pay for that period. Again it is suggested that the second physician be sure he is in possession of all the facts before he scores the family physician. If he did his work carefully and exercised the same degree of skill as other practitioners in the community he will not be found guilty of malpractice even though a better treatment might have been had in a distant, large hospital with more adequate facilities.

6. When a patient does not pay his bill many physicians threaten him with suit or turn the bill over to a collection agency which may start suit in a physician's name. The man who does not pay his just debts within a reasonable period of time when ability to pay exists, is frequently not a man of honor or character. Such a man may bring a counterclaim alleging malpractice as a means of blackmailing the physician into dropping the original action for collection of fees. Indeed, records show a fairly large percentage of malpractice suits are begun as counterclaims rather than as original actions. The understanding physician, appreciating the danger in counterclaims on the part of the unscrupulous, will watch carefully that bills of such are not pressed unduly until after two years have passed following the last treatment. This generally means an added delay of but a few months and is a wise precaution when dealing with the type of people

mentioned. After two years malpractice is outlawed but the statute of limitations still allows four years more in which to collect the debt.

7. No physician should pass over a case of definitely suspected fracture, dislocation or foreign body without advising x-ray pictures to make certain the diagnosis, if it is impossible by the unaided senses to exclude it. Failure to give such advice may lead to a malpractice suit.

Routine to Be Followed

Certain precautions should be followed as a routine if a physician desires to take every precaution to avoid malpractice actions.

1. Every x-ray plate should show the patient's number, the date, and at least the initials of the operator. The patient's record should show clearly the number of x-ray exposures.

2. In the case of fluoroscopic examinations the examiner should by all means note on the patient's record at the time the length in time of examination under the rays and the setting of the machine.

3. Do not put your faith in "fool-proof" apparatus. Have your equipment, such as your x-ray and fluoroscopic machines inspected regularly, for the assurance of the maker is no protection to you if something goes wrong.

4. Take no x-ray pictures; do no fluoroscopic examinations without noting on the record the patient's statement as to when he was last exposed. If the patient is a "traveler" you may burn him through multiple exposures.

5. In fracture cases take an x-ray picture routinely on the day the patient is released. Besides providing you with the opportunity to explain functional versus anatomical results, you have evidence to prove the condition of the patient when released. Then if the patient has a subsequent accident he cannot substantiate a claim of non-union when released.

6. If your patient does not accede to x-ray examination you have advised, or desires to leave the hospital before you think it wise, protect yourself against what might happen by reducing your advice to writing and handing a copy to the patient in the presence of at least one and preferably two witnesses. * * *

7. It seems hardly necessary to state that in full records lies your greatest protection. Such records, made at the time, are the best evidence in court of conditions you found and treatment you advised. If your patient is not following your advice, be sure to make note of that at the time.

8. If you are doing surgery, secure authority for your operative procedure. It is well to secure blanket authority in advance of a specific operation if you intend to do more, for instance, than remove an appendix, should conditions warrant other procedures.

9. If your operative reports are typed, read them carefully and sign your name in full. Do not just initial typed records. Never sign hospital operative records in blank to accommodate the hospital.

The Case of Threat

Assuming that some day you are given summons in a suit, or a suit is threatened, these pointers may be helpful.

1. Report the suit or threat to your insurance company *at once.*

2. You may be invited to call on the patient's attorney to "avoid" a suit. Let your attorney do that for you.

3. Tell your own attorney all the facts even though some do not reflect credit on your judgment. He cannot help you if you "hold out" on him.

4. Do not be offended if a friend of yours is going to testify for the plaintiff. Better a friend who will give you a square deal than a quack whose testimony is purchasable.

5. Be careful of too-positive statements. Tell what you know in terms the jury can understand and admit that you do not know everything in medicine. When the plaintiff's attorney gets you to making one wholly positive statement after another he is soon apt to discredit your entire testimony by showing that authorities do not agree with some two or three statements and q. e. d.—you are "all wrong."

Conclusion

Every malpractice action undermines the confidence of the public in all physicians and it is said that a dozen new suits are commenced based upon the publicity of a new case. You are your brother's keeper in maintaining a justified public confidence. Let no improper act of yours lead to a betrayal of that trust.

NATIONAL SOCIAL HYGIENE DAY

National Social Hygiene Day, one of America's leading annual public health events, will be observed for the fourth time on February 1, 1940, it has been announced by Dr. Walter Clarke, executive director, the American Social Hygiene Association.

Plans for the annual event presage more than 5,000 community and regional meetings over the country and include, among other features, the release by the association's National Anti-Syphilis Committee of a new sound motion picture on syphilis entitled "With These Weapons," the announcement stated.

Editors and health, civic and welfare leaders as well as others desiring information concerning participation in Social Hygiene Day, and program and publicity aids, are asked to write:

SOCIAL HYGIENE DAY SERVICE
American Social Hygiene Association
50 West 50th Street, New York, N. Y.

Legal Status of Internes and Externes

BEFORE discussing the legal status of internes and externes, it is first necessary to consider the definition of the terms, as used in Wisconsin. Little help in answering this question can be gained from the Medical Licensure Act, Chapter 147; the act makes no mention whatsoever of externes and only briefly refers to internes. The term "interne" is generally understood to apply to one who is engaged in a twelve months period of advanced study and apprenticeship immediately subsequent to the completion of his college course and prior to the granting of his license. Section 147.15 makes it a prerequisite for granting of a license to practice medicine and surgery. The term, however, is sometimes loosely applied to the second and third year following the completion of the required period of interneship, during which similar studies are continued, but after the first year, the interne must be licensed and have the legal status of a practicing physician. In this discussion, "interne" will be limited to those in their first year of interneship.

The term "externe" is professionally applied to those advanced medical students who have not as yet reached the interne stage, or been licensed to practice medicine, but who are performing certain assisting and observing functions, either during a vacation period or during their fourth year of medical study, under the supervision of a licensed physician. Externes enter into this course of training under an arrangement between supervising physicians and the medical school. The hospital has no jurisdiction over them.

It is apparent then, that neither externes nor internes have the full legal status of licensed practitioners. Accordingly, the scope of their functions is correspondingly more confined. Their legal status has never been specifically passed upon by the courts, nor has the legislature seen fit to define their powers and duties, the matter being left entirely in the hands of the medical profession. That an interne has certain functions of a medical nature which he is permitted to perform is recognized by the Wisconsin Supreme Court, in the case of Nickley v. Eisenberg, 206 Wis. 265. The court there admitted that internes are not subject to the Medical Practice Act, in that they may perform "such duties as are usually and ordinarily performed by them." It gave tacit recognition to the accepted practice performed by internes, pointing out that the legislature considered it essential to their professional training. In the same opinion, the court recognized the legal status of certain nurses who were not registered under Chapter 149. By the same reasoning, externes would probably have a recognized status in the medical profession. But their status is such that neither internes nor externes are within the provisions of the so-called "privilege statute" under the case of Borosich v. Metropolitan Life Insurance Company, 191 Wis. 239.

The further question arises as to those responsible for mistakes made by internes or externes while performing their customary duties. That they are personally responsible for their negligence, is, of course, conceded, and this liability may extend to physicians under whom they are working or to the hospital employing them. The law generally holds the interne to be an employee or servant, inasmuch as he is obliged to spend his days and nights at the hospital to render any administrative or medical service exacted by the hospital to its agents within the range prescribed by propriety and custom. This interpretation of his position is recognized by the courts under the Workmen's Compensation Act, which extends employee protection to internes injured in the performance of their duties in the hospital.

Wisconsin has held that the hospital is responsible for liability arising out of the acts of internes in the performance of duties which are customarily performed by them. Exemption, however, has been made in the case of charitable hospitals which are protected by law for the acts of their employees or servants. See Schumacher v. Evangelical Deaconess Society, 281 Wis. 169; and Kuglich v. Fowle, 185 Wis. 124. However, where the interne is acting under the direct supervision of a physician or surgeon during the course of an operation, the hospital is absolved from responsibility and his acts become those of the surgeon or physician who has charge of the work.

An externe, as was pointed out, is generally an assistant of a physician and has no relationship to the hospital. Because the duties delegated to an externe by a physician are generally very much limited, extending only to observation, a situation would seldom arise in which an act of an externe might cause injury. A physician would presumably have the duty to see to it that the externe be delegated no duty which would call for discretion or judgment on his part, but should he be negligent, the responsibility for his acts would doubtless be that of the physician.

NEW ADDRESS OF STATE SOCIETY

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Sterilization

IN 1932, and again in 1938, opinions from the office of the Attorney General indicated the belief of that office that sterilization operations, except in the course of strictly therapeutic surgery, would be held illegal by the Wisconsin courts. Because of the importance of those opinions, they are printed here in full.

The first of the two opinions was rendered to the district attorney of Washburn county, Wisconsin, by Deputy Attorney General Fred M. Wylie, and is printed in XXI Opinions Attorney General 940, as follows:

"You ask opinion upon the following:

We have advised the county judge and the county children's welfare board that section 46.12 does not prohibit a sane person over twenty-one years of age from being sterilized, if he or she so wishes. We find no other section in the statute pertaining to sterilization. Please advise if our opinion was correct. Is a doctor protected in sterilizing persons who appear there voluntarily?

Is it possible for a county to pay for sterilizing indigents who are now receiving county aid and who voluntarily offer themselves for sterilization?

"In Moore v. State, 3 Pin. 373, it was held that injury to the internal sexual organs of a female was within the mayhem statute, sec. 340.35, the court saying, p. 375:

* * * Nor can we see a reason to support the query made, that "it is extremely doubtful whether an indictment will lie under our statute for disabling an internal organ of the body, like the uterus in a female."

Our legislature certainly gave the same protection to the internal organs of the female that it did to the external organs of the male, and there is no reason why it should not.

" 'Malicious intent' as used in sec. 340.35, Stats., relates to a wrongful act intentionally done without just cause or excuse. Keith v. State, (Texas) 232 S. W. 321, 16 A. L. R. 949. Where the act is intentional the establishment of a motive is not necessary. Cupps v. State, 120 Wis. 405, Manna v. State, 179 Wis. 384.

"Opinion was given by the attorney general, XVII Op. Atty. Gen. 524, to the effect that an incompetent person could not be legally sterilized except under sec. 46.12.

"Offhand, it is likely to appear that a competent adult may legally consent to be sterilized, not merely as a curative or preventive therapeutic, but solely to prevent procreation. I do not say that he or she may not, but there is sufficient contra indication in the law and in the disclosed attitude of some judges, to cause one to advise physicians that it is unwise for them to perform such an operation for sterilization purposes alone.

"The question, in its present day application, is new, but it perhaps has its analogies in the common law, which is our law still, in the absence of constitution or statute on the subject. Analogous questions under the common law apparently have not been matters of recent litigation, and we must, perforce, go back into the musty volumes of the common law of early America and earlier England. Here is some of what we find (Italics mine):

"Blackstone, Book IV, Chap. XIV, part III:

And also the law of England wisely and religiously considers, that no man hath a power to destroy life, but by commission from God, the author of it: and as the suicide is guilty of a double offence; one spiritual, in invading the prerogative of the Almighty, and rushing into his immediate presence uncalled for; the other temporal, against the King, who hath an interest in the preservation of all his subjects; the law has therefore ranked this among the highest crimes, making it a peculiar species of felony, a felony committed on one's self.

"Blackstone, Book IV, ch. IV, part I, and notes thereto (Cooley's, p. 1370):

For mayhem is properly defined to be, as we may remember the violently depriving another of the use of such of his members as may render him the less able in fighting * * * So that, by the common law, as it for a long time stood, mayhem was only punishable with fine and imprisonment; unless perhaps the offence of *mayhem by castration*, which all our old writers hold to be felony. * * *

But if the complaint be preferred against a woman that she had *mutilated a man*, she shall be adjudged to lose her hand, as the member with which she had offended.

Sir Edward Coke (3 Inst. 62) has transcribed a record of Henry the Third's time (Claus. 13 Hen. III, m. 9), by which a gentleman of Somersetshire and his wife appear to have been apprehended and and committed to prison, being *indicted for thus dealing with John, the monk*, who was caught in adultery with the wife.

"1. Hawkins Pleas of the Crown (1824), 107–108:

It seems, that such a hurt of any part of a man's body whereby he is rendered less able, in fighting, either to defend himself or to annoy his adversary, is properly a maim.

And therefore, the cutting off or disabling or weakening of a man's finger or striking out his eye or foretooth, *or castrating him*, are said to be maims * * *.

It is to be observed, that all maim is felony. It is said, that *anciently castration was punished with death*, and other maims with the loss of member for member. But afterwards, no maim was punished in any case with the loss of life or member, but only with fine and imprisonment.

By the common law also, *if a person maim himself*, in order to have a more specious pretence for asking charity, or to prevent his being impressed as a sailor, or inlisted as a soldier, *he may be indicted*, and, on conviction, fined and imprisoned.

"Cases are cited to all paragraphs.

"Stephen, Digest of the Criminal Law, 6th ed., arts. 225, 227, 228 (London, 1904):

225. Everyone has a right to consent to the infliction of anv bodily injury in the nature of a surgical operation upon himself or upon any child under

his care, and too young to exercise a reasonable discretion in such a matter * * *. I know of no authority for these propositions, but I apprehend they require none. The existence of surgery as a profession assumes their truth.

227. Every one has a right to consent to the infliction upon himself of bodily harm not amounting to a maim. A maim is bodily harm whereby a man is deprived of the use of any member of his body or of any sense which he can use in fighting, or by the loss of which he is generally and permanently weakened, * * *. *Castration is a maim.* * * * The positive part of this Article is proved thus:—Injuries short of maims are not criminal at common law unless they are assaults, but an assault is inconsistent with consent. As to the definition of a maim, see 1 Hawk. P.C. 107. *He expressly mentions castration.*

228. *No one has a right to consent to the* infliction upon himself of death, or of an injury likely to cause death, in any case (other than those mentioned in Article 225), or *to consent to the infliction upon himself of bodily harm amounting to a maim,* for any purpose injurious to the public.

Illustrations: (1) A and B agree to fight a duel together with deadly weapons. If either is killed or wounded his consent is immaterial. (2) A *gets* B *to cut off* A's *right hand,* in order that A may avoid labour and be enabled to beg. *Both* A *and* B *commit an offence.*

"People v. Clough, (1837) 17 Wend. 351–352:

In 2 Russell on Crimes, 289, a case is put, which the writer represents as a curious species of indictable fraud, viz. that of a man who maimed himself in order to have a more specious pretense for asking charity, and Coke, Hale and Hawkins are referred to. This led me to examine the authors alluded to, and I find that none of them put the case on the *fraud,* but on the *mayhem,* and accordingly treat it under the title "maiming." They all go on the case statute by Lord Coke, who says: "In my circuit in anno I Jacobi Regis, in the county of Liecester, one Wright, a young, strong and lusty rogue, to make himself impotent, thereby to have the more color to begge or to be relieved, without putting himself to any labour, caused his companion to strike off his left hand, and both of them were indicted, fined and ransomed therefore; and that by the opinion of the rest of the justices for the cause aforesaid: Co. Lit. 127, a. This and other cases were introduced by Lord Coke, with the observation, "Note, the life and members of every subject are under the safeguard and protection of the King." So that the indictment was clearly not for the fraud.

"Bishop, Statutory Crimes, sec. 744:

* * * Some have denied that, if she consents, it is indictable at the common law, unless she has arrived at the state of pregnancy termed quick with child. [Com. v. Parker, 9 Met. 263; Com. v. Bangs, 9 Mass. 387; S. v. Cooper, 2 Zab, 52; Smith v. S., 33 Me. 48.] And Hale has on this subject the expression "quick or great with child:" and Coke, "quick with child;" but not in connections denying that the offense may be committed at an earlier stage of pregnancy. Others reject this distinction. "It is not," said Coulter, J., delivering the opinion of the Pennsylvania Court, "the murder of a living child which constitutes the offense, but the destruction of gestation by wicked means and against nature. The moment the womb is instinct with embryo life, and gestation has begun, the crime may be perpetrated." [Mills v. Com., 13 Pa. St. 631, 633; followed by the North Carolina Tribunal in S. v. Slagle, 83 N.C. 630, 632; Taylor v. S., 105 Ga. 846, 33 S.E. R. 190.] This, in principle, seems to be the reasonable and just doctrine.

"Wharton's Criminal Law, 11th ed., secs. 182, 183, 767:

182. Any injury committed in such way as to be an offense to the body politic can be prosecuted in defiance of the consent of the party immediately injured. Prize fighters, for instance, may agree to beat each other, and if this is done in private, and death or mayhem does not ensue, no prosecution lies at each other's instance, but it is otherwise when there is a breach of the peace; or when the fighting is so conspicuously brutal as to produce public scandal, or work public demoralization. *Consent cannot cure* duels or incest or seduction or adultery or the *maiming of another so as to render him unfit for public service, or such operation on women as prevent them from having children,* or operations to produce miscarriage, or (when this is by statute indictable) profligate dealings with minors. The reason is that parties cannot by consent cancel a public law necessary to the safety and morality of the State.

183. * * * Inalienable rights are thus generally defined as life, liberty, and the pursuit of happiness. * * *

184. Life is the first of these inalienable prerogatives. Thus, a man who kills another with the latter's consent is guilty of homicide. * * * We may, therefore, justly argue that if life be an inalienable prerogative, then taking it by self is a public wrong, and those who are accessories to this public wrong can not plead in defense the suicide's consent.

As will hereafter be more fully illustrated, consent will authorize a surgical operation in cases of danger, though the effect of such operation may be fatal.

767. Consent of the party injured is no defense to an indictment for mayhem.

"Wharton's Criminal Law, 11th ed., sec. 19. Absence of common law precedent does not preclude a common law indictment in this country:

"See. 23, ibid:

It has been held indictable to cast a dead body into a river without the rites of Christian sepulture: to be guilty of eavesdropping; to knowingly sell noxious food; to sell a wife; to disinter a dead body without proper authority; to give more than a single vote at an election; to be guilty of individual offensive drunkenness, or notorious lewdness, though on this point the better rule is that, to make the offense indictable, it must be such as to shock and insult, not an individual, but the community; to indulge publicly in profane swearing, or in foul and obscene language; so as to draw together a crowd in a thoroughfare, though the offense be not laid as a nuisance; and, in fine, to commit any act which from its nature must scandalously affect the moral (sic) and health of the community.

"The foregoing contains abundant (and more of the same kind is available) for anti-minded judges to hold that sterilization, even by modern vasectomy or salpingectomy and of a competent adult consenting thereto, violates unchanged common law, or our present mayhem statute, which is largely word for word the Coventry Act, 22–23 Caroline 11, c. 1. Sterilization has not been received by the courts with any open-armed welcome. Against the opposition of those of the public and on the courts

who consider such interference with nature to be immoral or sinful, legislatures have so far made no great strides, and a great deal of what has gotten past the opposition in legislatures, has succumbed in courts. See the following:

State v. Feilen, Wash. __, 126 Pac. 75, 41 L.R.A. (N.S.) 418
Davis v. Berry, 216 Fed. 413
Smith v. Examiners, 85 N.J.L. 46, 88 Atl. 963
Osborn v. Thomson, 103 Misc. 23, 169 N.Y. Supp. 638
Haynes v. Williams, 201 Mich. 138, 166 N.W. 938, L.R.A., 1918 D. 233
Smith v. Command, 231 Mich. 409, 204 N.W. 140, A.L.R. 515
In re Salloum (Mich.), 210 N.W. 498

"These are all cases of involuntary sterilization of incompetents and criminals, but they disclose the attitude of mind of the judges. In Michigan, the sterilization statute was finally sustained by a three to four decision. The majority and minority opinions (Smith v. Command, supra) exhibit little difference in understanding of law, but such opposite understanding of the subject matter as to make the same law have opposite consequences.

"Even if we assume that the scientific and sociological view should prevail, nevertheless the law follows science, in some fields by perhaps a generation, for the law can reflect the advances of science only when they have been accepted by the people generally. Science may have a duty to educate the law, but it has no duty to defy it, nor to take a serious chance with it. The consequences to a physician from the performance of an operation of this kind, should the courts hold it illegal, could be serious. Until the law is settled, it is not prudent for a physician to perform a sterilization operation except within the ancient field of surgery, viz., when it is a therapeutic measure.

"And if the poor relief officials should, as you suggest in your letter, become parties to the performance of such an operation, they, as well as the physician, would be liable to the penalties of the criminal law in case the courts should follow the letter of the old common law and hold that change in the application thereof can be only by legislative action.

"It is not my intention in this opinion to take any position upon the religious and sociological phase of the question. It is my personal and official opinion, however, that the legal question is better to be settled in the legislature than in the courts with some well-intentioned public official or physician as the potential victim."

The second of the two opinions was written by Assistant Attorney General Warren H. Resh, and is printed in XXVII Opinions Attorney General 416. It was rendered to the district attorney of Vilas county, Wisconsin, and follows in full:

"You ask whether a vasectomy 'can be performed safely' where the patient is willing to consent in writing and where it is the opinion of several examining physicians that the operation would benefit the patient's health. The man is not confined in an institution as a criminal, insane, feeble-minded or epileptic person and therefore sec. 46.12, Stats., relating to sterilization does not apply. No doubt you have in mind the mayhem statute, sec. 340.35, and the question is whether this statute would forbid sterilization in the present circumstances.

"So far as is applicable, the section reads:

Any person with malicious intent to maim or disfigure, who shall * * * cut or disable a limb or member of another person, and any person privy to such intent who shall be present aiding in the commission of such offense shall be punished by imprisonment in the state prison, not more than fifteen years nor less than one year, or by fine not exceeding five thousand dollars nor less than two hundred dollars.

"The sex organs are 'members' of the person within the meaning of the statute. Moore v. State, 3 Pin. 373 (1851). As vasectomy involves a disability to procreate, one performing such an operation would bring himself within the terms of the statute, if possessed of a malicious intent to maim or disfigure. 'Maim' has no technical meaning. State v. Foster, 281 Mo. 618, 220 S. W. 958; Commonwealth v. Newell, 7 Mass. 245. As used in sec. 340.35, Stats., it is sufficiently broad to include the infliction of almost any disability.

"A malicious intent does not necessarily involve malice toward the particular individual. 40 C. J. 3. So-called 'legal malice' is sufficient. Construing a statute practically identical to ours (U. S. Rev. Stats. 1873, sec. 5348), the court said in United States v. Gunther, 5 Dak. 234, 38 N. W. 79, 80–81:

* * * The word "maliciously" * * * means nothing more than that the act should be done voluntarily, intentionally, unlawfully, and without excuse or justification, * * *. (38 N.W. at p. 80.)

"To the same effect, see Bowers v. State, 24 Tex. App. 542, 7 S. W. 247, and State v. Compton, 77 Wis. 460, 466.

"From an act done voluntarily and against the terms of the statute malice is implied unless the circumstances of the particular case are such as to justify or excuse the act, for such justification or excuse negatives the presence of malice.

"Mere consent of the patient is not sufficient excuse to negative malice, however. For while certain crimes, such as larceny and rape, require that the act be done against the will, in others, such as homicide and mayhem, consent of the victim is no defense. See I Bishop on Criminal Law, 9th ed., sec. 259 and cases cited; Coke, on Littleton, 127, a. The only purpose of obtaining consent is to foreclose civil liability. See Bishop, *opere citato*, sec. 256; but compare Miller v. Bayer, 94 Wis. 123 (1896).

"The only case involving voluntary sterilization which has come to our attention is Christensen v. Thornby, (Minn.) 255 N. W. 620, a case notable in that the plaintiff sued on a theory of breach of warranty in that the operation did not have the desired effect, and he sought to measure his damages by the expense of a subsequent and unexpected childbirth. The court held that the contract was not void as against public policy, since it was thought to be necessary to save the life of the plaintiff's wife.

"It is said by Bishop in sec. 346 of the work cited that the law of necessity is supreme and that all law has in it this implied exception. Stephen writes to the same effect in his Digest of the Criminal Law, art. 33, but points out that the limits of the doctrine are vague. Each case in which the doctrine is invoked would necessarily have to stand on its own particular set of facts.

"In this regard necessity to save life and necessity to preserve health should stand on an equal footing, because of the difficulty of telling in some cases where one stops and the other begins. It is only because justified by the necessity to preserve health that a dentist who pulls an ailing incisor does not commit mayhem under the broad terms of the statute. Likewise with the physician.

"We conclude that vasectomy in the instant case may be excusable by reason of necessity to preserve health. For a more complete discussion of the subject we refer you to Miller and Dean's article in 16 Am. Bar Ass'n Journal 158 (1930). See also XXI Op. Atty. Gen. 940."

Wisconsin Statutes Relating to Producing Miscarriage or Abortion

WISCONSIN has two statutes dealing with the offense of causing an abortion or miscarriage, each of which has stood without amendment since its enactment in 1849. These statutes are printed here in full:

Manslaughter, second degree.—"any person who shall administer to any woman pregnant with a child any medicine, drug or substance whatever, or shall use or employ any instrument or other means with intent thereby to destroy such child, unless the same shall have been necessary to preserve the life of such mother or shall have been advised by two physicians to be necessary for such purpose, shall, in case of the death of such child or of such mother be thereby produced, be deemed guilty of manslaughter in the second degree." 340.16, Wis. Stats.

Producing miscarriage.—"Any person who shall administer to any pregnant woman, or prescribe for such woman, or advise or procure any such woman to take any medicine, drug or substance or thing whatever, or shall use or employ any instrument or other means whatever, or advise or procure the same to be used, with intent thereby to procure the miscarriage of any such woman shall be punished by imprisonment in the county jail not more than one year nor less than six months or by fine not exceeding five hundred dollars nor less than two hundred and fifty dollars, or by both such fine and imprisonment in the discretion of the court." 351.22, Wis. Stats.

Note that the section relating to miscarriages (a lesser offense) does not contain an express exception for the necessitous circumstances.

EXAMINATIONS AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

The written examination and review of case histories (Part I) for Group B candidates will be held in the various cities of the United States and Canada on Saturday, January 6, 1940, at 2:00 p. m. Formal notice of the place of examination will be sent each candidate several weeks in advance of the examination date. No candidate will be admitted to examination whose examination fee has not been paid at the secretary's office. Candidates who successfully complete the Part I examination proceed automatically to the Part II examination held in June, 1940. Receipt of Group B applications for the current examination (January 6, 1940) closed October 4, 1939.

The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board, meeting in Atlantic City, N. J., on June 8, 9, 10, and 11, 1940, immediately prior to the annual meeting of the American Medical Association in New York City.

Application for admission to Group A, Part II, examinations must be on file in the secretary's office not later than March 15, 1940.

After January 1, 1942, there will be only one classification of candidates, and all will be required to take the Part I and Part II examinations.

For further information and application blanks, address Dr. Paul Titus, secretary, 1015 Highland Building, Pittsburgh (6), Pennsylvania.

Fee Splitting

BY STATUTE enacted in 1913, and strengthened in 1915, fee splitting by physicians is prohibited, even between physicians taking part in the same operation. Each physician must render his bill direct to the patient. Because of the importance of this subject, the fee splitting statute and opinions with respect to it are discussed here in detail.

Section 343.322 of the Wisconsin Statutes provides:

"**Fee splitting by physicians.** (1) Any physician or surgeon who shall claim or demand and collect and receive any money or other thing of value as compensation for his professional services in treating or operating upon a patient who was induced or advised by another physician or surgeon to submit to such treatment or operation, and who shall have previously paid or delivered, or shall thereafter pay or deliver, any money or other consideration to such other physician or surgeon or his agent, as compensation for such inducement or advice, or as compensation for assistance in the case, or any physician or surgeon, giving such inducement or advice, who shall, as compensation therefor, or as compensation for assistance in the case, demand, receive or retain any money or other consideration directly or indirectly from the physician or surgeon treating or operating upon the patient so induced or advised, shall be guilty of a criminal fraud and upon a conviction thereof shall be punished by a fine of not more than one hundred dollars or by imprisonment in the county jail not exceeding six months. Such conviction shall operate also as an annulment of the license held by the convicted person to practice as such physician or surgeon.

"(2) Any physician or surgeon, not a citizen of Wisconsin, who shall in any adjoining state treat or operate upon a citizen of Wisconsin, and who shall have previously paid or delivered, or shall thereafter pay or deliver, any money or other thing of value to another physician or surgeon as compensation for inducing or advising such patient to submit to such treatment or operation, or as compensation for assistance in the case, is forbidden to practice medicine or surgery within this state or to participate in this state with other physicians and surgeons in consultations. Every violation of this subsection shall be a misdemeanor punishable by a fine or by imprisonment as prescribed in subsection (1).

"(3) Any physician, surgeon, nurse, anesthetist, or medical assistant or any medical or surgical firm or corporation who shall render any medical or surgical service or assistance whatever or give any medical, surgical or any similar advice or assistance whatever to any patient for which a charge is made from such patient receiving any such service, advice or assistance, shall render an individual statement or account of his charges therefor directly to such patient, distinct and separate from any statement or account by any other person, firm or corporation having rendered or who may render any medical, surgical or any similar service whatever or who has given or may give any medical, surgical or any similar advice or assistance to such patient. Any violation of this provision shall be punishable by the penalty prescribed in subsection (1) of this section.

"(4) All prosecutions under this section shall be in the circuit court."

Shortly after the passage of this law, Attorney General Walter C. Owen, later a member of the Wisconsin Supreme Court, was called upon to give his opinion with respect to its interpretation and general effect. His opinion, published in III Opinions Attorney General 218, is printed here in its entirety:

"In your letter of the 10th you enclose a letter written you by Ed. C. Gottry, attorney, of Reedsburg, in which he asks you to get my opinion upon a number of questions submitted by him upon the proper construction of sec. 4431b, Stats.

"Ordinarily I do not give official advice upon matters that do not come before a district attorney in his official capacity. Where, however, the questions submitted relate to matters of public importance, and call for the construction of a statute that a district attorney is likely to be called upon at any time to enforce, I feel that it is not only proper but my duty to give him such aid as is in my power.

"The first question submitted by Mr. Gottry is:

Under the law as it now stands, can a surgeon, not a member of the regular staff of a hospital operate at such hospital for stated fee for the institution, and let the hospital collect the surgical fee from the patient according to ability to pay with other hospital fees; the hospital paying the surgeon the fee agreed upon whether larger or smaller than the fee charged the patient by the hospital, or must the surgeon under the circumstances, charge the fee for the operation direct to the patient?

"Subsec. 1, sec. 4431b provides:

Any physician or surgeon who shall claim or demand and collect and receive any money or other thing of value as compensation for his professional services in treating or operatnig upon a patient who was induced or advised by another physician or surgeon to submit to such treatment or operation, and who shall have previously paid or delivered, or shall thereafter pay or deliver, any money or other consideration to such other physician or surgeon or his agent, as compensation for such inducement or advice, or as compensation for assistance in the case, shall be guilty of a criminal fraud and upon a conviction thereof shall be punished, etc.

"The object of this law, as I understand it, was to prevent the practice, which was alleged to have grown up in this state, of physicians and surgeons in the larger cities, paying fees or commissions to the country physicians and surgeons for inducing or advising patients to submit to operations or treat-

ments by such city physicians and surgeons. Such fees or commissions were not for any services rendered to the patient, but purely a service rendered to the other physicians or surgeons in the way of sending them this business. Generally it was not known to the patient that this fee or commission was being paid. It was felt that this was an abuse, as it made it an inducement for the physician or surgeon first consulted to induce or advise the patient to submit to treatment or operation by the city physician or surgeon offering the largest fee or commission, regardless of his ability or skill. It would seem that it was intended not only to prevent the paying of these fees or commissions, but also to prevent the employment by one physician or surgeon of another, except, possibly, that one physician may employ another upon salary, and not to be paid a separate compensation for each case.

"While the law does not specifically make it an offense for a hospital to employ a surgeon, not a member of its regular staff, to perform a particular operation, the hospital to make its charge to the patient for such operation or treatment, and to make its charge for such service irrespective of the amount paid by it to the surgeon, yet it would seem to me that the evils incident to such a practice would be as great as in the case of fee splitting between two physicians or surgeons. It appears to me that this comes very close to the line, and I certainly should not want to advise any surgeon or hospital that it was not a violation of the law. I realize, however, that it might be a hard matter to secure conviction in such a case, unless it could be shown that some consideration was paid to the physician or surgeon bringing the patient to the hospital, with the knowledge of the physician or surgeon giving the treatment or performing the operation.

"Mr. Gottry's second question is:

Where a surgeon operates at a hospital in which he has a financial interest or in which he is part owner or sole owner but conducts the business in the name of the hospital must he make a separate charge for operation or may the whole charge be made by and in the name of the hospital?

"It would appear to me that the hospital may employ a physician or surgeon upon salary, and then make a contract with the patient to furnish him both medical or surgical treatment and hospital service. If this is done the entire charge could be made in the name of the hospital. If, however, the physician or surgeon is not paid a salary, but charges separately for each treatment or each operation, then, in my opinion, the safer practice is to make the charge direct to the patient and let the hospital make this charge to the patient.

"The third question asked is:

Can a surgeon who is not a resident of the city where the hospital is located and who does not hold himself out as a member of the staff of such hospital operate at such hospital and make a charge direct to the hospital under the existing law?

"The section referred to is a penal one and would be strictly construed. Such strict construction, however, should not be carried to the length of so construing the statute as not to carry out the purpose for which it was enacted. As was said by the court in the case of State v. Oredson, 105 N. W. 188, 96 Minn. 509, in speaking of a law prohibiting the practice of medicine or surgery without a license: 'The act is a beneficial one, and is entitled to a reasonable construction.'

"As stated above I believe the safer practice under such circumstances would be for the surgeon to make the charge direct to the patient.

"Mr. Gottry's fourth question is:

Where a country physician engages a surgeon to assist him in an operation at the home of the patient or at the residence of the country physician can the surgeon make his charge direct to the country physician engaging him or must he make a special contract with the patient?

"Here, too, it would appear to me that the safer practice would be for the surgeon assisting in the operation to make his charge direct to the patient. The statute specifically forbids the surgeon performing the operation to pay the physician or surgeon who induced or advised the patient to submit to the operation any money or other consideration either as compensation for such inducement or advice, or as compensation for assistance in the case. It would appear to me that the same reasoning would apply where the physician or surgeon advising or inducing the operation collects the entire fee and then pays the surgeon performing the operation.

"This would seem to also answer the fifth question asked by Mr. Gottry, which is:

Under conditions named in question 4, can the country physician make the contract with the surgeon or must the contract be made directly with the surgeon by the patient?

"It would seem that the only safe practice is for each physician or surgeon to contract direct with the patient. This would not prevent another physician or surgeon acting as agent of the patient in negotiating such a contract.

"The sixth question is:

Is a physician who brings a patient to a hospital for an operation or to a surgeon for an operation entitled to a fee for assisting in such operation or for time spent in accompanying the patient to the hospital or place of operation?

"In my opinion the physician could make a charge for such services, but such charge should be made direct to the patient and not the surgeon or to the hospital.

"This also answers the seventh question, which is:

If the above question is answered in the affirmative, how can the charge be made and who should present the bill—the local physicians or the surgeon performing the operation?

"The eighth question is:

Can a surgeon make a regular fee for operations to a physician, including fee for operating room, dressings, anaesthetic, etc., say from $5.00 to $100.00

for each case—irrespective of ability of the patient to pay and the physician in charge of the case collect his fee including such operating fee as he thinks right, the surgeon performing the operation doing the work for and on contract with the physician, the same as physicians frequently do work for factories and other employers of labor, charging a regular fee irrespective of ability of patient to pay?

"It appears to me that under this law it is illegal for one physician or surgeon to employ another physician or surgeon to treat a certain patient or perform a certain operation. If this is not the case, then the doors are wide open for evasion of the statute. It should be distinctly understood that for the treatment given or operation performed, the patient pays the only compensation that is received by the physician or surgeon giving the treatment or performing the operation, and that he pays no more than is received by such physician or surgeon. No intermediate physician or surgeon should either profit or lose by the services performed by such other physician or surgeon.

"The ninth question is:

If the surgeon or hospital charges a regular fee for operation to physicians, must the same fee be charged to patients who come for operation not accompanied by their physician, or can the surgeon or hospital make a charge suited to the ability of the patient to pay?

"As to the amount that may be charged by a surgeon or hospital, that relates purely to the civil liability of the patient to the hospital or surgeon, and in no way involves a construction of this statute and is not a question upon which I feel it my duty to give you advice. However, as stated above, no part of the fee received by the surgeon or hospital should be paid to the physician or surgeon inducing the patient to take such treatment or submit to such operation. Neither should the hospital charge the patient for such treatment or operation except where the surgeon performing the operation is a regular member of the staff of the hospital, and is compensated by it by a salary. In other cases the charge should be made direct to the patient by the surgeon performing the operation.

"The tenth question is:

If surgeons are permitted to contract with physicians for operations must they also contract for care after the operation, as when the surgeon runs a hospital, or may they charge according to the time patient remains and what services are rendered the patient?

"In my opinion surgeons are not permitted to contract with physicians for operations, and therefore this question does not call for any further answer.

"The eleventh question is:

In the above named case must the charge be made direct to the patient or can the charge be made to the physician who was the regular medical adviser of the patient?

"In my opinion the only safe practice is for the charge to be made direct to the patient.

"The twelfth question is:

Can the hospital make and collect for a surgical operation a fee for use of operating room, dressings, anaesthetic, services of nurses, etc., say from $5.00 to $25.00 for each case, and can attending physician later collect fee for operation when no fee was charged directly to the patient by the operating surgeon?

"I believe this question is answered by what has already been said herein. *Neither physician or surgeon can charge the patient for services performed by the other. Each must make his own contract with the patient.*"

In 1935 the statute was again referred to the Attorney General for his interpretation as to its effect under certain circumstances. His opinion, published in XXIV Opinions Attorney General 580, follows in full:

"Governor La Follette has forwarded a letter received by him from you under date of July 29, pertaining to the splitting of fees by physicians, and asks us to render an opinion to you on this matter and give a copy of the same to him.

"In your letter to Governor La Follette you state:

"Dr. A sent me a letter that Dr. B had sent him and also a check for $3.50, representing two-thirds of a fee that was paid to Dr. B. Dr. B was the family doctor for a man by the name of C. Dr. B does not perform major operations. After examining this man he diagnosed his illness as, I believe, appendicitis and informed him that he would call in Dr. A to perform the operation. It was satisfactory with his patient. Dr. A. performed the operation. Mr. C. paid Dr. B periodically. Dr. B charged a customary and going charge for the operation. As fast as Dr. B receives his instalments he pays Dr. A two-thirds. Dr. B gave the anaesthetic and assisted Dr. A in the operation.

"You state you have consulted with a judge of a circuit court and that you are satisfied that this law does not intend to apply where the relation of patient and doctor has already existed but is designed to prevent undesirable doctors and lay persons from doing an ambulance chasing business by suggesting, advising and inducing patients to submit to an operation by a certain doctor, who pays the advising or inducing doctor.

"Sec. 343.322, subsec. (1), Stats., was first enacted in ch. 570, Laws 1913. An official opinion on the interpretation of this law was rendered by Justice Owen, then attorney general, on June 15, 1914, found in III Op. Atty. Gen. 218. Twelve questions were submitted to him, which he answers in this opinion and came to the conclusion that the statute was intended to prevent splitting or division of fees by physicians and surgeons and the act was construed as to its effect upon various practices by hospitals, physicians and surgeons.

"The law was strengthened and broadened by ch. 469, Laws 1915. Another section was added by said chapter which is now subsection (3) of said section and subsection (1) was enlarged. . . .

"You will note that Judge Owen already, in the opinion rendered prior to the time when the law was strengthened, held that the physicians must make their charges direct to the patient. The law is now so clear, in my opinion, that there can be no question but that a practice such as you described in your letter comes clearly within the purview of that law. There is no ground for holding that it does not apply to a case where the relation of patient and doctor had already existed. If that were the case it would be an easy matter to circumvent this statute.

"We are clearly of the opinion that the law was violated in the case described by you. This statute does not prevent more than one physician from taking part and assisting in the operation but it requires that each physician render his bill direct to the patient."

Tax and Permit Provisions of State Liquor Laws

UNDER the laws of Wisconsin, "intoxicating liquors" are defined as: ". . . all ardent, spirituous, distilled, or vinous liquors, liquids, or compounds, whether medicated, proprietary, patented, or not, and by whatever name called, containing one-half of one per cent or more of alcohol by volume, which are fit for use for beverage purposes . . ." See Section 176.01 (1).

Section 139.26 imposes a tax on intoxicating liquors but exempts those used by hospitals for medicinal or hospital purposes. See Sections 139.26 (1) and (1a) and 176.401 Wisconsin Statutes. There is no tax exemption for intoxicating liquors prescribed for medicinal purposes by a physician other than as those may be purely medicinal and not fit for beverage purposes. A substantial penalty is provided if patented, proprietary, medicinal, pharmaceutical, anesthetic, or toilet preparations are sold for intoxicating beverage purposes. See Section 176.401 (2).

Those who deal in intoxicating liquors are generally required to secure a state license, but the physician (and hospital) is exempt from this requirement where his use thereof is "in bona fide treatment of the sick or in using or prescribing such alcohol for such bona fide treatment." See Section 176.04 (3) Wisconsin Statutes. However, the physician must secure from the state treasurer a permit to receive shipments of alcohol for medicinal purposes. This permit will be issued without charge to any person who proves to the state treasurer that he uses such for medicinal purposes. See Section 176.04 Wisconsin Statutes.

Because of the importance of the provisions in the laws relative to physicians and surgeons prescribing liquor in unnecessary amounts or under unnecessary circumstances the following provisions contained in Section 176.19 are printed here in full:

(1) It shall be unlawful for any physician or surgeon to prescribe intoxicating liquors for any person when unnecessary for the health of such person, or to prescribe a greater quantity of such liquor than proper for the ailment or disease of such person, with intent to evade or assist in evading any of the provisions of this chapter. Nothing in this chapter shall be construed as prohibiting any hospital or one licensed to practice medicine or surgery from having and using alcohol, in any form, in the bona fide treatment of the sick, nor as requiring either to have a permit or license to have, use, or prescribe the same for such bona fide treatment.

(2) Any physician or surgeon violating any of the provisions of this section shall be punished by a fine of not less than two hundred and fifty dollars nor more than one thousand dollars or by imprisonment in the county jail or house of correction not more than six months; and convictions for a second offense within any one year shall be ground for revocation of such defendant's license to practice medicine and surgery in this state.

Office Lease Provision

ALTHOUGH there are no Wisconsin cases directly in point, it seems to be the general rule that leases do not terminate at the death of the lessee unless it is expressly so provided. It would seem wise that a provision be made in an office lease so that the estate would be protected from the liability of a long term lease. But location is an important and valuable item in event of sale of an office and practice; therefore, the lease should not be absolutely terminated, but only at the option of the executors. A suggested clause for insertion in a lease agreement follows:

It is mutually understood and agreed between the parties hereto, that in the event of death of the lessee during the term of this lease, his executors or administrators shall have the option of either terminating the lease or reducing its terms to a month to month rental basis, such privilege to be exercised within 60 days after the executors or administrators qualify as such in proper court proceedings.

Written notice of termination given to the lessor, or his agent, pursuant to the above agreement shall terminate all liability on the part of the lessee's estate, his administrators, executors or heirs. for rents to be paid for future occupancy of the premises beyond the 30 days next following the service of the notice.

Any option to renew contained in this lease may be exercised by the executors or administrators of the lessee at the time and in the same manner as provided for the lessee himself, but renewal of this lease will not be implied from any failure of the lessee's representatives to act hereunder.

Outline of Laws Governing Collection of Accounts

THIS article is designed as an outline of some of the more important every-day aspects of collection law, and to suggest certain practical devices of aid in the collection of accounts of special interest to the physician. Blank promissory notes, judgment notes, and chattel mortgages may be obtained from various stationer's supply houses. Their use may facilitate, but will be no guaranty, of payment. In the final analysis, a sympathetic understanding of a debtor's position and a willingness to cooperate with him are surer means, as a general rule, of ultimate collection than resort to legal action. In involved matters, in the actual trial of cases in Justice Court, or where large sums are involved, services of a local attorney should be secured.

Liability For Services Rendered

Generally, the person who contracts for the services is responsible for payment thereof, but in certain cases there are qualifications to that rule.

Husband-wife.—A husband is liable for the reasonable value of *necessities* furnished his wife and minor children. Essential medical services are necessities. However, he is not liable for bills which his wife incurred before their marriage, or after they are divorced. A married woman living with her husband is not liable for medical services out of her separate estate, unless she *expressly* contracted for them upon her own credit, or unless she guaranteed payment (in writing) by her husband.

Guardian-ward.—Guardians are empowered by statute to apply the personal property and the income from the property "as far as may be necessary for the suitable education, maintenance, and support of the ward . . ." (319.26 Stats.) But when the guardian has made adequate provision for the care and attention of his ward, a volunteer assuming to perform services or furnish supplies for the ward without knowledge or authority of the guardian cannot recover the value of such services or supplies.

"Employer-employee" and "indigent-poor relief" cases.—For information on these subjects see articles in this issue especially devoted to these cases.

Expenses of last illness.—Such expenses, being obligations contracted for during lifetime, must be presented as claims against the estate, unless they were expressly contracted for by someone other than the decedent. Such claim is a preferred claim (313.16 Stats.) and is entitled to be paid in full prior to the payment of other obligations except those for funeral expenses.

Claims Against Decedents and Bankrupts

Decedents.—In the administration of an estate, the county court fixes a time during which creditors must present their claims. Notice is given by publication, and unless the claim "be filed within the time limited for that purpose, (it) shall forever be barred." (313.08 Stats.) The time for filing can be extended, but not to exceed two years, upon proper application (showing cause therefor) filed with the court within sixty days after the expiration of the time set. Claim should be filed with the Register in Probate; should state fully the nature and amount of the claim, and the correctness of the items; and the amount should be sworn to before a Notary Public. County courts will furnish, upon request, the proper blanks to be used in filing the claim.

Claims for the expenses of the last sickness of the decedent, being preferred, may be ordered by the court to be paid in advance of general claims if the former have been presented within sixty days after the date of the original order (313.03 (2) Stats.).

Bankrupts.—Bankruptcy is a discharge of all debts which have been *listed* on schedules filed by the debtor (with certain exceptions). Claims, duly verified before a notary must be filed with the referee in bankruptcy ordinarily within six months after the first meeting of creditors. Creditors are given notice by mail (and by publication) of the first meeting, at which, if they desire, they can be present to question the debtor. A receiver is appointed to take over the assets, if there are any, and distribute them among the creditors.

Matters Preliminary to Collection

Office records.—Collection of accounts may be simplified if in the first instance the doctor obtains the full name and address of the patient. He should insist upon the middle name or initial especially in the case of such common names as Johnson, Smith, etc. If treatment is for a minor, the name and address of the parents should be obtained, and if for a married woman, her husband's name, occupation, and employer. If children are not minors but are living at home, obtain the parent's name as well, since it may simplify the matter of locating the patient later. Physicians who make a practice of jotting down information regarding the patient's relatives, place of employment, etc., often find such information invaluable in locating them later, and frequently use that information in determining the charges to be made.

Locating debtor.—When the debtor moves, his new address can often be obtained from his ex-landlord, or from neighbors. If he has a telephone, the telephone company will supply the new address. In some cities it is mandatory for trucking companies to report all removals which they handle, and an alphabetical list of such removals and new residences is kept at the police station. If gas or light is charged directly to the debtor at his new residence, the gas or electric companies will have information in their files which can often be obtained.

If he owns personal property upon which a tax is levied, his address can be obtained at the assessor's office. If he owns a car, and it is licensed in his name, the Auto License Division at Madison will have his address. Each year an Automobile Directory is published by the Wright Directory Company, of Milwaukee, which aids in locating debtors who have moved. If a debtor is in the habit of buying on installment contracts, the contracts are usually filed with the Register of Deeds, and the address can be ascertained by checking the files, which are arranged alphabetically. Again, the importance in the first instance of obtaining the full name must be stressed, for, without that, the tracer is under a handicap in using any of the above methods.

The post office maintains, in connection with its registered mail service, a "tracing" service. For 20¢ in addition to the regular registration and return receipt fee, a letter will be delivered to the addressee personally, and none other, if he can be located, and the return receipt will show the address where the letter was delivered.

Informal Methods of Collection

Collection letters.—The attorney general has ruled that a letter stating that if a person does not pay, the sender will "take it out of his hide" constitutes an offense under the blackmail statute (340.45 Stats.). In effect, this statute provides that any person who shall maliciously threaten to accuse another of any *crime* or *offense* or *threaten to do injury to the person, property, business or profession of another,* with intent to extort money, may be prosecuted therefor. Collection letters should be dignified and confined to the purpose for which intended. Collection by postcard is forbidden by postal regulations.

Promissory notes.—Parties may, by contract, provide for interest rates of 10 per cent or less per year; 6 per cent is the legal rate if none other is specified in the note (115.04 Stats.).

A judgment note differs from an ordinary promissory note in that it provides a method of taking judgment for costs and attorney's fees without service of process. It is ordinarily preferred, therefore, since it provides remedies that may be sought and enforced expeditiously.

Chattel mortgages.—Under some circumstances, it may be advisable to secure the note by obtaining from the debtor a chattel mortgage. The mortgage must describe accurately and in detail the property which it covers, and be filed with the register of deeds in the county where the property is situated if it is to protect the creditor against subsequent mortgages by the same debtor. (241.10 Stats.) Chattel mortgages must be signed by the mortgagor and by his wife when exempt property is covered, and her signature witnessed by two persons. (241.08 Stats.) They may be taken on any type of personal property. Such a mortgage is valid for three years, and can be extended for additional one-year periods by filing an affidavit with the register of deeds, describing the property, the prior mortgage, and the interest the mortgage holder has therein. (241.11 Stats.) Provision is made for foreclosure and sale of the mortgaged property, upon proper notice to the mortgagor. (241.13, 241.135 Stats.)

Wage assignments.—An assignment of wages by a married man for more than two months in advance is invalid, and no assignment by him of salary or wages which are exempt from garnishment is valid unless signed by his wife, if she be at the time a member of his family, in the presence of two disinterested persons. (241.09 Stats.)

Wages to be earned under an employment not then in existence are not assignable. The law recognizes no assignment of future earnings unless such earnings are based on an existing contract of employment. Porte v. C. & N. W. Ry. Co., 162 Wis. 446 (1916).

Collection by Suit

Statute of limitations; malpractice.—Accounts for physicians' services become outlawed if six years have elapsed since the date of last payment, or since the last item of work was done, if no later payments were made. But, if the debtor "shall depart from and reside out of this state . . ." the statute of limitations is suspended during the time he is absent (330.30 Stats.).

It should be kept in mind that in order to avoid a possible counterclaim for malpractice, the physician should wait at least two years before bringing suit. (See the article in this issue relative to malpractice, p. 1077.) Under the provisions of Sec. 330.19 (5), Stats., the complainant, if he has not already instituted action by summons and complaint in a personal injury action (including malpractice), must give notice within two years after the happening of the event which caused the damage claimed; and if such notice has not been given, his claim is barred.

Where suit is brought.—Actions involving less than $200 are commonly brought before a justice of the peace because the procedure there is usually more speedy, and the costs are less than in courts of record. Since a justice court is not a court of record, the plaintiff or defendant may appear therein "by an attorney, agent or in person and conduct or defend any action." (301.20 Stats.).

The jurisdiction of a justice of peace extends only to actions involving amount of $200 or less, and only within the county where he is elected. The service of a justice court summons outside the county of issuance is ineffective as contrasted with a summons out of circuit court which is effective when served anywhere in the state. Therefore, if suit is against a nonresident of the county, it is usually forwarded to that county or brought in circuit court. Special courts, such as the Superior Court of Dane County and various municipal courts, have been created by the legislature from time to time, having such terri-

torial jurisdiction as is granted by the act creating them.

Costs and fees in court actions.—Costs and fees vary, depending on the court in which action is brought and the type of action involved. In general, the costs are less in justice courts than in courts of record.

Justice court: Ordinarily if a summons is issued and the action settled thereupon without further proceedings the justice fees average $2. If the justice enters judgment by default, his fees average $3.50, but if the case is contested, the fees range from $5 up, depending upon the length of trial, number of witnesses, and amount of testimony (Chap. 307, Stats.).

The officer serving the summons is entitled to 10¢ per mile for travel, in addition to the fee set by statute for service (60.55 (10) Stats.). Witnesses are entitled to $2 a day plus 5¢ per mile travel (325.05 Stats.).

The costs and fees are added to the judgment, to which may be added attorney's fees in the amount set by statute, if the party claiming them is represented by an attorney, and the opposing party appeared to prosecute or defend the case (307.02 (4) Stats.).

Courts of record: Costs and fees differ in that the judge is on a salary basis, and collects no fee for his services. A filing fee and state tax amounting to $3 for the summons is provided (59.42 Stats.); other costs depend upon the individual case.

Lien of Judgment.—A judgment, or transcript thereof, when filed with the clerk of the circuit court of the county in which the debtor has real estate, is a lien on such real estate (except his homestead) as the debtor may have at the time of docketing or for ten years thereafter (270.79 Stats.).

It should be noted that a judgment out of justice court is not a lien on the debtor's property unless the judgment creditor has a transcript of it filed with the clerk of circuit court. Thereupon it "shall be deemed the judgment of the circuit court." (270.75 Stats.). The justice is entitled to 25¢ for the transcript, and the clerk charges $1.00 to enter it.

While such judgments remain liens for only ten years, an action to collect the judgment can be brought at any time during the 20 years next after docketing. Actions to collect judgments of justice court (which have not been filed with the clerk of circuit court) are barred after a lapse of five years. (303.07 Stats.).

Collection of Judgment

Introductory.—The fact that suit is resorted to in the enforcement of a claim is no assurance that the money will be collected, for many debtors are not today in a position to pay many of their bills. Therefore, before resorting to suit, it is advisable to ascertain whether or not the debtor is in a position to pay the judgment, in case it is obtained.

Garnishment.—Garnishment proceedings can be instituted at the same time the original summons is issued or any time before final judgment, or later upon the judgment itself (267.01, Stats.). While commonly thought of as a method of reaching the wages paid to the debtor, the process of garnishment can be instituted to attach any property whatever, real or personal due the debtor and in the hands of a third person, unless it is exempt. Various items reached in this manner are, money due on contract or salary, drafts or notes belonging to the defendant, and other personal property. By statute the person who owes the debtor is liable as to debts due or to become due at the time the garnishee summons is served upon him, but the debt must be due absolutely and without depending upon any future contingency; for example, under a building contract under which nothing was due until completion of the building, garnishment was ineffective unless served after completion of the building. Mundt v. Shabow, (1904) 120 Wis. 303.

Executors and administrators are not subject to garnishment of moneys belonging to the estate they represent, at least until their accounts are settled and they have been ordered by the court to pay over the respective shares to legatees or distributees. As a general proposition any property or fund in the custody of the law is immune from garnishment, as is property in transit by common carrier. Trustees, guardians, and assignees in bankruptcy are ordinarily not subject to garnishment of funds which they hold for the benefit of others. However, by 272.30 Stats., real estate held in trust or for the use of another is liable for debts, judgments, execution and attachment against the person to whose use it is held.

Quasi Garnishment.—Municipal corporations are not subject to ordinary garnishment proceedings, but the statute (304.21) provides for what is known as quasi-garnishment of public employees whereby a judgment can be filed with the proper officer, and payment thereof made out of salary due the employee or such sums that may at any time become due the employee, subject, of course, to exemptions permitted by statute. The judgment should be filed with the Secretary of State, in case of state employees, otherwise with the clerk of the county, village, city, town, or school district. This procedure is more convenient than ordinary garnishment, in that costs are eliminated and certainty of payments is greater. The salary of a member of the legislature cannot be garnished. 20 O. A. G. 29.

Execution.—An execution cannot be issued until judgment is obtained. It is a written command issued by a court to the sheriff, directing him to execute the judgment of the court. In the ordinary case, it directs him "to satisfy the judgment out of the personal property of such debtor, and if sufficient personal property cannot be found, out of the real property belonging to him . . ." (272.05, Stats.).

All of the property of the debtor, except that exempt by statute, is liable for his debts, that is, bank notes, money, bonds, stocks, equities in goods mortgaged or pledged and real estate. The officer conducting the sale must give twenty days notice of sale of personal property, and six weeks notice (by publication in addition to posting) in case of real property (272.29, .31 Stats.).

Exemptions.—The statute sets out at length (272.18) what property is immune from seizure by garnishment, execution, attachment, etc. to satisfy the debts of a person.

a. Earnings. The debtor is entitled to an exemption of 60% of his earnings, including the earnings contributed by minor children, but not less than $60 or more than $100 for the month preceding the issuance of the writ and not less than $180 or more than $300 for the preceding three months. In addition he is entitled to an extra $10 per month exemption for each child under sixteen dependent on him for support. This statute applies only to persons who have families dependent upon them for support (272.18 (15) Stats.). Earnings include proceeds from the sale of crops, livestock, dairy products and other products grown or produced by a person to which his personal effort or that of his minor children has contributed.

b. Automobiles. Any automobile used or kept for the purpose of carrying on the debtor's trade or business, and not exceeding $400 in value, is exempt. If it is worth more than $400, it can be seized and sold, the $400 paid the debtor and the excess paid to the creditor (272.18 (6) Stats.).

c. Tools, etc. Tools, implements and stock in trade of a person used or kept for the purpose of carrying on his trade, not exceeding $200 in value, are exempt, (8) *Ibid.* In addition the statute (6) sets out various farm implements, to the value of $300; eight cows, ten swine, fifty chickens, two horses or mules and food for them for a year.

d. Household Equipment. Household furniture not exceeding $200.00 in value is exempt, besides beds, stoves and wearing apparel. (5) *Ibid.*

e. Other Personal Property. Numerous specified articles are exempt, and the statute (272.18) should be referred to before attempt is made to satisfy judgment by execution or otherwise.

f. Homestead Exemption. The statute provides for a homestead exemption of not more than 40 acres of land, when used for agricultural purposes, and the dwelling thereon owned and occupied by the debtor, to the amount of $5,000 (272.20 Stats.). If the land is in a village or city, or not used for agricultural purposes, the amount is limited to one-fourth acre including the dwelling thereon.

Attachment.—Attachment differs from execution in that it is available at the time an action is begun. It may be one of the methods of beginning an action. It consists in having the sheriff or constable seize property of the debtor and hold it until further direction of the court. It is available only under certain conditions set out in 266.03 Stats., and is used primarily in cases where the debtor is about to move away or dispose of his property—situations in which it is essential to act quickly to tie up the property of the debtor. If, upon trial of the action, the plaintiff is awarded judgment, the property is sold as by execution, and the proceeds applied likewise (266.23 Stats.).

Before a warrant of attachment is issued, the plaintiff or somebody in his behalf must file with the court an affidavit stating that the defendant is indebted to the plaintiff in an amount over $5.00 in justice court or $50.00 in circuit court due on express or implied contract or judgment, and stating reasons why an attachment should issue. The court issues the warrant which can be served immediately and the goods attached. It should be kept in mind that the ordinary rules of exemption apply to attachment as well as garnishment and execution proceedings. It is important to note that the attachment only creates a lien which may be lost unless within a reasonable time after judgment the creditor issues execution. Special provision is made for sale of perishable property (266.14 Stats.).

Remedies Supplementary to Execution.—Sometimes it is suspected that the debtor has assets which are not exempt, but which have been concealed or for some reason have escaped execution. Supplementary proceedings in aid of execution can be invoked under Chap. 273, Stats., and an order issued by the court, or a judge of the county to which execution was issued (not a justice of peace), requiring the debtor to appear and "answer concerning his property." (273.03 Stats.). Witnesses can be subpoenaed if necessary, and the debtor questioned upon oath as to his assets. If assets are discovered, not exempt, the court can order them applied toward satisfaction of the judgment. This procedure is available when execution is returned unsatisfied.

A receiver may be appointed to collect assets which may be due the debtor from others (273.04 Stats.).

NEW ADDRESS OF STATE SOCIETY

The new address of the State Medical Society of Wisconsin is:

917 Tenney Building, Madison

Coroners; Their Duties and Functions

A COMPLETE discussion of the powers and duties of the coroner would necessitate covering as well the powers and duties of the sheriff, or constable, for in the event that a sheriff or his deputy, for one of several reasons, is prevented from performing the duties of that office, the responsibility becomes that of the coroner. Since only in rare instances does such a situation arise, and since such powers and duties bear little or no relation to matters pertaining to physicians, this discussion is limited to the more familiar and specific powers and duties prescribed by the laws.

Section 59.34, of the Wisconsin Statutes, provides that the coroner shall—

"take inquest of the dead when required by law" (Subsec. 1) and

"perform all other duties required by law" (Subsec. 4). The most important duty, of course, is that relating to inquests, the details of which are set forth in Chapter 366 of the Wisconsin Statutes. The legislature has deemed it advisable to leave with the coroner a wide range of discretion. Section 366.01 provides that when, from the circumstances surrounding the death of any person, the District Attorney shall have good reason to believe that murder or manslaughter has been committed, he shall order and require the coroner or his deputy to take "an inquest on the view of the dead body of such person." The statute, however, also gives the coroner, on his own initiative, the power to hold an inquest. The function remains substantially as it has for several centuries.

The coroner's source of information of the death of a person is, of course, varied. Everyone, including a practitioner, owes a duty to report a death to proper authorities when circumstances indicate that a homicide or manslaughter may be involved. A physician, presumably, would be in a better position to draw such conclusions than would a layman; and where the practitioner attends a death involving suspicious circumstances, he would do well to notify the coroner or the sheriff's office.

Inquests

The coroner's first duty, upon being notified of a death, in absence of any request by the District Attorney to hold an inquest, is to determine whether or not in his opinion the facts warrant or require the holding of an inquest. This duty is purely discretionary; the only limitation, presumably, being that which relates to the District Attorney, that is whether there is good reason to believe that murder or manslaughter has been committed. It is impossible to lay down any rules for use in determining when good reason exists. Whether or not the coroner acts will, of course, depend on a number of facts: the objective circumstances of the case, incidental information available to the coroner, and, not to be overlooked, the coroner's own conception of the duties of his office.

Having concluded that the circumstances warrant or demand the taking of an inquest, the coroner's next step is to issue a so-called precept or order to the sheriff or constable to "summon a jury of six good and lawful men of the county to appear before him at the time and place specified in the precept." (In this connection it is pointed out that the power to hold an inquest is an absolute one and should the body have been buried, the coroner or his deputy can compel such body to be exhumed for the purpose of complying with the provisions of Chapter 366, provided an inquest has been ordered.) The form of the order compelling the summoning of a jury is prescribed by the statutes. No time limitation is provided for setting the date of the inquest, but the desirability of prompt action in inquests is self-evident and it is the coroner's duty to see to it that prompt administration of the laws be accomplished. In addition to the order compelling the attendance of the jurors, the coroner may issue subpoenas of witnesses included among which might be one or more competent physicians or surgeons for the purpose of making an examination of the body and testifying as to the result of the same. Thus, in the exercise of his powers and duties the coroner is called upon to perform functions which are in their nature both judicial and medical.

Medical Functions

The most important medical duty is the investigation of deaths in which an element of violence may be suspected. These might include accidental or suicidal deaths, and deaths of persons who have not been attended by a duly licensed practitioner of medicine when the cause of death appears uncertain. In making an investigation, the first consideration is how far it will be necessary to carry the examination, a matter which requires the exercise of care and good judgment. The coroner's questioning should be careful and searching, but having satisfied himself as to the natural cause of death, he is justified in going no further in his investigation. If, however, the death requires the discovery of facts other than those which may be revealed by questioning and inspection the coroner must be in a position to avail himself of those highly specialized medical services which enter into a postmortem examination. But unless an inquest has been ordered by the District Attorney or himself, or consent has been given by the next of kin, or cremation is directed and an autopsy deemed necessary, an autopsy cannot be ordered.

Judicial Duties

Having decided on the necessity for an inquest, the coroner's duty immediately becomes one of ad-

ministrative and judicial character. He does the work of a practicing attorney in bringing out the testimony of witnesses. The statute provides that the jury is to find not only what caused the death, but who was responsible for it. Because of the informality of the procedure, the coroner is in a position to exercise a great influence over the jury even though the jury's findings are not admissible evidence in a subsequent court trial of an apprehended party. See Groeschner v. John Gund Brewing Co. (1921) 173 Wis. 366, at 370. Nevertheless the coroner can frequently be the primary force in bringing a criminal to justice.

Being in charge of the inquest, the coroner, of course, is not in a position to testify as to the cause of death. His medical training, however, would aid him substantially in forming questions to be asked of the medical witnesses called. 1910 Op. Atty. Gen. 578.

Other Duties

In the absence of the holding of an inquest the coroner is in no different position than an individual as far as stating the cause of death is concerned. Section 69.39 of the Wisconsin Statutes, provides, however:

69.39 Coroner's certificate. Any coroner whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the nature of the disease, or the manner of death, and if from external causes or violence whether "probably" accidental, suicidal or homicidal, as determined by the inquest; and shall, in either case, furnish such information as may be required by the state registrar to classify the death.

A further duty is imposed upon the coroner by Section 366.19, Wisconsin Statutes, which provides in subsection (2):

It shall be the duty of the respective coroners of this state, in any case where the body is to be cremated, to view and make a careful personal inquiry into the cause and manner of death, and conduct an autopsy or order the conducting of an autopsy, if in their opinion it is necessary to determine the cause and manner of death, and thereupon certify that no further examination or judicial inquiry concerning the same is necessary, if so satisfied, otherwise, or in the event of doubt to proceed as otherwise provided by law.

Accordingly, a coroner may be justified in conducting an autopsy should he be so qualified; if not, then he may call in a licensed physician to conduct the autopsy. It should be kept in mind, however, that only where a coroner has formally ordered an inquest or where the body of the deceased is about to be cremated, is a coroner justified in having an autopsy performed, and in view of the decision of the Wisconsin Court in the case of Koeber v. Patch 123 Wis. 453, a physician should take care that the autopsy he performs is done in connection with a formal inquest or by order of the coroner prior to cremation.

"The Old Spanish Prisoner's Swindle"

A WARNING

Correspondence received at the office of the State Medical Society of Wisconsin seems to indicate that physicians in Wisconsin are being solicited to participate in a "get rich quick" scheme.

Physicians in Wisconsin are receiving letters from an individual who is supposed to be confined to a Mexican prison. This individual offers to give one-third of $185,000 in United States currency which is stored in a trunk somewhere in the United States. In order to obtain this $61,666 plus, the individual is called upon to assist the incarcerated person in recovering the trunk and to pay certain fines and court costs which have been charged against the prisoner in Mexico.

A Better Business Bureau has issued information that this scheme is known as the "Old Spanish Prisoner's Swindle" that has been going on for years. The post office department is said to have issued fraud orders from time to time against the individuals who have been conducting this swindle, but perennially the scheme is repeated.

Physicians receiving letters soliciting their cooperation or requesting funds to be used for this or similar purposes are requested to place such letters which they receive in the hands of the post office department, by giving them to the local postmaster or by forwarding them to the United States post office department at Washington, D. C., being certain that the envelopes in which they were received are also forwarded to postal authorities.

Laws and Rulings Governing Medical Licensure

FOR a complete statement of the laws on "Treating the Sick" physicians are referred to the State Board of Medical Examiners where they may obtain a complete reprint of the then current applicable statutes and rulings of the Board.

General Requisites

In general, all desiring to treat the sick must first secure a certificate of registration from the State Board of Examiners in the Basic Sciences prior to making application for license to practice from their own licensing board. This certificate may be obtained either by examination or by reciprocity where an applicant presents sufficient and satisfactory evidence of having passed examinations in the basic sciences before a legal examining board or officer of another state, or of a foreign country, if the standards are as high as those of this State.

Licenses to practice medicine and surgery are obtained by reciprocity or examination from the State Board of Medical Examiners. Applicants are advised to secure a copy of regulations from the secretary of the State Board of Medical Examiners for complete information and requirements. *Under no conditions, however, will the board grant temporary permits to practice.* Once a license is granted to practice medicine and surgery, it must be recorded, under a law passed by the 1939 session of the legislature, only with the county clerk of the county in which the practitioner resides. Failure to record the license as provided in the statutes prohibits the practitioner from collecting by law any compensation for professional services or from testifying in a professional capacity.

Special sections of the statutes are devoted to the registration or licensure of optometrists, dentists, dental hygienists, nurses, chiropractors, midwives, cosmeticians, chiropodists, and masseurs. But only applicants to practice medicine and surgery, or osteopathy and surgery, are licensed by the State Board of Medical Examiners, and only chiropodists, masseurs, and midwives are registered by that board.

The statutes provide that no person not possessing a license to practice medicine and surgery, osteopathy, or osteopathy and surgery, shall use or assume the title "doctor," or append to his name the words or letters "doctor," "Dr.," "specialist," "M.D.," "D.O.," or "any other title, letters or designation which represents or may tend to represent him as a doctor in any branch of treating the sick." This law was held, in a recent opinion of the Wisconsin Supreme Court, to prevent the use of the title by chiropractors and, in the opinion of the Attorney General, excludes the use of that title by optometrists or those in the field of treating the sick other than physicians and surgeons, or osteopaths.

Licensing by Reciprocity in Other States

Physicians desiring to be licensed by reciprocity under the laws of states other than Wisconsin, must furnish to its medical licensure board certain certificates and verified copies of Wisconsin records. Frequently the requirements include copies of examination records in Wisconsin. Where physicians request such records of the Wisconsin State Board of Medical Examiners, the request must be accompanied by a $10.00 fee. Personal checks are not accepted. All remittances must be made by certified check, post office or express money order, and made payable to the Wisconsin State Treasurer.

AMERICAN BOARD OF OPHTHALMOLOGY

Written Examination, March 2, 1940, in various cities throughout the country.

This Will Be the Only Written Examination in 1940.

All applications for this examination must be received before January 1, 1940. All applicants must pass satisfactory written examination before being admitted to oral examination.

Oral Examination: New York City, June 8 and 10. Fall examination to be announced later.

Case Reports: Candidates planning to take June examination must file case reports before March 1.

For application blanks write *AT ONCE* to Dr. John Green, 6830 Waterman Avenue, St. Louis, Missouri.

Officers of State Boards and Commissions

Basic Science Examiners

Prof. William H. Barber, Treasurer, 621 Ransom Avenue, Ripon
Prof. Robert N. Bauer, Secretary, 3414 W. Wisconsin Ave., Milwaukee
Prof. Michael F. Guyer, President, Zoology Department, University of Wisconsin, Madison

State Board of Medical Examiners

(Date of expiration of term follows name.)

1. George R. Reay, M. D., President, La Crosse, July, 1941
2. E. C. Murphy, D. O., Secretary, Eau Claire, July, 1939
3. Harold W. Shutter, M. D., Wauwatosa, July, 1943
4. Robert E. Flynn, M. D., La Crosse, July, 1943
5. Jessie P. Allen, M. D., Beloit, July, 1943
6. Adam J. Gates, M. D., Tigerton, July, 1939
7. D. R. Searle, M. D., Superior, July, 1941
8. H. H. Christofferson, M. D., Colby, July, 1941

State Board of Health

Members of the Board

W. W. Kelly, M. D., Green Bay, President
Stephen Cahana, M. D., Milwaukee, Vice President
Joseph Dean, M. D., Madison
J. J. Seelman, M. D., Milwaukee
R. L. MacCornack, M. D., Whitehall
Amalia C. Baird, R. N., Eau Claire
C. A. Harper, M. D., Madison, State Health Officer

Bureaus and Divisions of State Board of Health

General Administration:
C. A. Harper, M. D., State Health Officer
C. N. Neupert, M. D., Assistant State Health Officer
Vital Statistics:
Mr. Francis E. Kester, Assistant Registrar
Communicable Diseases and Social Hygiene:
H. M. Guilford, M. D., Director
Sanitary Engineering:
Mr. L. F. Warrick, State Sanitary Engineer
Well Drilling:
Mr. Louis Watry, Supervisor
Plumbing and Domestic Sanitary Engineering:
Mr. Arnold Spencer, Supervisor
Industrial Hygiene:
Paul A. Brehm, M. D., Director
Laboratories:
W. D. Stovall, M. D., Director
Maternal and Child Health:
Amy Louise Hunter, M. D., Chief
Public Health Nursing:
Miss Cornelia Van Kooy, Supervisor
Nursing Education:
Miss Leila Given, Director
Hotels and Restaurants:
Mr. Bert A. Honeycomb, Supervisor
Barber Shops:
Mr. Charles Mullen, Supervisor
Cosmetic Art:
(Vacancy at present time)
Education:
Mr. John Culnan, Director
Funeral Directors and Embalmers:
(Covered by general administration staff)
Venereal Diseases:
Milton Trautmann, M. D., Director

State Board of Public Welfare

(Created by act of 1939 legislature to supplant the State Board of Control, and combining certain other agencies.)

Members of the Board

Mr. R. J. Everhardt, Whitewater, Chairman
Mrs. Erma Stoddart, Beaver Dam, Vice-Chairman
Mrs. Yvonne Town, Waukesha, Secretary
Mr. Herman A. Kloppmann, Crivitz
Prof. Lloyd V. Ballard, Beloit
Mr. Charles H. Liehe, Chippewa Falls
Mr. Frank W. Wabiszewski, Milwaukee

Executive Staff

Mr. Frank C. Klode, Madison, Director
Mr. A. W. Bayley, Madison, Executive Secretary
Division of Corrections:
Mr. Morris G. Caldwell, Ph.D., Director
Division of Mental Hygiene:
G. E. Seaman, M. D., Madison, Acting Director
Division of Public Assistance:
Mr. George M. Keith, Madison, Director
Division of Administration and Research:
Mr. A. W. Bayley, Madison, Acting Director
Division of Child Welfare:
Miss Elizabeth Yerxa, Madison, Director
Division of Adult Blind Services:
Mr. E. F. Costigan, Madison, Director

Wisconsin Industrial Commission

Members of the Commission

Mr. Voyta Wrabetz, Chairman
Mr. Harry J. Burczyk
Mr. C. L. Miller
Miss Helen Gill, Acting Secretary

Workmen's Compensation Department

Mr. Harry A. Nelson, Director

Unemployment Compensation Department

Mr. Paul Raushenbush, Director

Officers and Committees 1940, State Medical Society of Wisconsin

President

Dr. R. G. Arveson
Frederic, Wis.

President-Elect

Dr. R. P. Sproule
208 East Wisconsin Avenue
Milwaukee, Wis.

Secretary

Mr. J. G. Crownhart
917 Tenney Bldg.
Madison, Wis.

Assistant Secretary

Mr. George B. Larson
917 Tenney Bldg.
Madison, Wis.

Treasurer

Dr. Ira R. Sisk
1 South Pinckney Street
Madison, Wis.

Speaker, House of Delegates

Dr. J. Newton Sisk
16 South Henry Street
Madison, Wis.

Vice-Speaker

Dr. R. M. Kurten
810 Main Street
Racine, Wis.

Councilors

(Dr. S. E. Gavin, Fond du Lac, Chairman)

First: Dodge, Jefferson and Waukesha County Societies. Dr. H. P. Bowen, Watertown, Wis., 1942.

Second: Kenosha, Racine and Walworth County Societies. Dr. C. E. Pechous, 625 Fifty-seventh Street, Kenosha, Wis., 1942.

Third: Dane, Columbia–Marquette–Adams, Green, Rock and Sauk County Societies. Dr. W. T. Clark, 20 East Milwaukee Street, Janesville, Wis., 1940.

Fourth: Crawford, Grant, Iowa, Lafayette and Richland County Societies. Dr. B. I. Pippin, Richland Center, Wis., 1940.

Fifth: Calumet, Manitowoc, Sheboygan and Washington–Ozaukee County Societies. Dr. A. H. Heidner, West Bend, Wis., 1940.

Sixth: Brown–Kewaunee–Door, Fond du Lac, Outagamie and Winnebago County Societies. Dr. S. E. Gavin (chairman), 104 South Main Street, Fond du Lac, Wis., 1940.

Seventh: Juneau, La Crosse, Monroe, Trempealeau–Jackson–Buffalo and Vernon County Societies. Dr. H. A. Jegi, Galesville, Wis., 1941.

Eighth: Marinette–Florence, Oconto and Shawano County Societies. Dr. G. W. Krahn, Oconto Falls, Wis., 1941.

Ninth: Clark, Green Lake–Waushara, Lincoln, Marathon, Portage, Waupaca and Wood County Societies. Dr. H. H. Christofferson, Colby, Wis., 1941.

Tenth: Barron–Washburn–Sawyer–Burnett, Chippewa, Eau Claire–Dunn–Pepin, Pierce–St. Croix, Polk and Rusk County Societies. Dr. F. E. Butler, Menomonie, Wis., 1941.

Eleventh: Ashland–Bayfield–Iron and Douglas County Societies. Dr. F. G. Johnson, Iron River, Wis., 1942.

Twelfth: The Medical Society of Milwaukee County. Dr. H. J. Gramling, 606 West Wisconsin Avenue, Milwaukee, Wis., 1942; Dr. R. E. Fitzgerald, 2750 North Teutonia Avenue, Milwaukee, Wis., 1942; Dr. Robert W. Blumenthal, 411 East Mason Street, Milwaukee, Wis., 1940.

Thirteenth: Forest, Langlade, Oneida–Vilas and Price–Taylor County Societies. Dr. J. W. Lambert, Antigo, Wis., 1941.

Dr. A. E. Rector (Past President), Zuelke Building, Appleton, Wis., 1940.

Delegates to American Medical Association

Dr. S. E. Gavin (1940)
104 South Main Street
Fond du Lac, Wis.

Dr. J. C. Sargent (1940)
324 East Wisconsin Avenue
Milwaukee, Wis.

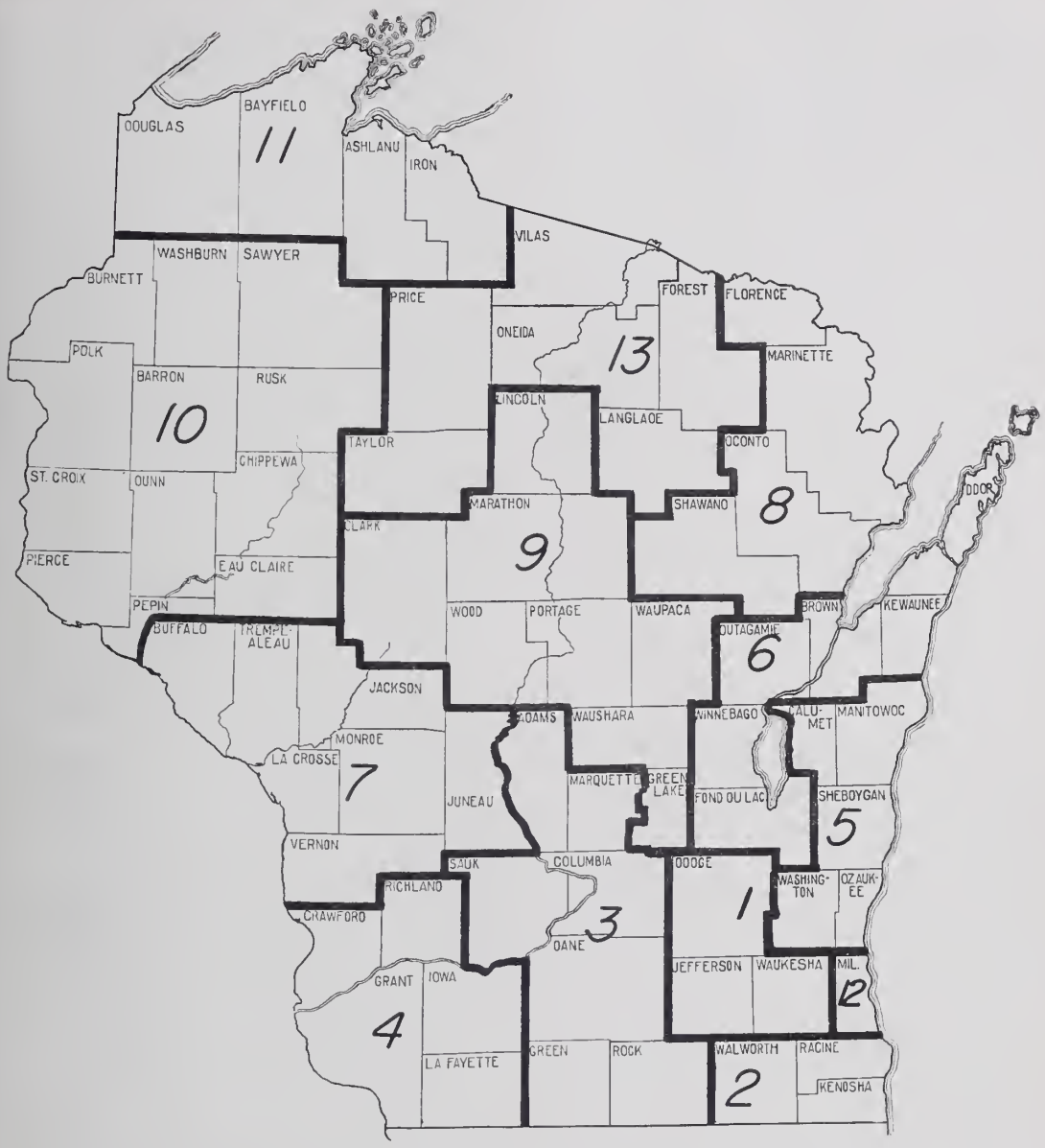
Dr. J. F. Smith (1941)
605½ Third Street
Wausau, Wis.

Alternates

Dr. S. J. Seeger (1940)
324 East Wisconsin Avenue
Milwaukee, Wis.

Dr. A. S. White (1940)
Rice Lake, Wis.

Dr. C. W. Giesen (1941)
1507 Tower Avenue
Superior, Wis.



MAP INDICATING LOCATION OF COUNCILOR DISTRICTS

First District:
Dr. H. P. Bowen, Watertown

Second District:
Dr. C. E. Pechous, Kenosha

Third District:
Dr. W. T. Clark, Janesville

Fourth District:
Dr. B. I. Pippin, Richland Center

Fifth District:
Dr. A. H. Heidner, West Bend

Sixth District:
Dr. S. E. Gavin, Chairman
Fond du Lac

Seventh District:
Dr. H. A. Jegi, Galesville

Eighth District:
Dr. G. W. Krahn, Oconto Falls

Ninth District:
Dr. H. H. Christofferson, Colby

Tenth District:
Dr. F. E. Butler, Menomonie

Eleventh District:
Dr. F. G. Johnson, Iron River

Twelfth District:
Dr. H. J. Gramling, Milwaukee
Dr. R. E. Fitzgerald, Milwaukee
Dr. Robert W. Blumenthal, Milwaukee

Thirteenth District:
Dr. J. W. Lambert, Antigo

STANDING COMMITTEES

The Committee on Cancer

Dr. Marcos Fernan-Nunez, 1941, chairman, 561 North Fifteenth Street, Milwaukee, Wis.
Dr. R. C. Thompson, 1941, Cumberland, Wis.
Dr. R. L. Alvarez, 1941, Galesville, Wis.
Dr. I. E. Bowing, 1941, 625 Fifty-seventh Street, Kenosha, Wis.
Dr. H. H. Morton, 1941, Dodgeville, Wis.
Dr. C. A. Richards, 1941, Rhinelander, Wis.
Dr. E. E. Evenson, 1942, Wittenberg, Wis.
Dr. J. W. McGill, 1941, 1225 Tower Avenue, Superior, Wis.
Dr. E. F. Schneiders, 1940, 113 North Carroll Street, Madison, Wis.
Dr. R. W. Hammond, 1940, 902 Jay Street, Manitowoc, Wis.
Dr. Erich Wisiol, 1940, 441 Main Street, Stevens Point, Wis.
Dr. Charles Fidler, 1940, 231 West Wisconsin Avenue, Milwaukee, Wis.
Dr. G. E. Eck, 1942, Lake Mills, Wis.
Dr. D. J. Twohig, 1942, 11 North Main Street, Fond du Lac, Wis.

The Advisory Committee on Care of Crippled Children

Dr. H. K. Tenney, 1942, chairman, 1 South Pinckney Street, Madison, Wis.
Dr. J. B. MacLaren, 1941, 120 South Oneida Street, Appleton, Wis.
Dr. H. L. Greene, 1941, 1 South Pinckney Street, Madison, Wis.
Dr. John O. Dieterle, 1940, 425 East Wisconsin Avenue, Milwaukee, Wis.
Dr. H. H. Christensen, 1940, 502 Third Street, Wausau, Wis.
Dr. C. M. Kurtz, 1942, 1300 University Avenue, Madison, Wis.

The Committee on Coordination of Medical Services

Dr. S. E. Gavin, 1942, chairman, 104 South Main Street, Fond du Lac, Wis.
Dr. L. V. Sprague, 1941, 2520 East Washington Avenue, Madison, Wis.
Dr. F. E. Butler, 1940, Menomonie, Wis.
President, ex officio
Secretary, ex officio

The Committee on Goiter

Dr. Arnold Jackson, chairman, 1942, 16 South Henry Street, Madison, Wis.
Dr. J. M. Johnson, 1941, Ripon, Wis.
Dr. J. H. Armstrong, 1940, New Richmond, Wis.
Dr. E. L. Sevringhaus, ex officio, 1300 University Avenue, Madison, Wis.
Dr. C. N. Neupert, ex officio, State Capitol, Madison, Wis.

The Committee on Grievances

Dr. A. J. Patek, 1942, chairman, 425 East Wisconsin Avenue, Milwaukee, Wis.
Dr. R. M. Kurten, 1941, 810 Main Street, Racine, Wis.
Dr. J. Gurney Taylor, 1940, 324 East Wisconsin Avenue, Milwaukee, Wis.

The Committee on Health and Public Instruction

Dr. Eben J. Carey, chairman, 1940, 561 North Fifteenth Street, Milwaukee, Wis.
Dr. F. B. Sazama, 1941, Chippewa Falls, Wis.
Dr. J. A. Riegel, 1942, St. Croix Falls, Wis.

The Committee on Industrial Health

Dr. S. J. Seeger, chairman, 1942, 324 East Wisconsin Avenue, Milwaukee, Wis.
Dr. E. O. Gertenbach, 1941, 425 East Wisconsin Avenue, Milwaukee, Wis.
Dr. T. J. O'Leary, 1940, 1507 Tower Avenue, Superior, Wis.

The Committee on Maternal and Child Welfare

Dr. A. B. Schwartz, chairman, 1942, 2018 East North Avenue, Milwaukee, Wis.
Dr. J. W. Harris, 1942, 1300 University Avenue, Madison, Wis.
Dr. J. Gurney Taylor, 1941, 324 East Wisconsin Avenue, Milwaukee, Wis.
Dr. Amy Louise Hunter, 1941, State Capitol, Madison, Wis.
Dr. C. M. Echols, 1940, 231 West Wisconsin Avenue, Milwaukee, Wis.
Dr. A. E. McMahon, 1940, Glenwood City, Wis.

The Committee on Medical Economics

Dr. A. S. White, chairman, 1942, Rice Lake, Wis.
Dr. E. H. Spiegelberg, 1941, Boscobel, Wis.
Dr. R. P. Sproule, 1940, 208 East Wisconsin Avenue, Milwaukee, Wis.

The Committee on Medical Education and Hospitals

Dr. F. D. Murphy, 1942, chairman, 536 West Wisconsin Avenue, Milwaukee, Wis.
Dr. E. V. Stadel, 1941, Reedsburg, Wis.
Dr. I. R. Sisk, 1940, 1 South Pinckney Street, Madison, Wis.

The Committee on Mental Hygiene and Institutional Care

Dr. A. W. Bryan, chairman, 1942, 16 South Henry Street, Madison, Wis.
Dr. G. E. Seaman, 1941, Winnebago, Wis.
Dr. H. H. Christofferson, 1940, Colby, Wis.

The Committee on Public Policy

Dr. C. A. Dawson, 1942, chairman, River Falls, Wis.
Dr. S. E. Gavin, 1941, 104 South Main Street, Fond du Lac, Wis.
Dr. J. C. Sargent, 1940, 324 East Wisconsin Avenue, Milwaukee, Wis.
President, president elect, secretary—ex officio

The Council on Scientific Work

Dr. J. A. Evans, 1940, 401 Main Street, La Crosse, Wis.
Dr. E. J. Carey, 1941, 561 North Fifteenth Street, Milwaukee, Wis.
Dr. G. W. Krahn, 1942, Oconto Falls, Wis.
Dr. C. J. Smiles, 1943, Ashland, Wis.
Dr. E. S. Schmidt, 1944, 1300 University Avenue, Madison, Wis.
Dr. W. S. Middleton, 1300 University Avenue, Madison, Wis., ex officio

The Committee on Tuberculosis and Chest Diseases

Dr. A. A. Pleyte, 1942, chairman, 1018 North Jefferson Street, Milwaukee, Wis.
Dr. W. T. Clark, 1941, 20 East Milwaukee Street, Janesville, Wis.
Dr. L. O. Simenstad, 1940, Osceola, Wis.

The Advisory Committee on Visual and Hearing Defects

Dr. F. S. Cook, 1942, chairman, 131 South Barstow Street, Eau Claire, Wis.
Dr. J. K. Trumbo, 1941, 520 Third Street, Wausau, Wis.
Dr. W. M. Nesbit, 1940, 1 South Pinckney Street, Madison, Wis.

The Advisory Committee to Woman's Auxiliary

Chairman of Council, chairman
Immediate past president
President
President-elect
Secretary

SPECIAL COMMITTEES

(Appointed annually by the president)

The Committee on Safety on Public Highways

Dr. H. A. Heise, chairman, 425 East Wisconsin Avenue, Milwaukee, Wis.
Dr. Millard Tufts, 208 East Wisconsin Avenue, Milwaukee, Wis.
Dr. W. B. Cornwall, Amery, Wis.

The Committee on Venereal Diseases

Dr. I. R. Sisk, chairman, 1 South Pinckney Street, Madison, Wis.
Dr. Gunnar Gundersen, 1836 South Avenue, La Crosse, Wis.
Dr. E. L. Tharinger, 231 West Wisconsin Avenue, Milwaukee, Wis.
Dr. Norbert Enzer, 425 East Wisconsin Avenue, Milwaukee, Wis.
Dr. C. W. Giesen, 1514 Ogden Avenue, Superior, Wis.

The Advisory Committee on Voluntary Sickness Insurance

Dr. Robert W. Blumenthal, chairman, 411 East Mason Street, Milwaukee, Wis.
Dr. C. D. Neidhold, 103 West College Avenue, Appleton, Wis.
Dr. W. M. Nesbit, 1 South Pinckney Street, Madison, Wis.

Centennial Committee

Dr. Robert W. Blumenthal, chairman, 411 East Mason Street, Milwaukee, Wis.
Dr. A. J. Patek, 425 East Wisconsin Avenue, Milwaukee, Wis.
Dr. W. S. Middleton, 1300 University Avenue, Madison, Wis.
Dr. P. R. Minahan, 110 North Washington Street, Green Bay, Wis.
Dr. R. G. Arveson, Frederic, Wis.

OFFICERS OF SECTIONS

(Elected annually by section members)

Eye, Ear, Nose and Throat

Dr. Mark Nesbit, chairman, 1 South Pinckney Street, Madison, Wis.
Dr. L. C. Gardner, secretary–treasurer, 11 North Main Street, Fond du Lac, Wis.

Orthopedics

Dr. H. C. Schumm, president, 425 East Wisconsin Avenue, Milwaukee, Wis.
Dr. W. P. Blount, secretary–treasurer, 324 East Wisconsin Avenue, Milwaukee, Wis.

Radiology

Dr. James A. Evans, chairman, 401 Main Street, La Crosse, Wis.
Dr. G. S. Reynolds, vice chairman, Sacred Heart Hospital, Eau Claire, Wis.
Dr. R. F. Wilson, secretary–treasurer, 431 Olympian Boulevard, Beloit, Wis.

COMMITTEES OF THE COUNCIL

(Appointed in January annually by chairman of the Council)

Auditing Committee

Dr. H. H. Christofferson, Colby, Wis.
Dr. G. W. Krahn, Oconto Falls, Wis.
Dr. Robert W. Blumenthal, 411 East Mason Street, Milwaukee, Wis.

Executive Committee

President
Chairman of Council
Treasurer
Secretary
Dr. J. W. Lambert, Antigo, Wis.
Dr. A. H. Heidner, West Bend, Wis.
Dr. Robert W. Blumenthal, 411 East Mason Street, Milwaukee, Wis.
President elect (ex officio)

CONFERENCE COMMITTEE ON OPEN PANELS

Representing the State Medical Society of Wisconsin

Dr. R. P. Sproule, Milwaukee, Wis., chairman.
Dr. T. J. O'Leary, Superior, Wis.

Representing the Association of Casualty and Surety Executives (stock insurance companies)

Mr. E. E. Langworthy, Milwaukee, Wis.

Representing the American Mutual Alliance

Mr. C. W. Kroening, Wausau, Wis.

CONFERENCE COMMITTEE ON WISCONSIN HOSPITALS AND MEDICAL PAYMENTS PLAN

Representing the Association of Casualty and Surety Executives

Mr. E. E. Langworthy, Milwaukee, Wis., chairman.
Mr. A. D. Kehoe, Milwaukee, Wis.

Conference Committee on Wisconsin Hospitals and Medical Payments Plan—Continued

Representing the American Mutual Alliance

Mr. C. W. Kroening, Wausau, Wis.
Mr. H. J. Schroeder, Stevens Point, Wis.

Representing the State Medical Society of Wisconsin

Dr. C. H. Andrew, Platteville, Wis.
Dr. J. W. MacGregor, Portage, Wis.

Representing the Wisconsin Hospital Association

Miss Grace Crafts, Madison, Wis.

Representing the Wisconsin Conference of Catholic Hospitals

Sister Mary Bernadette, Madison, Wis.

A. M. A. FELLOWSHIP

The difference between membership and fellowship in the American Medical Association is set forth below:

A member of a county medical society automatically becomes a member of the State Medical Society and the American Medical Association, but not a Fellow of the American Medical Association. To become a Fellow of the American Medical Association, he must make special application and pay to the Association the annual dues of $8 (which are credited to a year's subscription to The Journal of the American Medical Association).

Many physicians who pay $8 a year for their subscription to The Journal of the American Medical Association are not Fellows only because they have never applied for Fellowship. Only Fellows may register or take part in the annual meeting of the American Medical Association which, in 1940, will be held in New York City, June 10–14.

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street, Chicago

APPLICATION FOR FELLOWSHIP

_____, 19____

I hereby make application for Fellowship in the American Medical Association and subscribe for The Journal for one year from date. I am a member in good standing of the _____ County Medical Society, a component branch of the _____ State Medical Association.

N. B.—Eight dollars is deposited with this application. Should I be granted the Fellowship applied for, this fee is to be credited to my subscription for *The Journal.* The Fellowship for which this application is made is to be subject to the Constitution and By-Laws of the American Medical Association.

Signed _____
Name in Full

Street _____ County _____

City _____ State _____

Members, State Medical Society of Wisconsin*

NEW HIGH MEMBERSHIP RECORD

On December 6 the membership of the State Medical Society of Wisconsin had surpassed all previous records with a new high total of 2,410.

Abbotsford:
Shields, G. G.

Ableman:
McGonigle, B. E.

Abrams:
Faulds, R. C.

Adams:
Harris, A. J.
Shapiro, Harry

Adell:
Bemis, I. M.
Naylen, F. J.

Algoma:
Foshion, H. V.
Witcpalek, W. W.

Allenton:
Fisher, R. S.

Alma:
Bachhuber, M. O.

Almena:
Arneson, Thomas

Amery:
Cornwall, W. B.
Ford, K. K.
Kremser, V. C.
Waterman, I. W.

Antigo:
Bloor, E. G.
Curran, W. P.
Donohue, M. J.
Dorzeski, E. F.
Flatley, M. A.
Lambert, J. W.
McKenna, E. A.
Moore, G. E.
Portman, R. J.
Steffen, L. A.
Wright, J. C.
Zellmer, C. E.

Appleton:
Archer, W. E.
Benton, J. L.
Bolton, E. L.
Brooks, E. H.
Carlson, G. W.
Dehne, W. O.
Frawley, W. J.
Gallaher, D. M.
Giffin, W. S.
Gloss, A. J.
Harrington, Wm. J.
Hegner, G. T.
Huberty, F. J.
Konz, S. A.
Krueger, E. N.
Landis, R. V.
MacLaren, J. B.
Marshall, V. F.
Marshall, W. S.
McBain, L. B.
McCarty, R. T.
McGrath, E. F.
Mielke, E. F.
Mills, N. P.
Neidhold, C. D.
Nissenbaum, James
Pardee, C. A.
Rankin, F. J.
Rector, A. E.
Reeve, J. S.
Ritchie, G. A.
Swanton, M. E.
Troxel, J. C.
Young, J. J.

Arcadia:
Comstock, Elizabeth
Dockendorff, B. C.
Skroch, J. P.
Weber, F. T.

Argyle:
Eurit, D. H.
Williams, W. B.

Arpin:
Smullen, J. J.

Ashland:
Butler, Albert
Church, Ruth E.
Dodd, J. M., Sr.
Grand, C. A.
Grigsby, R. O.
Hosmer, M. S.
Kamm, A. X.
Lamal, A. H.
Meyer, M. W.
Prentice, J. W.
Smiles, C. J.
Tucker, W. J.
Weeks, F. D.
Young, M. L.

Athens:
Bachhuber, H. M.
Frick, Lewis

Augusta:
Moland, O. G.
Prill, H. F.

Baldwin:
Kunny, B.
Swenson, G. B.

Bangor:
Ruppenthal, K. P.
Ward, M. W.

Baraboo:
Cahoon, Roger
Edwards, A. C.
Farnsworth, A. L.
Huth, M. F.
Irwin, H. J.
Kelly, D. M.
Moon, J. F.
Pearson, C. R.
Pope, C. B.
Tryon, F. E.
Vander Kamp, H.
Winslow, F. R.

Barron:
Post, C. C.
Ruethin, K. A.
Schlomovitz, H. H.
Smith, R. C.

Barton:
Driessel, S. J.

Bayfield:
Robertson, M. J.
Shumate, J. K.

Bear Creek:
Morneau, L. F.

Beaver Dam:
Clarke, T. C.
Corso, Xavier
Costello, W. H.
Hammond, A. W.
Hough, A. G.
Hoyer, A. A.
Hoyer, E. C.
Hoyer, G. H.
Kierzkowski, C. V.
O'Hora, C. M.
Roberts, Rob Roy
Rosenheimer, A. M.
Schoen, R. E.
Temkin, M. M.
Webb, E. P.
Welsch, J. M.

Belgium:
Huth, E. P.

Belleville:
Donlin, W. F.

Belmont:
Hubenthal, J. C.

Beloit:
Allen, J. P.
Allen, W. J.
Baldwin, R. M.
Brinckerhoff, F. E.
Brown, E. B.
Burger, H. E.
Crockett, W. W.
Crone, V. D.
Flarity, T. H.
Forbush, S. W.
Fosse, B.
Friend, L. J.
Friske, O. W.
Helm, H. M.
John, G. W.
Kasten, H. E.
Keithley, J. W.
Kishpaugh, H. W.
Lemmel, J. T.
Ottow, A. F.
Raube, H. A.
Shearer, H. A.
Smith, C. E.
Springberg, J. C.
Thayer, F. A.
Thayer, R. A.
Vivian, R. S.
Wilson, R. F.

Benton:
Leitzell, P. W.

Berlin:
Koch, H. C.
Regan, D. M.
Seward, L. J.
Wiesender, A. J.

Big Bend:
Boldt, R. E.

Birchwood:
Ainsworth, H. H.

Black Creek:
Laird, J. J.

Black Earth:
Dawson, C. N.

Black River Falls:
Krohn, Irwin
Krohn, Robert
Manz, K. F.

Blair:
Milchen, Carl
Richards, R. R.

Bloomer:
Clauson, C. T.
Hudek, D. F.

Bloomington:
Baldwin, F. H.
Glasier, M. B.
McLaughlin, H. J.

Blue Mounds:
Bancroft, H. V.

Blue River:
Randall, M. W.

Bonduel:
Terlinden, J. H.

Boscobel:
Hayman, C. S.
Spiegelberg, E. H.

Brandon:
Hull, H. H.

Briggsville:
Boots, F. W.

Brillion:
Wagner, A. J.
Zietlow, F. G.

Brodhead:
Mitchell, E. J.
Stuessy, M. W.

Brownsville:
Raymond, R. G.
Ries, M. F.

Bruce:
Whalen, M. L.

Burlington:
Alcorn, M. W.
Bennett, J. F.
Granzeau, H. W.
Mastalir, L. O.

Cadott:
Zenner, C. E.

Cambria:
Ronneburger, E. O.

Cambridge:
Amundson, K. K.
Bilstad, G. E.

Cameron:
Cronk, C. F.

Campbellsport:
Guenther, O. F.
Hoffmann, L. A.

Casco:
Fencil, Y. J.
Kerscher, E. J.

Cashton:
Cremer, C. H.
Mauel, N. M.

Cassville:
Rempe, A. C.

Cato:
Kelley, J. M.

Cedarburg:
Blanchard, P. B.
Hurth, O. J.
Hurth, O. W.
Katz, H. M.

Cedar Grove:
Van Altena, L. A.
Voskuil, A.

Centuria:
Noyes, G. B.

Chaseburg:
Remer, W. H.

Chetek:
Adams, R. W.
Hume, A. T.

Chilton:
Goggins, J. W.
Knauf, N. J.
Minahan, J. J.

Chippewa Falls:
Beier, A. L.
Daly, F. P.
Field, Merton
Hatleberg, C. N. B.
Henske, W. C.
Hyslop, C. J.
Kelly, J. A.
McCarty, E. O.
McHugh, F. T.
Picotte, L. W.
Rodgers, R. S.
Sazama, F. B.
Somers, A. J.
Williams, S. E.

Clear Lake:
Campbell, L. A.
Nelson, A. N.

Cleveland:
Reinert, E. N.

Clinton:
Dodge, C. H.
Thomas, W. O.

Clintonville:
Auld, Irving
Finney, W. H.
Miller, E. A.
Murphy, J. H.
Topp, C. A.

* Complete up to December 6, 1939.

Cochrane:
Meili, E. A.

Colby:
Christofferson, H. H.
Schemmer, A. L.

Coleman:
Graner, L. H.

Colfax:
Cooper, C. A.
Felland, O. M.

Columbus:
Caldwell, H. M.
Cheli, C. F.
Frederick, A. J.
Mudroch, J. A.
Poser, E. M.
Schmeling, A. F.

Coon Valley:
Solberg, A. A.

Crandon:
Ison, G. W.

Cross Plains:
Froggatt, W. E. L.

Cuba City:
Bair, F. M.

Cudahy:
Ackerman, E. J.
Fine, J. M.
Krueger, B.
Lawler, E. M.
Partridge, C. D.
Smith, H. S.

Cumberland:
Lund, S. O.
Thompson, R. C.

Dale:
Brillman, C. R.

Dallas:
Simonson, S. W.

Darlington:
McConnell, E. D.
McGreane, N. A.
Quinn, R. B.
Shockley, H. O.

Deerfield:
Ingwell, C. L.

Deer Park:
Dasler, T. W.

De Forest:
Carlton, E. P.

Delafield:
Barnes, H. T.
Olsen, L. C. J.

Delavan:
Crowe, N. F.
Doughty, J. W.
Jacobson, T. L.
Kahn, E. M.
Kenney, H. J.
Wright, C. A.

Denmark:
Hager, F. J.
Schilling, H. J.
Vosburgh, W. H.

De Pere:
Kersten, N. M.
Lenfestey, J. P.

De Soto:
Bolstad, H. A.

Dodgeville:
Hagerup, T. A.
Hamilton, W. P.
Morton, H. H.
Reese, William
Walker, H. M.

Dorchester:
Foley, F. P.

Dousman:
Schneider, Hans

Durand:
Zintek, A. R.

Eagle:
Fitzgerald, J. J.

Eagle River:
Flannery, J. V.
McMurry, O. R.
Oldfield, R. A. A.

East Ellsworth:
Campbell, A. P.

East Troy:
Meany, S. G.
O'Leary, T. J.

Eau Claire:
Anderson, F. G.
Baird, J. C.
Beebe, G. W.
Buckley, R. A.
Cook, F. S.
Culver, L. G.
Derge, H. F.
Dickelmann, L. E.
Falstad, C. H.
Federman, E. H.
Fuson, H. S.
Haag, A. F.
Hayes, E. P.
Henke, S. L.
Hertzog, A. J.
Hoyme, G.
Huston, H. C.
Johnson, Fred
Kinsman, F. C.
Kohl, Martha
LaBreck, F. A.
Lowe, J. W.
Manz, W. R.
Mason, E. L.
Midelfart, Peter
Mitchell, R. E.
Niver, E. O.
Paulson, W. O.
Reynolds, G. S.
Russell, S. B.
Spelbring, P. G.
Stang, H. M.
Strand, R. C.
Tanner, J. W.
Werner, Nels
Werner, R. F.
Wishart, J. H.
Ziegler, J. E. B.

Eden:
Hardgrove, J. H.

Edgar:
Schulz, H. A.

Edgerton:
Burpee, G. F.
Cleary, B. L.
Morrison, W. W.
Shearer, A. T.
Shearer, F. E.
Sumner, W. C.

Elcho:
Dailey, P. J.

Eldorado:
Jackson, F. A.

Elkhorn:
Helmbrecht, M. G.
Rawlins, J. A.
Ridgway, E. T.
Sorenson, E. D.
Young, J. H.

Elmwood:
Breed, A. L.

Elroy:
Vogel, C. A.

Ettrick:
Rogne, C. O.

Evansville:
Gray, R. J.
Guilfoyle, J. P.
Sorkin, S. S.

Excelsior:
Klockow, W. E.

Fall Creek:
Zboralske, F. F.

Fall River:
Hunt, F. O.

Fennimore:
Bailey, M. A.
Howell, E. C.
Marsden, T. H.

Fond du Lac:
Alexander, W. S.
Borsack, K. K.
Dalrymple, R. R.
Devine, H. A.
Devine, J. C.
Finn, W. C.
Florin, A. C.
Folsom, W. H.
Gardner, L. C.
Gavin, S. E.
Helz, J. W.
Hutter, A. M.
Keenan, L. J.
Layton, O. M.
Leonard, C. W.
McCabe, P. G.
Meiklejohn, D. V.
Rehorst, J. J.
Sharpe, H. R.
Sharpe, J. J.
Simon, L. J.
Smith, E. V.
Smith, E. V., Jr.
Theisen, S. A.
Toland, V. A.
Twohig, D. J.
Twohig, H. E.
Twohig, J. E.
Waffle, R. L.
Waldschmidt, W. J.
Walters, D. N.
Werner, H. C.
Wier, J. S.
Wiley, F. S.
Wojta, W. C.
Yockey, J. C.

Footville:
Harvey, J. R.

Forest Junction:
Wollersheim, P. J.

Forestville:
Hirschboeck, J. G.

Ft. Atkinson:
Caswell, H. O.
Gruesen, F. A.
Gueldner, L. H.
Hanson, O. H.
Harris, J. J.
Venning, J. R.
Young, Will

Fountain City:
Reinhardt, J. P.
Skemp, F. C.

Fox Lake:
Elliott, E. S.

Franksville:
Dockery, G. A.

Frederic:
Andrews, W. C.
Arveson, R. G.
Johnson, K. F.

Fremont:
Arnoldussen, C. P.

Friendship:
Treadwell, G. F.

Galesville:
Alvarez, R. L.
Jegi, H. A.
Younker, F. T.

Gays Mills:
Ackerman, E. T.
Boyce, S. R.

Genesee Depot:
Jones, Griffith

Gillett:
Baldwin, L. H.
Berg, W. R.

Gilman:
Hable, A. P.

Glenbeulah:
Hansen, John

Glenwood City:
McCusker, C. F.
McMahon, A. E.

Gilden:
Ansfield, F. J.

Goodman:
Kingsbury, C. H.

Grafton:
Balkwill, C. A.
Kalb, C. H.

Granton:
Rath, R. R.
Wink, R. H.

Green Bay:
Atkinson, H. S.
Bartran, W. H.
Brusky, A. H.
Buchanan, R. C.
Burdon, T. S.
Burns, Robert
Carter, R. M.
Chloupek, C. J.
Clifford, P. M.
Colignon, J. C.
Comee, W. C.
Cowles, R. L.
Crikelair, F. L.
DelMarcelle, C. C.
Denys, G. F.
Dockry, P. F.
Filek, Allan
Ford, J. L.
Ford, W. W.
Fuller, M. H.
Gosin, D. F.
Gosin, F. J.
Hagerty, W. T.
Halloin, J. E.
Hendrickson, H.
Icks, Karl
Jordan, E. M.
Kelly, W. W.
Killins, W. A.
Kispert, R. W.
Knox, E. S.
Kuehl, F. O.
Leaper, W. E.
Levitas, I. E.
McCarey, A. J.
McNevins, E. S.
Milson, Louis
Minahan, P. R.
Mokrohajsky, S. M.
Mueller, W. E.
Nadeau, E. G.
O'Brien, E. J.
Olmsted, A. O.
Quigley, L. D.
Robb, J. J.
Rose, Felix
Saunders, O. W.
Schmidt, E. S.
Senn, George
Shinners, G. M.
Stauff, G. R.
Stiennon, O. A.
Tippet, W. P.
Troup, R. L.
Troup, W. J.
Vieaux, J. W.
Williamson, C. S.

Greendale:
Kores, Vernon

Green Lake:
Baldwin, G. E.
Kelly, J. A.

Greenleaf:
Titel, E. A.

Greenwood:
Olson, Wm. A.
Overman, M. V.

Gresham:
Litzen, F. L.

Hales Corners:
Johnson, A. W.
Pierce, D. F.
Wolf, R. C.

Hammond:
Olson, C. A.

Hartford:
Hoffmann, J. G.
Lehmann, F. W.
Loughlin, T. F.
Monroe, M. E.
Sachse, F. W.

Hartland:
Brewer, G. W.
Grover, F. L.

Hawthorne:
Lookanoff, V. A.

Hayward:
Callaghan, D. H.
Dufour, E. H.
Krueger, E. R.
Rideout, M. E.
Wesche, G. E.

Hazel Green:
Fillbach, H. E.

Highland:
Erickson, M. T.

Hilbert:
Winkler, R. J.

Hillsboro:
Hansberry, P. H.
MacKechnie, R. S.
Rouse, J. J.
Schneeberger, E. J.

Hixton:
Petzke, E. A.

Hollandale:
Marshall, S. B.

Holmen:
Hanson, L. E.

Horicon:
Karsten, J. H.

Hortonville:
Adrians, W. A.
Towne, W. H.

Howards Grove:
Kolb, F. K.

Hudson:
Livingstone, J. W.
Newton, J. E.

Independence:
Peterson, C. F.
Peterson, D. R.
Walske, B. R.

Iola:
Wilker, W. F.

Iron Ridge:
Quackenbush, E. C.

Iron River:
Johnson, F. G.

Jackson:
Froede, H. E.

Janesville:
Bartels, G. W.
Baumgartner, M. M.
Binnewies, F. C.
Clark, W. T.
Cunningham, M. A.
Danforth, H. C.
Farnsworth, F. B.
Farnsworth, R. W.
Frechette, F. M.
Freitag, S. A.
Gilbertsen, C. R.
Hartman, E. C.
Hartman, R. C.
Hatfield, M. E.
Johnson, W. L.
Keiley, J. F.
Klein, T. W.
Koch, V. W.
Kuegle, F. H.
McGuire, W. H.
Metcalf, G. S.
Munn, W. A.
Nuzum, T. O.
Nuzum, T. W.
Overton, O. V.
Pember, A. H.
Snodgrass, T. J.
Thomas, G. L.
VanKirk, F. W.
Waufle, G. C.
Welch, F. B.

Jefferson:
Brewer, J. C.
Busse, A. A.
Garding, C. J.
Robinson, A. H.

Johnson Creek:
Wendt, F. A.

Junction City:
Reis, G. W.

Juneau:
Heath, H. J.
Hebenstreit, A. J.

Kaukauna:
Bachhuber, A. E. Jr.
Bachhuber, A. M.
Boyd, C. D.
Boyd, G. L.
Flanagan, G. J.
Hogan, John
Leigh, Albert
Wild, J. P.

Kenosha:
Andre, E. F.
Ashley, T. W.
Beatty, T. D.
Bennett, W. H.
Binnie, Helen A.
Bowing, I. E.
Cleary, J. H.
Creswell, C. M.
Curtiss, F. D.
DeFazio, S. F.
Gephart, C. H.
Graves, J. P.
Hill, B. S.
Kleinpell, W. C.
Lipman, W. H.
Lokvam, L. H.
Mayfield, A. L.
McCarthy, G. W.
Murphy, H. S.
Murphy, S. W.
Pechous, C. E.
Perkins, C. H.
Pifer, P. E.
Pirsch, M. V.
Randall, A. J.
Rauch, A. M.
Rauen, L. M.
Richards, C. G.
Ripley, H. M.
Ruffolo, A. F.
Schlapik, A.
Schulte, G. C.
Schwartz, G. J.
Schwartz, H. L.
Sokow, Theodore
Stewart, W. C.
Swarthout, E. F.
Ulrich, C. F.
Windesheim, G.
Wolf, Herman

Keshena:
Rivard, R. R.

Kewaskum:
Edwards, R. G.
Hausmann, N. E.

Kewaunee:
Dana, D. B.
Dockry, L. E.
Wochos, F. J.
Wochos, W. M.

Kiel:
Knauf, F. P.
Nauth, D. F.
O'Donnell, S. P.

Kimberly:
Maes, C. G.

Kohler:
Cottingham, M. D.
Gascoigne, C. C.

La Crosse:
Anderson, N. P.
Bannen, W. E.
Bayley, W. E.
Bohn, M. H.
Callahan, J. L.
Carlsson, E. S.
Daley, D. M.
Douglas, F. A.
Eagan, R. L.
Egan, G. J.
Eidam, L. W.
Evans, J. A.
Flynn, R. E.
Fox, J. C.
Gallagher, E. E.
Gallagher, F. J.
Garrett-Bangsberg, S.
Gatterdam, P. C.
Gray, R. H.
Gundersen, A. H.
Gundersen, G.
Gundersen, S. B.
Harman, J. C.
Henke, W. A.
Heraty, J. E.
Houck, Mary Piper
Johnston, Russell
Jones, W. J.
Lueck, G. W.
Malin, G. W.
Mast, B. W.
McGarty, M. A.
McLoone, J. E.
Montgomery, S. A.
Moran, C. J.
Reay, G. R.
Rosholt, J. A.
Sivertson, M.
Skemp, A. A.
Skemp, G. E.
Smith, D. S.
Swarthout, Edyth C.
Townsend, E. H.
Walters, P. T.
Wolf, F. H.
Wolf, H. E.

Ladysmith:
Lundmark, L. M.
O'Connor, W. F.
Smith, Woodruff

Lake Geneva:
Brady, C. J.
Hudson, E. D.
Jeffers, Dean
MacDonald, W. H.

Lake Mills:
Eck, G. E.
Leicht, Phillip
Peterson, M. G.
Schoenecker, E. A.

Lancaster:
Carey, H. W.
Fowler, J. H.
Glynn, J. D.
Godfrey, R. C.
Houghton, E. M.

Laona:
Ovitz, E. G.

Larsen:
Henrichsen, J. A.

LaValle:
Booher, J. A.

Lena:
Rose, J. F.

Little Chute:
Curtin, D. W.
Doyle, J. H.

Lodi:
Irwin, G. H.

Loganville:
Jewell, E. L.

Lone Rock:
Reynolds, Bertha

Madison:
Aageson, C. W.
Atwood, David
Beach, B. M.
Bleckwenn, W. J.
Bohorfoush, J. G.
Boner, A. J.
Bowman, F. F.
Boynton, B. L.
Briggs, S. J.
Brindley, B. I.
Britton, D. M.
Bryan, A. W.
Burke, C. F.
Burke, Mead
Burns, R. E.
Calvert, Charlotte
Campbell, R. E.
Carns, Marie L.
Carter, H. M.
Chorlog, J. K.
Cole, L. R.
Coluccy, M. J. J.
Cooksey, R. T.
Cooper, G. A.
Davis, F. A.
Dean, F. K.
Dean, Joseph
Dean, J. C.
Dean, J. P.
Dimond, W. B.
Dollard, J. E.
Duehr, P. A.
Ellis, I. G.
Evans, J. S.
Ewell, G. H.
Fauerbach, L.
Fosmark, C. A.
Foster, Ruth C.
Gale, J. W.
Gallagher, J. T.
Ganser, W. J.
Gearhart, R. S.
Geist, F. D.
Gonce, J. E., Jr.
Greeley, H. P.
Greene, H. L.
Grumke, E. H.
Guilford, H. M.
Halperin, P. H.
Harper, C. A.
Harper, C. S.
Harris, J. W.
Hathaway, H. R.
Henika, G. W.
Hill, N. A.
Hodgson, E. R.
Holmgren, L. E.
Hunter, Amy Louise
Hurlbut, J. A.
Hyslop, V. B.
Jackson, A. S.
Jackson, J. A.
Johnson, H. C.
Juster, E. M.
Kay, H. M.
Keck, E. B.
Krehl, W. H.
Kundert, F. W.
Kurtz, C. M.
Lacke, C. L.
Lee, J. H.
Lemmer, K. E.
Leonard, T. A.
Lindsay, W. T.
Littig, L. V.
Lorenz, W. F.
Malec, J. P.
Maloof, G. J.
Marsden, W. H.
Marsh, H. E.
Masten, M. G.
McCormick, S. A.
McDonough, K. B.
McGary, Lester
McIntosh, R. L.
Meanwell, W. E.
Meister, F. O.
Meyer, O. O.
Middleton, W. S.
Midelfart, C. F.
Montgomery, R. C.
Morrison, R. C.
Mowry, W. A.
Neff, E. E.
Nelson, O. O.
Nesbit, M. E.
Nesbit, W. M.
Neupert, C. N.
Newman, J. R.
Oatway, W. H.
Paul, L. W.
Pessin, Joseph
Pessin, S. B.
Pohle, E. A.
Puestow, K. L.
Purcell, H. E.
Quisling, A. A.
Quisling, G. D.
Quisling, R. A.
Quisling, Sverre
Reese, H. H.
Reineking, W. C.
Reznichek, C. G.
Robbins, J. H.
Rosenberg, C. F.
Schmidt, E. R.
Schneiders, E. F.
Schubert, C. K.
Schwittay, Addie M.
Seevers, M. H.
Sevringhaus, E. L.
Shapiro, H. H.
Sinaiko, A. A.
Sisk, I. R.
Sisk, J. N.
Sprague, L. V.
Stebbins, G. G.
Stebbins, W. W.
Stehr, A. C.
Stewart, J. K.
Stiehm, R. H.
Stovall, W. D.
Sullivan, A. G.
Sullivan, E. S.
Supernaw, J. S.
Taylor, F. B.
Tenney, H. K.
Thomas, N. G.
Thornton, M. J.
Tormey, A. R.
Tormey, T. W.
Tormey, T. W., Jr.
Trautmann, M.
Van Riper, H. E.
Vingom, C. O.
Virgin, H. W.
Washburne, A. C.
Waters, R. M.
Wear, J. B.
Welland, H. P.
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Minocqua:
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Torpy, T. G.

Mishicot:
Huth, E. W.
Skwor, C. J.

Mondovi:
Hansen, L. B.
Johnson, B. F.
Sharp, D. S.

Monroe:
Baumle, C. E.
Bear, N. E.
Bear, W. G.
Bristow, J. H.
Creasy, L. E.
Gnagi, W. B., Jr.
Gnagi, W. B., Sr.
Mauermann, J. F.
Moore, L. A.
Ruehlman, D. D.
Schindler, J. A.
Schneider, H. O.

Montello:
Inman, R. J.
McNamara, L. V.

Monticello:
Ohlsen, M. P.

Montreal:
Garry, M. W.
Krumpelbeck, A. C.
Ringo, H. F.

Mosinee:
Butler, E. F.
Jackson, J. A.
Jorgensen, E. F.
Jorgensen, P. B.

Mount Calvary:
Baasen, J. M.
Miller, J. F.

Mount Horeb:
Buckner, H. M.
Thompson, A. S.

Mukwonago:
Purdy, F. P.
Voellings, W. J.

Muskego:
Kelm, G. J.

Neenah:
Baxter, H. L.
Beglinger, H. F.
Brunckhorst, F. O.
Canavan, J. P.
Greenwood, S. D.
Lowe, R. C.
Ozanne, B. K.
Ozanne, I. E.
Pitz, M. N.
Rogers, R. B.
Smith, T. D.
Williamson, G. H

Neillsville:
Frank, H. A.
Frank, J. H.
Rosekrans, M. C.
Rosekrans, S. D.

Nekoosa:
Backus, O. A.
Pomainville, G. J.
Pomainville, H. G.
Posner, Sidney

New Auburn:
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Newburg:
Weber, H. F.

New Franken:
Looze, J. A.

New Glarus:
Francois, S. J. A.
Hicks, E. V.
McQuillin, E. D.

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Engel, A. C.
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Starnes, Brand

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Wing, W. S.

Oconto:
Kwapy, C. R.
Rogers, R. J.
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Tousignant, A. N.
Watkins, W. C.

Oconto Falls:
Goggins, R. J.
Krahn, G. W.

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Johnson, J. C.

Omro:
Schoenbechler, L. J.

Onalaska:
Reay, G. D.

Ontario:
Devine, G. C.

Oostburg:
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Maurmann, W. J.

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Helmes, L. O.
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Wagner, W. A.
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Leasum, R. N.

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Lutz, J. J.

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Van Hecke, D. S.

Pittsville:
Beyer, Hart

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Ingersoll, B. P.

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Cunningham, Wilson
Doeringsfeld, H. L.
Schuldt, C. M.
Soles, F. A.

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MacGregor, J. W.
Snyder, K. A.
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Stein, C. C.

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Kelly, Wm. J.

Pound:
Pelkey, R. B.

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Focke, W. J.

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Tasche, J. A.
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Toenhart, O. E.
Van Zanten, Wesley
Van Zanten, Wm.
Weber, C. J.
Zaegel, R. L.

Sheboygan Falls:
Hansen, H. J.
Pfeiler, A. G.

Shell Lake:
Hering, E. R.

Shiocton:
LaCroix, G. M.

Shullsburg:
Ennis, S. A. J.
Gratiot, M. P.
Hoesley, H. F.

Slinger:
Prefontaine, K. F.

Soldiers Grove:
Dillman, A. E.
Sannes, W. A.

South Milwaukee:
Dempsey, G. P.
Flaherty, G. S.
Oberfeld, H. H.
Rumph, C. L.
Sickels, W. A.

Sparta:
Beebe, C. D.
Beebe, D. C.
Beebe, S. D.
Jorris, E. H.
Mannis, Harry
Phalen, C. S.
Scantleton, J. M.
Williams, H. H.
Williams, H. H., Jr.

Spooner:
Lemmer, G. N.
Muccilli, A. E.

Spring Green:
Nee, Frank
Wahl, C. M.

Spring Valley:
Conway, H. P.
Conway, J. M.

Stanley:
Graber, R. E.
Overgard, A. W.

Star Prairie:
Perrin, H. E.

Statesan:
Biehn, R. H.
Coon, H. M.
Daniels, E. R.
Eisele, Paul
Rice, R. W.

Stevens Point:
Benn, H. P.
Cowan, W. F.
Crosby, E. P.
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Gramowski, W. A.
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Harrington, T. L.
Iber, F. C.
Kidder, E. E.
Krembs, F. R.
Litzow, J. A.
Marrs, F. A.
Miller, S. R.
Niebauer, H. J.
Reinardy, A. L.
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Sheehan, W. C.
Sowka, P. N.
Stollenwerk, R. J.
von Neupert, C.
Wisiol, Erich

Stockbridge:
Knauf, J. A.

Stoughton:
Keenan, H. A.
Olson, A. L.
Schoenbeck, R. F.
Smedal, A. T.

Strum:
Winter, E. F.

Sturgeon Bay:
Dorchester, D. E.
Huff, F. C.
Muehlhauser, J. O.

Sturtevant:
Peehn, F. G.

Sullivan:
Notbohm, W. R.

Sun Prairie:
McCabe, J. M.
Peterson, L. W.
Wyant, M. E.

Superior:
Averbook, M. S.
Baird, John
Beebe, L. W.
Campbell, E. L.
Carpenter, E. E.
Christiansen, C. H.
Christiansen, R. E.
Conklin, G. H.
Doyle, T. J.
Ekblad, V. E.
Giesen, C. W.
Giesen, Conrad W.
Goodfellow, J. R.
Ground, W. E.
Hathaway, G. J.
Kyllo, J. C.
McGill, J. W.
McGill, P. G.
Meyers, J. M.
Myers, E. A.
O'Leary, T. J.
Orchard, H. J.
Perrin, S. H.
Sarazin, F. C.
Schnell, W. H.
Searle, D. R.
Sincock, H. A.
Wall, M. H.
Weisberg, J. H.
Wilcox, A. G.

Suring:
Dougherty, J. S.

Sussex:
Van Valin, E. C.

Theresa:
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Thiensville:
Carthaus, A. H. C.
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Scholz, H. F.

Thorp:
Kulig, A. H.
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Three Lakes:
Hypes, F. E.

Tigerton:
Gates, A. J.
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Tomah:
Bell, A. R.
Scheurich, L. G.
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Sheehy, T. J.
Winter, A. E.

Tomahawk:
Baker, G. R.
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Shima, R. T.

Two Rivers:
Bussey, A. D.
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Simenson, R. S.

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Trowbridge, W. M.

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Tenley, O. S.

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Waterford:
Dietz, R. J.
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Bowen, H. P.
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Waukesha:
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Davies, R. E.
Edmondson C. C.
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Gantz, H. A.
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Hodgson, A. J.
Lappley, W. F.
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Waite, R. A.
Werra, M. J.
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Woodhead, F. J.

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Waupaca:
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Smith, S. M. B.
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Wilson, O. M.

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Horswell, U. M.

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Howard, M. Q.
Janney, F. R.
Kasak, Michael
Kehlnhofer, F. H.
Kradwell, W. T.
Osgood, C. W.
Peterson, E. F.
Regan, James
Roberts, H. M.
Sargeant, H. W.
Seymer, L. A.
Shabart, E. J.
Sleyster, Rock
Storchheim, Frederic
Wick, Samuel
Ziegler, L. H.

Wauzeka:
Rauchschwalbe, L. E.

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Waldkirch, R. M.

Webster:
Maas, David

West Allis:
Biljan, M. W.
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Hermann, A. H.
Hermann, W. C.
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Russell, F. H.
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Stern, C. S.
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West Bend:
Bauer, K. T.
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Frankow, R. O.
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Mac Cornack, R. L.
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Simons, N. S.
Tyvand, J. C.

White Lake:
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Whitewater:
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Schmiedicke, P. H. ---------- West Lafayette, Ind.
Sherman, C. F. ---------- Wichita, Kan.
Smullen, G. H. ---------- New Orleans, La.
Stankus, D. G. ---------- Miami Beach, Fla.
Urben, W. J. ---------- Cuyahoga Falls, Ohio
Van Valzah, Robert ---------- Goby, Va.
Weir, E. F. ---------- Iowa City, Ia.

HONORARY MEMBERS OF COUNTY AND STATE SOCIETY

Barrett, E. J. ---------- Sheboygan
Bradley, H. C. ---------- Madison
Chase, Samuel ---------- Madison
Clark, P. F. ---------- Madison
MacArthur, D. S. ---------- La Crosse
Maurer, A. A. ---------- New York City
Meek, W. J. ---------- Madison
Miller, W. S. ---------- Madison
Pusey, W. A. ---------- Chicago, Ill.
Sullivan, W. E. ---------- Madison

SYMPOSIUM ON BLOOD AND BLOOD-FORMING ORGANS

Following the Institute on Blood and Blood-Forming Organs, held in Madison in September, 1939, under the auspices of the University of Wisconsin Medical School, publication is announced of "A Symposium on the Blood and Blood-Forming Organs," in which experimental observations are recorded which have contributed significantly in recent years to the newer concepts of the etiology and therapy of the diseases under discussion. Those contributing to this work include Drs. *E. Meulengracht*, Copenhagen, Denmark; *Cecil James Watson*, University of Minnesota; *C. P. Rhoads*, Rockefeller Institute for Medical Research; *Clark W. Heath*, Harvard Medical School; *George R. Minot*, Harvard Medical School; *Louis K. Diamond*, Harvard Medical School; *Russell L. Haden*, Cleveland Clinic; *J. Furth*, Cornell University Medical College; *Claude E. Forkner*, Cornell University Medical College; *E. B. Krumbhaar*, University of Pennsylvania; *Charles A. Doan*, Ohio State University; *Hal Downey*, University of Minnesota; *Paul Reznikoff*, Cornell University Medical College; *Edwin E. Osgood*, University of Oregon; *Harry Eagle*, Passed Assistant Surgeon, United States Public Health Service, Baltimore. The book sells for $3.50. Inquiries may be directed to The University of Wisconsin Press, Madison.

Constitution and By-Laws of the State Medical Society of Wisconsin*

CONSTITUTION

ARTICLE I

NAME OF THE ASSOCIATION

The name and title of this organization shall be the State Medical Society of Wisconsin.

ARTICLE II

PURPOSE

The purposes of this Society shall be to federate and bring into one compact organization the entire medical profession of the State of Wisconsin, and to unite with similar societies of other states and territories of the United States to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to guard and foster the material interests of its members and to protect them against imposition; and to enlighten and direct public opinion in regard to the great problems of state medicine, so that the profession shall become more capable and honorable within itself, and more useful to the public, in the prevention and cure of disease, and in prolonging and adding comfort to life.

ARTICLE III

COMPONENT SOCIETIES

SECTION 1. Component societies shall consist of those county medical societies which hold charters from this Society.

SEC. 2. The terms, county medical society and component county medical society, shall be deemed to include all county medical societies and academies of medicine now in affiliation with this Society, or which may hereafter be organized and chartered by the House of Delegates of this Society.

ARTICLE IV

COMPOSITION OF THE ASSOCIATION

SECTION 1. This Society shall consist of members who shall be the members of the component county medical societies who have been certified to the headquarters of this Society, and whose dues and assessments for the current year have been received by the secretary.

SEC. 2. Those members who have been elected to honorary membership by the various component county societies may be enrolled as honorary members of this Society upon approval of the Council. These honorary members shall enjoy all the rights of membership, and their dues to the State Society shall be remitted.

SEC. 3. Members in good standing who shall make outright gifts to the Endowment Fund of this Society, in the amount of $1,000 or more, shall have bestowed upon them the gift of life membership in this Society. Such membership shall carry with it all the prerequisites of active membership, without the requirement of annual dues, and shall continue in force during the life of the member, providing that the member continues in good standing in his local county medical society.

ARTICLE V

HOUSE OF DELEGATES

The House of Delegates shall be the legislative body of the Society, and shall consist (1) of delegates elected by the component county medical societies, and (2) the officers of the Society enumerated in Section 1 of Article IX of this Constitution, and past presidents of the Society shall be ex officio members, but without the right to vote.

ARTICLE VI

COUNCIL

The Council shall be the Board of Trustees of this Society. The Council shall have full authority and power of the House of Delegates, between annual sessions, unless the House of Delegates shall be called into session as provided in the Constitution and By-Laws. It shall consist of the councilors and the immediate past president. The president, the president-elect, the secretary, the treasurer and the speaker of the House of Delegates shall be ex officio members of the Council, but without the right to vote. Nine of its members shall constitute a quorum.

ARTICLE VII

SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Society into appropriate sections, and for the organization of such councilor district societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies.

ARTICLE VIII

SESSIONS AND MEETINGS

SECTION 1. The Society shall hold an annual session during which there shall be at least two general meetings, open to all registered members, delegates and guests.

SEC. 2. The place for holding each annual session shall be fixed by the House of Delegates, or, by failure to act, such authority is delegated to the Council. The time for holding each annual session shall be approved by the Council.

SEC. 3. Special meetings of either the Society or the House of Delegates may be called by a two-thirds vote of the Council or upon petition by twenty delegates.

ARTICLE IX

OFFICERS

SECTION 1. The officers of this Society shall be a president, a president-elect, a secretary, a treasurer, councilors from thirteen districts, and a speaker and vice speaker of the House of Delegates.

SEC. 2. The officers, except the councilors, shall be elected annually. The terms of the councilors

* As revised by the 1939 House of Delegates.

shall be for three years. There shall be elected one councilor for each of the thirteen districts, except that in any councilor district embracing a membership of 250 or more, there shall be elected one additional councilor for each additional 250 members or major fraction thereof.

As nearly as possible, one third of the members of the Council shall be elected each year. The secretary and the treasurer shall be elected by the Council. All these officers shall serve until their successors are elected and installed.

The president-elect shall automatically succeed the office of president at the conclusion of his one-year term of president-elect.

ARTICLE X

FUNDS AND EXPENSES

Funds shall be raised by an equal per capita assessment on each component society. The amount of the assessment shall be fixed by the House of Delegates. Funds may also be raised by voluntary contributions, from the Society's publications and in any other manner approved by the House of Delegates. The treasurer and secretary shall submit an annual budget to the Council. All resolutions providing for appropriations shall be referred to the Council and all appropriations approved by the Council shall be included in the annual budget.

ARTICLE XI

REFERENDUM

At any general meeting of the Society it may, by a two-thirds vote, order a general referendum upon any question pending before the House of Delegates. The House of Delegates may, by a vote of its members, submit any question to the membership of the Society for its vote. A majority vote of all the members of the Society shall determine the question.

ARTICLE XII

SEAL

The Society shall have a common seal. The power to change or renew the seal shall rest with the House of Delegates.

ARTICLE XIII

AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the members of the House present at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and that it shall have been published twice during the year in the bulletin or journal of this Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken.

BY-LAWS

CHAPTER I

MEMBERSHIP

SECTION 1. The name of a physician on the official roster of this Society, after it has been properly reported by the secretary of his county society, shall be *prima facie* evidence of membership and of his right to register at the annual session.

SEC. 2. No person who is under sentence of suspension or expulsion from any component society of this Society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Society.

SEC. 3. Each member in attendance at the annual session shall register, when his right to membership has been verified by reference to the records of this Society. No member shall take part in any of the proceedings of the annual session until he has complied with the provisions of this section of the By-Laws.

CHAPTER II

GENERAL MEETINGS

SECTION 1. The general meetings shall be open to all registered members and guests. At such time as may have been arranged, shall be delivered the annual addresses of the president and of the president-elect.

SEC. 2. No address or paper, except those of the president, the president-elect, and the annual orations, shall occupy more than twenty minutes in its delivery. No member, except by unanimous consent, shall speak more than once in the discussion of any paper nor longer than five minutes at any one time.

SEC. 3. All papers read before this Society shall be its property. Each paper, when it has been read, shall be deposited with the secretary. Authors of papers read before this Society shall not cause them to be published elsewhere until after they have been published in its Journal or returned by the Editorial Board. Authors who fail to observe this section shall be ineligible to appear on programs of the State Society for a period of five years.

CHAPTER III

HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall meet annually at the time and place of the annual session.

SEC. 2. Each component county society shall be entitled to send each year one delegate or one corresponding alternate to the House of Delegates for each fifty full-paid members or major fraction thereof in this Society provided, however, that each county society shall be entitled to at least one delegate or one corresponding alternate.

SEC. 3. One fourth of the members of the House of Delegates registered shall constitute a quorum of the House of Delegates. All meetings of the House of Delegates shall be open to members of the Society.

SEC. 4. From among members of the House of Delegates the speaker of the House of Delegates, for the purpose of expediting proceedings, shall appoint Reference Committees to which reports and resolutions shall be referred as follows:

a. On Credentials.
b. On Resolutions.
c. On Reports of Officers.
d. On Reports of Standing Committees.

He shall also appoint such other committees as may be considered by him to be necessary.

SEC. 5. The House of Delegates shall elect delegates to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

SEC. 6. The House of Delegates shall divide the State into councilor districts, specifying what counties each district shall include, and, when the best interest of the Society and the profession will be promoted thereby, organize in each a district medical society, of which all members of the component county societies shall be members.

SEC. 7. The House of Delegates shall have authority to appoint committees for special purposes from among members of the Society who are not members of the House of Delegates. Such committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

SEC. 8. It shall approve all memorials and resolutions issued in the name of the Society before they shall become effective.

CHAPTER IV

ELECTION OF OFFICERS

SECTION 1. The House of Delegates at its first meeting at the annual session shall elect a committee on nominations consisting of one delegate from each councilor district. The committee on nominations shall report the result of its deliberations to the House of Delegates in the form of a ticket containing the names of one or more members for each of the offices to be filled at that annual session. No two candidates for president-elect shall be from the same district. Each candidate for councilor must be a resident of the district for which he is nominated. Nominations for councilor shall be made from the floor and not from the Committee on Nominations.

SEC. 2. The report of the nominating committee and the election of officers shall be the first order of business of the House of Delegates at the third meeting of the House.

SEC. 3. All elections of officers, where more than one nomination is received, shall be by ballot and a majority of the votes cast shall be necessary to elect except for delegates and alternates to the American Medical Association. In case no nominee receives a majority of the votes on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken. This procedure shall be continued until one of the nominees receives a majority of all the votes cast, when he shall be declared elected. In case no delegates or alternates for the American Medical Association receive on the first ballot a majority of the vote, the nominees shall be declared elected in the order of the highest number of votes received, until the allotted number shall have been chosen. In case of a tie vote for delegate or alternate, the tie shall be determined by lot.

SEC. 4. Nothing in this chapter shall be construed to prevent additional nominations being made from the floor by members of the House of Delegates.

SEC. 5. No person known to have solicited votes for or sought any office within the gift of this Society shall be eligible for any office for two years.

CHAPTER V

DUTIES OF OFFICERS

SECTION 1. The president shall preside at all meetings of the Society; he shall appoint a Committee on Arrangements for the annual session and all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the State during his term of office, and, as far as practicable, shall visit, by appointment, the various sections of the State and assist the councilors in building up the county societies, and in making their work more practical and useful.

SEC. 2. The president-elect shall act for the president in his absence or disability. If the office of president should become vacant the president-elect shall succeed to the presidency. In case of vacancy in the office of both president and president-elect the Council shall appoint one of its members as acting president until the next meeting of the House of Delegates.

SEC. 3. The treasurer shall give bond in such amount as the Council may provide. He shall demand and receive all funds due the Society, together with bequests and donations. He shall pay money out of the treasury only on a written order of the secretary; he shall subject his accounts to such examination as the House of Delegates may order, and he shall annually render an account of his doings and of the state of the funds in his hands.

SEC. 4. The secretary shall attend the general meetings of the Society and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings. He shall be secretary of the Council. He shall be custodian of all record books and papers belonging to the Society, except such as properly belong to the treasurer, and shall keep account of and promptly turn over to the treasurer all funds of the Society which come into his hands. He shall provide for the registration of the members and delegates at the annual session. He shall, with the cooperation of the secretaries of the component societies, keep a card index register of all the legal practitioners of the State by counties, noting on each his status in relation to his county society, and shall transmit a copy of this list to the American Medical Association, transmitting to its secretary each month a report containing the names of new members and the names of those dropped from the membership roster during the preceding month. He shall conduct the official correspondence, notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the Council and shall make an annual report to the House of Delegates. He shall supply all component societies with the necessary blanks for making their annual reports, and shall collect from them the regular per capita assessments and turn the same over to the treasurer. The amount of his salary shall be fixed by the Council.

SEC. 5. The speaker shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require.

SEC. 6. The vice speaker shall officiate for the speaker in the latter's absence or at his request. In case of death, resignation, or removal of the speaker, the vice speaker shall officiate during the unexpired term.

CHAPTER VI

COUNCIL

SECTION 1. The Council shall meet on the day preceding the annual session, and daily during the session and at such other times as necessity may require, subject to the call of the chairman or on petition of three councilors. It shall hold an annual meeting during January for purposes of organization and other business. Its chairman shall make an annual report to the House of Delegates.

SEC. 2. Each councilor shall be organizer, peacemaker and censor for his district. He shall visit each county in his district at least once a year for the purpose of organizing component societies

where none exist, for inquiring into the condition of the profession, and to keep in touch with the activities of and to aid in the betterment of the component societies of his district. He shall make an annual report of his work, and of the condition of the profession of each county in his district at the annual session of the Council. The necessary traveling expenses incurred by each councilor in the line of duties herein imposed may be allowed on a proper itemized statement, but this shall not be construed to include his expense in attending the annual session of the Society.

SEC. 3. The Council shall be the executive body of the House of Delegates and between sessions shall exercise the power conferred on the House of Delegates by the Constitution and By-Laws.

The Council shall be the Board of Censors of the Society. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Society. All questions of an ethical nature brought before the House of Delegates or the general meeting shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or component societies, on which an appeal is taken from the decision of an individual councilor. Its decision in all cases, including questions regarding membership in this Society, shall be final.

SEC. 4. Charters shall be issued to county societies only on approval of the Council, and shall be signed by the president and secretary of this Society. Upon the recommendation of the Council, the House of Delegates may revoke the charter of any component society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

SEC. 5. In sparsely settled sections the Council shall have authority to organize the physicians of two or more counties into societies, to be suitably designed so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies until such counties shall be organized separately.

SEC. 6. The Council shall provide for and superintend the issuance of all publications of the Society including proceedings, transactions and memoirs, and shall have authority to appoint an editor of the Journal and such assistants as it deems necessary. It shall prescribe the methods of accounting and through a committee of three of its members to be known as a Committee on Auditing and Finance, shall audit all accounts of this Society, and with the treasurer, supervise the investment of funds. The Council shall adopt an annual budget providing for the necessary expenses of the Society, which shall be prepared and presented for its consideration by the treasurer and secretary at the first meeting of the Council in January of each year. Its chairman shall submit an annual report to the House of Delegates, which shall specify the character and cost of the publications of the Society, the amount and character of all of its property, and shall provide full information concerning the management of all affairs of the Society which the Council is charged to administer.

SEC. 7. The Council shall, by appointment, fill any vacancy in office not otherwise provided for which may occur during the interval between annual meetings of the House of Delegates; the appointee shall serve until his successor has been elected and has qualified.

SEC. 8. The Council may elect as secretary one who need not be a physician nor a member of the Society.

SEC. 9. The salaries of all employees of the Society shall be fixed by the Council.

SEC. 10. The Council shall provide such headquarters for the Society as may be required to conduct its business properly.

CHAPTER VII

COMMITTEES

SECTION 1. The standing committees of this Society shall be as follows:

A Council on Scientific Work.
A Committee on Public Policy.
A Committee on Grievances.
A Committee on Cancer.
A Committee on Medical Education and Hospitals.
A Committee on Medical Economics.
A Committee on Maternal and Child Welfare.
A Committee on Health and Public Instruction.
A Committee on Coordination of Medical Services.
A Committee on Care of Crippled Children.
A Committee on Goiter.
A Committee on Visual and Hearing Defects.
A Committee on Mental Hygiene and Institutional Care.
A Committee Advisory to the Woman's Auxiliary.
A Committee on Tuberculosis and Chest Diseases.
A Committee on Industrial Health.

Unless otherwise provided in these By-Laws, each of these committees shall consist of three members, each of whom shall serve for a term of three years. One member of each of these committees shall be appointed annually by the incoming president, by and with the consent of the House of Delegates, provided that where the House creates a new standing committee the original appointments shall be for terms of one, two, and three years, and thereafter for terms of three years each.

SEC. 2. The Council on Scientific Work shall consist of five members, and each member shall serve for a period of five years. The Council on Scientific Work shall study the character and scope of the scientific proceedings of the Society and shall prepare the scientific program for the annual meeting. It shall likewise study the field of postgraduate education, making available, so far as lies within its power, program material for such postgraduate education both through programs of component societies and in such other ways as it may find feasible. It shall also be in charge of the affairs of the Journal. Important questions of editorial policy shall be submitted to the Council of the Society and an annual report shall be made to the House of Delegates.

SEC. 3. The Committee on Public Policy shall consist of three members, and the president, the president-elect and secretary. The committee shall present to those public officers charged with the duty of enacting or enforcing measures in the interest of public health, all available information that may in any way assist such officers honorably to discharge their responsibilities.

SEC. 4. The Committee on Grievances shall investigate all reported claims against members for compensation for injuries said to have resulted from malpractice. It shall determine as nearly as may be practicable the circumstances leading up to the making of the claim itself and the grounds on which the claim is based. The committee shall recommend to the Society from time to time such measures as it deems practicable for the limitation or removal of

the causes of such claims. It may, at the request of any member against whom a claim has been made, place at his disposal such evidence as becomes available to the committee. If the committee believes a claim unjust, it shall, at the request of the member against whom the claim has been made, cooperate, so far as it can lawfully do so, with him and his counsel in defense against it. If the committee believes that the claim that it has investigated is a just claim, the committee may, at the request of the member against whom the claim was made, cooperate with him and his counsel, so far as it lawfully can do so, in effecting an equitable settlement. The committee shall submit a report of its proceedings at each annual meeting of the Society, covering the preceding year, in which report shall be included all recommendations made by the committee during the year looking toward the removal of the causes of claims based on alleged malpractice.

SEC. 5. The Committee on Medical Education and Hospitals shall serve in this State for the Council on Medical Education and Hospitals of the American Medical Association, and shall have referred to it all questions pertaining to hospitals and medical education.

SEC. 6. The Committee on Medical Economics shall investigate matters affecting the economic status of physicians as a profession, and shall report annually to the House of Delegates such recommendations as may, in its judgment, seem proper.

SEC. 7. The Committee on Maternal and Child Welfare shall consist of six members and its principal duties shall be to advise cooperating agencies in the effort to reduce maternal mortality and to preserve child health.

SEC. 8. The Committee on Health and Public Instruction shall consist of three members. It shall carry on such activities in the field of health and the dissemination of information in relation thereto as the House of Delegates and Council may direct.

SEC. 9. The Committee on Care of Crippled Children shall consist of six members, and its principal duty shall be to act in an advisory capacity to state departments concerned with the subject matter.

SEC. 10. The Committee on Goiter shall consist of three members, and its principal duty shall be to forward those measures looking toward the prevention of goiter, and where existent, its early diagnosis and treatment.

SEC. 11. The Committee on Visual and Hearing Defects shall consist of three members, and its principal duties shall lie in the field of prevention, and where existent, early discovery and treatment. It shall act in an advisory capacity to state departments concerned with these problems.

SEC. 12. The Committee on Mental Hygiene and Institutional Care shall consist of three members, and its principal duties shall be advisory to both the Society and cooperating agencies as to those means best designed to protect mental health and to alleviate mental illnesses.

SEC. 13. The Committee Advisory to the Woman's Auxiliary shall consist of the chairman of the Council, the immediate past-president, the president, the president-elect, and the secretary. Its principal duties shall be to advise state officers of the Auxiliary, particularly in the field of approval of new projects.

SEC. 14. The Committee on Tuberculosis and Chest Diseases shall consist of three members, and its principal duties shall be advisory to the Society and cooperating agencies as to those means best designed to aid in the prevention and alleviation of tuberculosis and diseases of the chest.

SEC. 15. The Committee on Industrial Health shall consist of three members, and its principal duties shall be to cooperate with the Council on Industrial Health of the American Medical Association, and to seek to further the health of those employed in industry in Wisconsin.

SEC. 16. Reports of the standing and special committees shall be published in the official Journal preceding the date of the annual session of this Society, and these reports must be in the hands of the secretary sixty days in advance of the annual session.

CHAPTER VIII

DUES AND ASSESSMENTS

SECTION 1. The annual dues and assessments shall be determined by the House of Delegates, and shall be levied per capita on the members of the Society. They shall be payable on or before January 1 of the year for which they are levied. The secretary of each component society shall cause to be collected and shall forward to the offices of the Society the dues and assessments for its members, together with such data as shall be required for a record of its officers and membership. Any member whose name has not been reported for enrollment and whose dues for the current year have not been remitted to the secretary of this Society on or before March 31 shall stand suspended until his name is properly reported and his dues for the current year properly remitted.

When a member shall have paid his dues for thirty-five years, upon request of his county medical society, he may become a life member and shall then be exempt from the payment of further dues and a certificate of membership shall be issued to such member annually.

SEC. 2. The record of payment of dues and assessments on file in the offices of the Society shall be final as to the fact of payment by a member and as to his right to participate in the business and proceedings of the Society and of the House of Delegates.

SEC. 3. Any county society which fails to make the reports required, at least thirty days before the annual session of the State Society, shall be held suspended, and none of its members or delegates shall be permitted to participate in any of the proceedings of the Society or of the House of Delegates.

CHAPTER IX

The ethical principles governing the members of the American Medical Association shall govern members of this Society. No member shall profess adherence or give support to any exclusive dogma, sect or school.

CHAPTER X

The deliberations of this Society, except as may be provided otherwise in the Constitution and By-Laws, shall be conducted in accordance with parliamentary usage as defined in Roberts' Rules of Order.

CHAPTER XI

SECTION 1. All county societies now in affiliation with the State Society or those that may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws shall, upon application to the Council, receive charters from this Society,

provided that their constitutions and by-laws shall have been submitted to the Council and received its approval.

SEC. 2. Only one component medical society shall be chartered in each county.

SEC. 3. Each county society shall judge of the qualifications of its members, subject to review and final decision by the Council of the State Society. Every reputable and legally qualified physician who is a citizen of the United States and who is a bona fide resident of the same county shall be eligible to membership so long as he does not practice nor profess to practice sectarian medicine, or engage in practice in a manner in conflict with the Principles of Ethics of the American Medical Association, or so conduct himself as to defeat the purposes for which the Society is organized and is operating. By proper provision of constitution and by-laws, either or both as may be necessary, the county society may require of an applicant for membership that he shall have resided within the jurisdiction of the society to which he is applying, for a period of one year as a condition precedent to election to membership.

A member of a component society whose license has been revoked shall be dropped from membership automatically as of the date of revocation. The Council of the State Society shall have final authority to expel a member should a component county society fail to do so after being so requested by the Council.

A physician living near a county line may hold his membership in that county most convenient for him to attend, on permission of the component society in whose jurisdiction he resides.

SEC. 4. Any physician who may feel aggrieved by the action of the society of his county in suspending or expelling him shall have the right to appeal to the Council, whose decision shall be final. A county society shall at all times be permitted to appeal or refer questions involving membership to the Council of the State Society for final determination. The period of time within which appeal to the Council may be taken shall be limited to six months following the date of decision by the constituted authority of a component county medical society.

SEC. 5. In hearing appeals the Council may admit oral or written evidence as in its judgment will most fairly present the facts, but in the case of every appeal both as a board and as individuals, the councilors shall, preceding all such hearings, make efforts at conciliation and compromise.

SEC. 6. When a member in good standing in a component county society moves to another county in this State, he shall be given a written certificate of these facts by the secretary of his society, without cost, for transmission to the secretary of the society in the county to which he moves. Pending his acceptance or rejection by the society in the county to which he removes, such member shall be considered to be in good standing in the county society from which he was certified and in the State Society to the end of the period (respectively) for which his dues have been paid.

SEC. 7. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county. Systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it includes every eligible physician in the county.

SEC. 8. At some meeting in advance of the annual session of this Society, each component county society shall elect one or more delegates and an equal number of individual alternates therefor to represent it in the House of Delegates of this Society, in accordance with Chapter III, Section 2, of these By-Laws. The secretary of each county society shall send a list of such delegates and alternates to the secretary of this Society at least thirty days before the annual session. Representation in the House of Delegates shall be contingent on compliance with the foregoing provisions.

SEC. 9. The secretary of each county society shall keep a roster of its members, and, if practicable, a list of nonaffiliated physicians, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary by Council. He shall send a copy of the program of each county meeting to his district councilor and to the secretary.

SEC. 10. Each county society shall appoint or elect one or more of its members as a member of an auxiliary Committee on Public Policy, and the county society secretary shall send his name and address at once to the secretary of this Society. The Committee on Public Policy of this Society shall formulate the duties of this auxiliary committee and supply each member with a copy. The auxiliary committee-men shall be accountable to their county societies and to the Council for prompt response to and continued cooperation with the Committee on Public Policy of this Society.

CHAPTER XII

SECTION 1. These By-Laws may be amended at any annual session by a majority vote of the delegates present at that session, if the proposed amendment has been properly submitted to the House of Delegates and has laid on the table for one day.

SEC. 2. Upon the adoption of this Constitution and these By-Laws, all previous Constitutions and By-Laws are thereby repealed.

Principles of Medical Ethics of the American Medical Association

CHAPTER I

IN GENERAL

THE PHYSICIAN'S RESPONSIBILITY

SECTION 1.—A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals.

GROUPS AND CLINICS

SEC. 2.—The ethical principles actuating and governing a group or clinic are exactly the same as those applicable to the individual. As a group or clinic is composed of individual doctors each of whom whether employer, employee or partner, is subject to the principles of ethics herein elaborated, the uniting into a business or professional organization does not relieve them either individually or as a group from the obligation they assume when entering the profession.

CHAPTER II

THE DUTIES OF PHYSICIANS TO THEIR PATIENTS

PATIENCE, DELICACY AND SECRECY

SECTION 1.—Patience and delicacy should characterize all the acts of a physician. The confidences concerning individual or domestic life entrusted by a patient to a physician and the defects of disposition or flaws of character observed in patients during medical attendance should be held as a trust and should never be revealed except when imperatively required by the laws of the state. There are occasions, however, when a physician must determine whether or not his duty to society requires him to take definite action to protect a healthy individual from becoming infected, because the physician has knowledge, obtained through the confidences entrusted to him as a physician, of a communicable disease to which the healthy individual is about to be exposed. In such a case, the physician should act as he would desire another to act toward one of his own family under like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

PROGNOSIS

SEC. 2.—A physician should give timely notice of dangerous manifestations of the disease to the friends of the patient. He should neither exaggerate nor minimize the gravity of the patient's condition. He should assure himself that the patient or his friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

PATIENTS MUST NOT BE NEGLECTED

SEC. 3.—A physician is free to choose whom he will serve. He should, however, always respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, a physician should not abandon or neglect the patient because the disease is deemed incurable; nor should he withdraw from the case for any reason until a sufficient notice of a desire to be released has been given the patient or his friends to make it possible for them to secure another medical attendant.

CHAPTER III

THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE

ARTICLE I.—DUTIES TO THE PROFESSION

UPHOLD HONOR OF PROFESSION

SECTION 1.—The obligation assumed on entering the profession requires the physician to comport himself as a gentleman and demands that he use every honorable means to uphold the dignity and honor of his vocation, to exalt its standards and to extend its sphere of usefulness. A physician should not base his practice on an exclusive dogma or sectarian system, for "sects are implacable despots; to accept their thraldom is to take away all liberty from one's action and thought." (Nicon, father of Galen.)

MEDICAL SOCIETIES

SEC. 2.—In order that the dignity and honor of the medical profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of medical science promoted, a physician should associate himself with medical societies and contribute his time, energy and means in order that these societies may represent the ideals of the profession.

DEPORTMENT

SEC. 3.—A physician should be "an upright man, instructed in the art of healing." Consequently, he must keep himself pure in character and conform to a high standard of morals, and must be diligent and conscientious in his studies. "He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life." (Hippocrates.)

ADVERTISING

SEC. 4.—Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated. It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind, or by indirect advertisement, or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession and so are intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards, being a matter of personal taste or local custom, and sometimes of convenience, is not *per se* improper. As implied, it is unprofessional to disregard local customs and offend recognized ideals in publishing or circulating such cards.

It is unprofessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients.

PATENTS AND PERQUISITES

SEC. 5.—It is unprofessional to receive remuneration from patents for surgical instruments or medicines; to accept rebates on prescription or surgical appliances, or perquisites from attendants who aid in the care of patients.

MEDICAL LAWS—SECRET REMEDIES

SEC. 6.—It is unprofessional for a physician to assist unqualified persons to evade legal restrictions governing the practice of medicine; it is equally unethical to prescribe or dispense secret medicines or other secret remedial agents, or manufacture or promote their use in any way.

SAFEGUARDING THE PROFESSION

SEC. 7.—Physicians should expose without fear or favor, before the proper medical or legal tribunals, corrupt or dishonest conduct of members of the profession. All questions affecting the professional reputation or standing of a member or members of the medical profession should be considered only before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations. Every physician should aid in safeguarding the profession against the admission to its ranks of those who are unfit or unqualified because deficient either in moral character or education.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER

PHYSICIANS DEPENDENT ON EACH OTHER

SECTION 1.—Experience teaches that it is unwise for a physician to treat members of his own family or himself. Consequently, a physician should always cheerfully and gratuitously respond with his professional services to the call of any physician practicing in his vicinity, or of the immediate family dependents of physicians.

COMPENSATION FOR EXPENSES

SEC. 2.—When a physician from a distance is called on to advise another physician or one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss should, in part at least, be provided for in the compensation offered.

ONE PHYSICIAN TO TAKE CHARGE

SEC. 3.—When a physician or a member of his dependent family is seriously ill, he or his family should select a physician from among his neighing colleagues to take charge of the case. Other physicians may be associated in the care of the patient as consultants.

ARTICLE III.—DUTIES OF PHYSICIAN IN CONSULTATIONS

CONSULTATIONS SHOULD BE ENCOURAGED

SECTION 1.—In serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

CONSULTATION FOR PATIENT'S BENEFIT

SEC. 2.—In every consultation, the benefit to be derived by the patient is of first importance. All the physicians interested in the case should be frank and candid with the patient and his family. There never is occasion for insincerity, rivalry or envy and these should never be permitted between consultants.

PUNCTUALITY

SEC. 3.—It is the duty of a physician, particularly in the instance of a consultation, to be punctual in attendance. When, however, the consultant or the physician in charge is unavoidably delayed,

the one who first arrives should wait for the other for a reasonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or if it be the desire of the patient, he may examine the patient and mail his written opinion, or see that it is delivered under seal, to the physician in charge. Under these conditions, the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

PATIENT REFERRED TO SPECIALIST

SEC. 4.—When a patient is sent to one specially skilled in the care of the condition from which he is thought to be suffering, and for any reason it is impracticable for the physician in charge of the case to accompany the patient, the physician in charge should send to the consultant by mail, or in the care of the patient under seal, a history of the case, together with the physician's opinion and an outline of the treatment, or so much of this as may possibly be of service to the consultant; and as soon as possible after the case has been seen and studied, the consultant should address the physician in charge and advise him of the results of the consultant's investigation of the case. Both these opinions are confidential and must be so regarded by the consultant and by the physician in charge.

DISCUSSIONS IN CONSULTATION

SEC. 5.—After the physicians called in consultation have completed their investigations of the case, they should meet by themselves to discuss conditions and determine the course to be followed in the treatment of the patient. No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending or by their common consent; and no opinions or prognostications should be delivered as a result of the deliberations of the consultants, which have not been concurred in by the consultants at their conference.

ATTENDING PHYSICIAN RESPONSIBLE

SEC. 6.—The physician in attendance is in charge of the case and is responsible for the treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the mode of treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, at the next consultation, he should state his reasons for departing from the course decided on at the previous conference. When an emergency occurs during the absence of the attending physician, a consultant may provide for the emergency and the subsequent care of the patient until the arrival of the physician in charge, but should do no more than this without the consent of the physician in charge.

CONFLICT OF OPINION

SEC. 7.—Should the attending physician and the consultant find it impossible to agree in their view of a case another consultant should be called to the conference or the first consultant should withdraw. However, since the consultant was employed by the patient in order that his opinion might be obtained, he should be permitted to state the result of his study of the case to the patient, or his next friend in the presence of the physician in charge.

CONSULTANT AND ATTENDANT

SEC. 8.—When a physician has attended a case as a consultant, he should not become the attendant of the patient during that illness except with the consent of the physician who was in charge at the time of the consultation.

ARTICLE IV.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE

MISUNDERSTANDINGS TO BE AVOIDED

SECTION 1.—The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder; nor should the course of conduct of the physician, directly or indirectly, tend to diminish the trust reposed in the attending physician. In embarrassing situations, or wherever there may seem to be a possibility of misunderstanding with a colleague, the physician should always seek a personal interview with his fellow.

SOCIAL CALLS ON PATIENT OF ANOTHER PHYSICIAN

SEC. 2.—A physician should avoid making social calls on those who are under the professional care of other physicians without the knowledge and consent of the attendant. Should such a friendly visit be made, there should be no inquiry relative to the nature of the disease or comment upon the treatment of the case, but the conversation should be on subjects other than the physical condition of the patient.

SERVICES TO PATIENT OF ANOTHER PHYSICIAN

SEC. 3.—A physician should never take charge of or prescribe for a patient who is under the care of another physician, except in an emergency, until after the other physician has relinquished the case or has been properly dismissed.

CRITICISM TO BE AVOIDED

SEC. 4.—When a physician does succeed another physician in the charge of a case, he should not make comments on or insinuations regarding the practice of the one who preceded him. Such com-

ments or insinuations tend to lower the esteem of the patient for the medical profession and so react against the critic.

EMERGENCY CASES

SEC. 5.—When a physician is called in an emergency and finds that he has been sent for because the family attendant is not at hand, or when a physician is asked to see another physician's patient because of an aggravation of the disease, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the family physician after he has reported the condition found and the treatment administered.

WHEN SEVERAL PHYSICIANS ARE SUMMONED

SEC. 6.—When several physicians have been summoned in a case of sudden illness or of accident the first to arrive should be considered the physician in charge. However, as soon as the exigencies of the case permit, or on the arrival of the acknowledged family attendant or the physician the patient desires to serve him, the first physician should withdraw in favor of the chosen attendant; should the patient or his family wish some one other than the physician known to be the family physician to take charge of the case the patient should advise the family physician of his desire. When, because of sudden illness or accident, a patient is taken to a hospital, the patient should be returned to the care of his known family physician as soon as the condition of the patient and the circumstances of the case warrant this transfer.

A COLLEAGUE'S PATIENT

SEC. 7.—When a physician is requested by a colleague to care for a patient during his temporary absence, or when, because of an emergency, he is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy as he would have one of his own patients cared for under similar circumstances. The patient should be returned to the care of the attending physician as soon as possible.

RELINQUISHING PATIENT TO REGULAR ATTENDANT

SEC. 8.—When a physician is called to the patient of another physician during the enforced absence of that physician, the patient should be relinquished on the return of the latter.

SUBSTITUTING IN OBSTETRIC WORK

SEC. 9.—When a physician attends a woman in labor in the absence of another who has been engaged to attend, such physician should resign the patient to the one first engaged, upon his arrival; the physician is entitled to compensation for the professional services he may have rendered.

ARTICLE V.—DIFFERENCES BETWEEN PHYSICIANS

ARBITRATION

SECTION 1.—Whenever there arises between physicians a grave difference of opinion which cannot be promptly adjusted, the dispute should be referred for arbitration to a committee of impartial physicians, preferably the Board of Censors of a component county society of the American Medical Association.

ARTICLE VI.—COMPENSATION

LIMITS OF GRATUITOUS SERVICE

SECTION 1.—The poverty of a patient and the mutual professional obligation of physicians should command the gratuitous services of a physician. But endowed institutions and organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes, have no claim upon physicians for unremunerated services.

CONDITIONS OF MEDICAL PRACTICE

SEC. 2.—It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession.

CONTRACT PRACTICE

SEC. 3.—By the term "contract practice" as applied to medicine is meant the carrying out of an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization, political subdivision or individual, to furnish partial or full medical services to a group or class of individuals on the basis of a fee schedule, or for a salary or a fixed rate per capita.

Contract practice *per se* is not unethical. However, certain features or conditions if present make a contract unethical, among which are: (1) When there is solicitation of patients, directly or indirectly. (2) When there is underbidding to secure the contract. (3) When the compensation is inadequate to assure good medical service. (4) When there is interference with reasonable competition in a community. (5) When free choice of a physician is prevented. (6) When the conditions of employment make it impossible to render adequate service to the patients. (7) When the contract because of any of its provisions or practical results is contrary to sound public policy. The phrase "free choice of physician," as applied to contract practice, is defined to mean that degree of freedom in choosing a physician which can be exercised under usual conditions

of employment between patient and physician when no third party has a valid interest or intervenes. The interjection of a third party who has a valid interest or who intervenes does not *per se* cause a contract to be unethical. A "valid interest" is one where, by law or necessity, a third party is legally responsible either for cost of care or for indemnity. "Intervention" is the voluntary assumption of partial or full financial responsibility for medical care. Intervention shall not proscribe endeavor by component or constituent medical societies to maintain high quality of service rendered by members serving under approved sickness service agreements between such societies and governmental boards or bureaus and approved by the respective societies.

Each contract should be considered on its own merits and in the light of surrounding conditions. Judgment should not be obscured by immediate, temporary or local results. The decision as to its ethical or unethical nature must be based on the ultimate effect for good or ill on the people as a whole.

COMMISSIONS

SEC. 4.—When a patient is referred by one physician to another for consultation or for treatment, whether the physician in charge accompanies the patient or not, it is unethical to give or to receive a commission by whatever term it may be called or under any guise or pretext whatsoever.

DIRECT PROFIT TO LAY GROUPS

SEC. 5.—It is unprofessional for a physician to dispose of his professional attainments or services to any lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions which permit a direct profit from the fees, salary, or compensation received to accrue to the lay body or individual employing him. Such a procedure is beneath the dignity of professional practice, is unfair competition with the profession at large, is harmful alike to the profession of medicine and the welfare of the people, and is against sound public policy.

CHAPTER IV

THE DUTIES OF THE PROFESSION TO THE PUBLIC

PHYSICIANS AS CITIZENS

SECTION 1.—Physicians, as good citizens and because their professional training specially qualifies them to render this service, should give advice concerning the public health of the community. They should bear their full part in enforcing its laws and sustaining the institutions that advance the interests of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations. They should be ready to counsel the public on subjects relating to sanitary police, public hygiene and legal medicine.

PUBLIC HEALTH

SEC. 2.—Physicians, especially those engaged in public health work, should enlighten the public regarding quarantine regulations; on the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; and concerning measures for the prevention of epidemic and contagious diseases. When an epidemic prevails, a physician must continue his labors for the alleviation of suffering people, without regard to the risk to his own health or life or to financial return. At all times, it is the duty of the physician to notify the properly constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities of the locality in which the patient is.

PUBLIC WARNED

SEC. 3—Physicians should warn the public against the devices practiced and the false pretentions made by charlatans which may cause injury to health and loss of life.

PHARMACISTS

SEC. 4. — By legitimate patronage, physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, should be denied such countenance and support. Moreover, whenever a druggist or pharmacist dispenses deteriorated or adulterated drugs, or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians.

CONCLUSION

While the foregoing statements express in a general way the duty of the physician to his patients, to other members of the profession and to the profession at large, as well as of the profession to the public, it is not to be supposed that they cover the whole field of medical ethics, or that the physician is not under many duties and obligations besides these herein set forth. In a word, it is incumbent on the physician that under all conditions, his bearing toward patients, the public and fellow practitioners should be characterized by a gentlemanly deportment and that he constantly should behave toward others as he desires them to deal with him. Finally, these principles are primarily for the good of the public, and their enforcement should be conducted in such a manner as shall deserve and receive the endorsement of the community.

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« « « EDITORIALS » » »

The Platform of the American Medical Association*

1. The establishment of an agency of federal government under which shall be coordinated and administered all medical and health functions of the federal government exclusive of those of the Army and Navy

Today the medical and health functions of the United States are divided among a multiplicity of departments, bureaus and federal agencies. Thus, the United States Public Health Service is in the Federal Security department; the Maternal and Child Welfare Bureaus in the Department of Labor; the Food and Drugs administration in the Department of Agriculture; the Veterans' Administration and many other medical functions are separate bureaus of the government. The WPA, CCC, and PWA are concerned with a similarity of efforts in the field of preventive medicine. The Federal Works Administration and the Federal Housing Administration also have some medical functions.

Since 1875, the American Medical Association has urged the establishment of a single agency in the federal government under which all such functions could be correlated in the interest of efficiency, the avoidance of duplication, and a saving of vast sums of money. Such a federal health agency, with a secretary in the cabinet or a commission of five or seven members, including competent physicians would be able to administer the medical and health affairs of the government with far more efficiency than is now done.

2. The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health and the care of the sick on proof of such need

The physicians of the United States have given freely of their time and of their funds for the care of the sick. Their contributions to free medical service amount to at least $1,000,000 a day. The physicians of this country have urged that every person needing

* As presented to the Secretaries' Conference American Medical Association, Chicago, November 17, 1939.

medical care be provided with such care. They have urged also the allotment of funds for campaigns against maternal mortality, against venereal disease, and for the investigation and control of cancer. The medical profession does not oppose appropriations by Congress of funds for medical purposes. It feels, however, that in many instances states have sought aid and appropriations for such functions, without any actual need on the part of the state, in order to secure such federal funds as might be available. It has also been impossible, under present technics, to meet actual needs which might exist in certain states with low per c[illegible] with needs far beyond those of wealthier states, in which vast sums are

It [illegible]ed here simply that Congress ma[illegible] available such funds as can be made available [illegible] health purposes; that these funds be administered by the federal health agency, mentioned in the first plank of this platform, and that the funds be allotted on proof of actual need to the federal health agency, when that need be for the prevention of disease, for the promotion of health, or for the care of the sick.

3. The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility

Obviously if federal funds are made available to the individual states for the purposes mentioned in the second plank of this platform, there might well be a lessened tendency in many communities to devote the community's funds for the purpose, and, in effect, to demand that the federal government take over the problem of the care of the sick. Hence, it is suggested that communities do their utmost to meet such needs with funds locally available before bringing their need to the federal health agency, and that the federal health agency determine whether or not the community has done its utmost to meet such needs before allotting federal funds for the purpose.

4. The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration

The medical profession is not static. It wishes to extend preventive medical service to all of the people within the funds available for such a purpose. Obviously, this will require not only a federal health agency which may make suggestions and initiate plans, but also a mechanism in each community for the actual expansion of preventive medical service and for the proper expenditure of funds developed both locally and federally. In the development of new legislation such mechanism may be suitably outlined.

5. The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration

The medical profession does not yield to any other group in this country in its desire to extend medical care to all of those unable to provide themselves with medical service. The American Medical Association through its House of Delegates has already recognized the possible existence of a small group of persons able to provide themselves with the necessities of life commonly recognized as standard in their own communities, but not capable of meeting a medical emergency. It is recognized, however, that only persons of the same community fully familiar with the circumstances can determine the number of people who come properly under such classification and that only persons in actual contact with such instances are capable of administering suitably and efficiently the medical care that may be required. Hence it is the platform of the American Medical Association that medical care be provided for the indigent and the medically indigent in every community but that local funds be first utilized and that local agencies determine the nature of the need and control the expenditure of such funds as may be developed either in the community or by the federal government.

6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established

In the so-called National Health Program it is asserted that one-half the counties of the United States are without suitable hospitals, and vast sums are requested for the building of new hospitals. In contrast, reputable agencies within the medical profession assert that there are only 13 counties more than 30 miles removed from a suitable hospital and that in 8 of those 13 counties there are 5 people per square mile. In the United States today the percentage of hospital beds per 1,000 of population is higher than that of any other country in the world. This fact is completely ignored by those who would indulge in a program for the building of great numbers of new hospitals.

Moreover, it seems to be taken for granted that hospital building has languished in recent years, whereas considerable numbers of hospitals have been built with federal funds by various state agencies and also by the PWA, the WPA and by the Federal Works Administration.

Analyses may indicate that in many instances such hospitals were built without adequate study as to the need which existed or as to the possible efficient functioning once it was erected. Moreover, there is evidence that in recent years many of the hospitals of the United States known as nonprofit voluntary hospitals have had a considerable lack of occupancy due no doubt to the financial situation in considerable part. It seems logical to suggest then that such federal funds as may be available be utilized in providing the needy sick with hospitalization in these well established existing institutions before any attempt is made to indulge in a vast building program with new hospitals. In this point of view the American College of Surgeons, the American Hospital Association, the Catholic Hospital Association, the Protestant Hospital Association and practically every other interested voluntary body agree.

Again it has been argued that the demands for medical care in some sections of the country might require the importation of considerable numbers of physicians or the transportation of numbers of physicians in the areas in which they now are to other areas. In this connection it would seem to be obvious that a change in the economic status of the communities concerned would result promptly in the presence of physicians who might be seeking locations. The utilization of existing qualified facilities would be far more economical than any attempt to develop new facilities.

7. The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability

In the United States today our sickness and death rates are lower than those of any great country in the world. This fact was recognized by the President of the United States when he sent the National Health Program to the Congress for careful study. The President emphasized that a low death rate may not mean much to a man who happens to be dying at the time of tuberculosis. The medical profession recognizes the importance of doing everything possible to prevent every unnecessary death. At the same time it has not been established by any available evidence that a change in the system of medical practice which would substitute salaried government doctors for the private practitioner or which would make the private practitioner subject to the control of public officials would in any way lower sickness and death rates.

There exists, of course, the fact that some persons are unable to obtain medical service in the circumstances in which they live and that others, surrounded by good facilities, do not have the funds available to secure such services. Obviously here again, there is the question of economics as the basis of the difficulty and perhaps lack of organization in distribution of medical service and a failure to utilize new methods for the distribution of costs which might improve the situation.

The medical profession has approved prepayment plans to cover the costs of hospitalization and also prepayment plans on a cash-indemnity basis for meeting the costs of medical care. It continues, however, to feel that the development of the private practice of medicine which has taken place in this country has led to higher standards of medical practice and of medical service than are elsewhere available and that the maintenance of the quality of the service is fundamental in any health program.

8. Expansion of public health and medical services consistent with the American system of democracy

Careful study of the history of the development of medical care in various nations of the world leads to the inevitable conclusion that the introduction of methods such as compulsory sickness insurance, state medicine and similar technics results in a trend toward communism or totalitarianism and away from democracy as the established form of government. The intensification of dependence of the individual on the state for the provision of the necessities of life tends to make the individual more and more the creature of the state rather than to make the state the servant of the citizen. Great leaders of American thought have repeatedly emphasized the fact that liberty is too great a price to pay for security. George Washington said, "He who seeks security through surrender of liberty loses both." Benjamin Franklin said, "They that can give up essential liberty to obtain a little temporary safety deserve neither liberty nor safety."

In these times when the maintenance of the American democracy seems to be the most important objective for all the people of this country, the people may well consider whether some of the plans and programs that have been offered for changing the nature of medical service are not in effect the first step toward an abandonment of the self-reliance, free will and personal responsibility that must be the basis of a democratic system of government.

Do You Like It?

A YEAR ago the Council of the State Medical Society of Wisconsin was discussing informally the numerous services of the Society to its members both as a body and as individuals. Several expressed regret that the budget of the Society did not permit of the continuance of the former "Medical Blue Book"—a publication devoted to laws and rulings affecting the profession of medicine in Wisconsin.

And out of that discussion there came about the action which results in this issue of the Journal—the first annual issue of the "Blue Book Number."

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Every dollar of dues that can be released from our Society Budget for Journal purposes because of advertising revenue, means a dollar that can be devoted to other member interests.

Your Journal management can write letters of appreciation for the receipt of new advertising contracts and the renewal of old ones. But whether the advertising columns of the Journal increase depends not on that but on whether our nearly 2,500 physician member-readers exhibit their appreciation. It takes so little to refer to your Journal when availing yourself of advertisers' offers. It is so easy to use the products of firms who comply to our advertising standards in preference to those who may not appear in your Journal. It requires so little individual effort in all ways to support the firms who make your Journal possible.

Yet your help as individuals will make another issue such as this, and the eleven issues to follow, possible. Do you like it?

. . . . THE PRESIDENT'S PAGES . . . .

Propagandism

UP UNTIL the World War, I do not believe I had been at any time on speaking terms with the word "propaganda;" now hardly a day goes by without my hearing the word some place or other. It has become so popular that my wife accuses me of it in my own home.

Now, propaganda falls on the most fertile soil when it drops on those whose daily occupations are such as to keep them pretty much occupied with the job at hand. We see it and feel it filtering into county medical societies, into hospital dressing rooms, into discussions at lunch time. We go back to our offices overwhelmed with it, and then and there resolve "something ought to be done about it."

Let us not be gullible. Let us ask ourselves who starts the stories that so-and-so is slipping; that the Society is not what it used to be; that we are licked anyway and may as well admit it and get on the band wagon?

The propaganda I have just referred to is propaganda from *within* and, after rolling the cud over a few times, we ought to say that we will not allow ourselves to be in the "fall" class—at least not for long. On the other hand, there is propaganda from *without,* which comes from high places. This is the propaganda with which we really have to reckon. Unfortunately for us its dispensers have dollars where we have pennies. By a process of attrition they have attempted to reduce us from a great scientific body to a trade union. By appealing to many well meaning but misguided and misinformed people, they have attempted to place doubt in the public mind as to the intent and policy of medicine today.

We have seen the flank attacks of the propagandist strike three states repeatedly and we have seen them beaten back. The lines are reforming and now we await with patience the Grand Attack, to use a military term in keeping with the fact that most of the world today is at war or in fear of war. And the Grand Attack is coming. Soon perhaps. It is said that the Wagner Health Bill will be rewritten or presented in another form. Even those who drew up the bill seem to have some doubt about it. In any event, the attack will be shifted from the states and will come directly from Washington. Propaganda will emanate from there, and the gas mask must be kept handy. It will pervade the Nation; women's clubs, service clubs, every city and hamlet and even high schools will feel its drip.

Now is the time to stand up and separate the facts from the myths and tell your friends the facts. Many know nothing about the intricacies of the practice of medicine and will be glad to hear your side. I feel strongly about this just now because recently I heard and talked to men in our profession who are in positions to know that our stand for the past seven years has been the correct one. There is a great stiffening of spines at present in our country. People are beginning to realize that not all of what they get for nothing is good. This is a healthy sign.

I believe if a poll were taken we would find that we stand much better today than we did a few years back. We are not as yet reduced to the status of a trade union and the courts have so held. We are still a great scientific body; still at work daily giving the greatest medical service in the world; still donating millions of dollars of free service every year to the needy; still trying honestly to solve from within a method of supplying medical service to the low income group. We have our weaknesses to be sure,—we are human. But one of those weaknesses is not a complete turnover in thought in seven years of an inborn tradition that has been instilled in us for 2,000 years of taking care of our patients, our people. We have mulled over in our own minds and listened to the panaceas of others, but —to date—we cannot see how we can practice medicine on the one hand and also solve the economic insufficiency of poor housing, poor clothing and a scarcity of food. The Fairy Godmother has not touched us as yet.

So—stand firm! You are still the same respectable, law-abiding and earnest citizen that you were before this "seven years war." You can knock a man down, you can kick him, and knock out his front teeth if you will, but in time, when the crowd gathers, some of the neighbors will recognize him as the man next door who was pushing the lawn mower a few minutes before and will have compassion on him.

Somewhere through the dark clouds I can see the light coming. Stand firm! Someone will say, "Well, he is up in the steeple again turning back the hands on the clock of progress." I am not against progress. What I want is to see our people avoid reaching into the tent for all the "free" things and then find themselves captives for a long time to come. Kipling said something about this when he told of how Man caught the horse and the cow with a pan of food and then the dog became inquisitive and accepted the free food. This is where they all slipped because they have been Man's servants ever since. But Man didn't fool the cat. The cat by looking after his own food supply more or less escaped becoming the servant of Man. Let us take a tip from the cat and be free.

As Christmas approaches, we are reminded that nineteen centuries ago was born the greatest Physician of all. No one doubts that ailing society needs the healing touch of His hands today. In this belief I want to wish you and your families a very Merry Christmas.

R. G. Arrum

Society Proceedings

Barron—Washburn—Sawyer—Burnett

The Barron–Washburn–Sawyer–Burnett County Medical Society met Tuesday evening, November 7, at the Commercial Hotel, Barron. Election of officers for the ensuing year followed a 6:30 dinner. Dr. Archie Beard, Minneapolis, discussed "Some Recent Theories on Diabetes, Including Therapy," and a movie by Dr. P. Brooke Bland, Jefferson Medical College, Philadelphia, on "Intracranial Injuries of the New-Born," was presented.

Brown—Kewaunee—Door

After a 6:30 dinner at the Beaumont Hotel, Green Bay, on the evening of Thursday, November 9, the Brown–Kewaunee–Door County Medical Society enjoyed a lecture by Dr. A. G. Schutte, Milwaukee, on "Diagnosis and Treatment of Common Rectal Conditions."

Calumet

All officers of the Calumet County Medical Society were re-elected for the ensuing year at a meeting held at the Altoona Hotel, New Holstein, on Thursday afternoon, November 9. The officers are as follows:

President—Dr. A. C. Engel, New Holstein
Vice-President—Dr. N. J. Knauf, Chilton
Secretary and treasurer—Dr. J. A. Knauf, Stockbridge

Chippewa

The Chippewa County Medical Society met Tuesday evening, November 7, at the Hotel Northern, Chippewa Falls, for a 6:30 dinner. An address, illustrated with moving pictures, entitled "Open Reduction of Fractures," was given by Dr. John Gallagher of the Jackson Clinic, Madison, and "Spinal Anesthesia in Surgery," was presented by Dr. Luther Holmgren of the same clinic.

Columbia—Marquette—Adams

On the evening of Tuesday, November 21, members of the Columbia–Marquette–Adams County Medical Society met with members of the society's auxiliary for a 6:30 dinner meeting at the Pardeeville Library. Guest speakers were Drs. Amy L. Hunter and H. W. Virgin, Madison.

Editor's note.—Through an oversight the *Evening Telegram*, Superior, Wisconsin, newspaper, was not mentioned in connection with the publication of a news photograph of Drs. C. H. Mason and John Baird, Superior, page 980, November issue of the Wisconsin Medical Journal. Acknowledgment is hereby made of the courtesy of the *Evening Telegram* in allowing The Journal to use the photograph.

Dane

A steak dinner was given by the Dane County Medical Society in honor of Dr. Walter C. Alvarez, of the Mayo Clinic and Professor of Medicine at the University of Minnesota, on Tuesday evening, November 14, at the Madison Club. Dr. Harold E. Marsh, Madison, discussed "What's New in Medicine," and Dr. Albert R. Tormey, Madison, "What's New in Surgery." A motion picture, "Eclampsia," prepared by Dr. Joseph B. DeLee, Chicago, was shown. Dr. Alvarez, the guest of the evening, presented an address on, "What to Do For the Woman Who Is Always Complaining."

Dodge

On the evening of Thursday, October 26, the Dodge County Medical Society held a dinner and business meeting at St. Joseph's Hospital, Beaver Dam. The following officers were elected for the ensuing year:

President—Dr. F. T. Clark, Waupun
Vice-President—Dr. A. J. Hebenstreit, Juneau
Secretary-treasurer—Dr. A. G. Hough, Beaver Dam
Delegate—Dr. A. G. Hough, Beaver Dam
Alternate delegate—Dr. F. T. Clark, Waupun
Censor (three years)—Dr. A. M. Rosenheimer, Beaver Dam

Douglas

The Hotel Superior, Superior, was the place of meeting of the Douglas County Medical Society at 6:30 p. m., Wednesday, November 1. After an enjoyable dinner, Dr. T. J. O'Leary, Superior, rendered his report as delegate to the annual meeting of the State Society held in Milwaukee in September.

Eau Claire—Dunn—Pepin

At a recent meeting of the Eau Claire–Dunn–Pepin County Medical Society, the following officers were elected:

President—Dr. J. C. Baird, Eau Claire
Vice-President—Dr. G. W. Beebe, Eau Claire
Secretary—Dr. H. S. Fuson, Eau Claire
Delegate—Dr. S. L. Henke, Eau Claire
Alternate delegate—Dr. B. F. Johnson, Mondovi
Censors—Dr. G. Hoyme, Eau Claire; Dr. W. R. Manz, Eau Claire; Dr. E. P. Hayes, Eau Claire

Fond du Lac

The Fond du Lac County Medical Society held its October meeting on the evening of October 26 at the Hotel Retlaw, Fond du Lac. Officers were elected as follows:

President—Dr. A. M. Hutter, Fond du Lac
Vice-President—Dr. O. F. Guenther, Campbellsport
Secretary-Treasurer—Dr. L. J. Keenan, Fond du Lac

Dr. J. E. Gonce of the University of Wisconsin presented a paper, "Abdominal Pain of Non-surgical Origin in Children."

Grant

At a business meeting of the Grant County Medical Society at the Grantland Club, Lancaster, Tuesday evening, October 31, Dr. M. B. Glasier, Bloomington, tendered her resignation after thirty-five years as secretary of the society. Dr. Glasier served as a member of the State Board of Health from 1924 to 1938, during which time she held the offices of president and vice-president. In 1932 she was given the Council Award of the State Medical Society for meritorious service. Dr. Glasier has completed fifty-seven years of public service to the citizens of her community.

The following officers were elected at the meeting:

President—Dr. H. E. Fillbach, Hazel Green
Vice-President—Dr. E. M. Houghton, Lancaster
Secretary-treasurer — Dr. H. L. Doeringsfeld, Platteville
Delegate—Dr. E. H. Spiegelberg, Boscobel
Alternate delegate—Dr. J. D. Glynn, Lancaster
Censor—Dr. William J. Kelly, Potosi

Green Lake—Waushara

The November meeting of the Green Lake-Waushara County Medical Society was held Wednesday evening, November 8, at the Grand View Hotel, Ripon, following a 6:30 dinner. An interesting talk on "Routine Neurological Examination," was presented by Dr. John L. Garvey, Milwaukee. The auxiliary of the society also met following the dinner, and cards were played.

Jefferson

The first fall meeting of the Jefferson County Medical Society was held on October 19 at Jefferson, at which current business was considered. At its meeting on November 16 at the Forest Lawn Sanatorium, Jefferson, a program dealing with tuberculosis was presented.

La Crosse

On November 14, an orthopedic clinic was held in La Crosse under joint auspices of the La Crosse County Medical Society, and the Crippled Children Division of the State Department of Public Instruction. The examinations were conducted by Drs. Walter P. Blount and Chester C. Schneider of Milwaukee, orthopedic specialists. The La Crosse County unit of the Wisconsin Association for the Disabled assisted with local arrangements, while Miss Alfaretta Wright of the Crippled Children Division interviewed parents and physicians in La Crosse and surrounding counties.

Manitowoc

The Manitowoc County Medical Society met at the Catholic Center, Manitowoc, Thursday evening, November 16. Following a short business session, Miss Sanderson, director of speech and lip reading in the Manitowoc schools, explained the audiometer and its use in the public schools in ascertaining speech defects in children.

Marathon

Election of officers for 1940 was the principal item of business on the program of the Marathon County Medical Society at its meeting held at 6:30 p. m., November 7, at the Hotel Wausau, in Wausau. The elections were as follows:

President-elect—Dr. M. L. Jones, Wausau
Recording Secretary—Dr. E. P. Ludwig, Wausau
Treasurer—Dr. F. H. Frey, Wausau
Delegate—Dr. Joseph F. Smith, Wausau
Board of Censors: Dr. L. M. Pearson, Wausau, chairman; Dr. P. Z. Reist, Wausau, Dr. E. E. Flemming, Wausau
Program Committee: Dr. H. R. Fehland, Wausau, chairman; Dr. O. M. Wilson, Wausau; Dr. H. H. Fechtner, Wausau
Legislative Committee: Dr. Joseph F. Smith, Wausau, chairman; Dr. P. B. Jorgensen, Mosinee, Dr. R. F. Fisher, Wausau

Marinette

A turkey dinner was served to the Marinette County Medical Society members on Thursday, November 16, at the Hotel Marinette, in Marinette, following which Dr. Harold Marsh, Madison, addressed the group on the present status of treatment for pneumonia.

Milwaukee

The November meeting of the Medical Society of Milwaukee County was held at 8:15 p. m., Friday, November 10, at the Milwaukee Athletic Club. The scientific program consisted of an address by Dr. Stanley J. Seeger, Milwaukee, on "Some Technical Points in Pediatric Surgery," and a presentation of the subject, "Arthritis," by Dr. Willard L. Wood of Rush Medical College, Chicago, the latter subject being discussed by Dr. Milton C. Borman, Milwaukee internist. A buffet luncheon and social hour followed the program.

Pierce—St. Croix

On November 18, 1939, the Pierce–St. Croix County Medical Society held a meeting at the Hotel Gladstone, River Falls. The following officers were elected for 1940:

President—Dr. C. A. Dawson, River Falls
Vice-President—Dr. C. A. Olson, Hammond
Secretary-Treasurer—Dr. A. E. McMahon, Glenwood City
Censor—Dr. J. H. Armstrong, New Richmond
Delegate—Dr. A. E. McMahon, Glenwood City
Alternate Delegate—Dr. O. H. Anderson, Plum City

Racine

The Racine County Medical Society held a dinner meeting on November 16 at 6:30 p. m. at the Meadowbrook Country Club, Racine. Officers for 1940 were elected as follows:

President—Dr. E. J. Schneiller, Racine
President-elect—Dr. A. M. Lindner, Racine
Vice-President—Dr. R. J. Schacht, Racine
Secretary—Dr. Beatrice O. Jones, Racine
Delegate—Dr. R. M. Kurten, Racine
Alternate delegate—Dr. T. C. Hemmingsen, Racine
Censor—Dr. Gordon Schulz, Union Grove (3 year term)
Executive Board—Dr. Walter C. Roth, Racine; Dr. L. E. Fazen, Racine

Dr. Matthew N. Federspiel, professor of oral surgery, Marquette University School of Medicine was the guest speaker of the evening.

An orthopedic clinic was held in Racine on Saturday, December 9, under the auspices of the Racine County Medical Society and the Crippled Children Division of the State Department of Public Instruction.

Rock

The Rock County Medical Society met on November 28 in Janesville. "Surgery in Childhood" was discussed. On December 19 in Beloit, the society will hold a joint meeting with the Rock River Valley Eye, Ear, Nose and Throat Society. The program was devoted to an eye, ear, nose and throat symposium.

Sheboygan

The Sheboygan County Medical Society met at the American Club, Kohler, for dinner at 6:00 p. m., November 7. The scientific program consisted of an address, "Traumatic Back Injuries," delivered by Dr. Robert Burns, Madison, and a talk by Mr. Arno Dechant, relief administrator, who discussed the county's relief set-up. Officers were elected as follows for 1940:

President—Dr. A. B. C. Bock, Sheboygan
Vice-President—Dr. J. J. Boersma, Sheboygan
Secretary-Treasurer—Dr. W. G. Huibregtse, Sheboygan
Delegate—Dr. Carl Weber, Sheboygan
Alternate delegate—Dr. A. C. Radloff, Plymouth
Censor—Dr. W. Van Zanten, Sheboygan

Trempealeau—Jackson—Buffalo

On November 16 at 6:00 p. m., the Trempealeau–Jackson–Buffalo County Medical Society met at Fountain City. Dr. James A. Evans, La Crosse, led the scientific program with a discussion of "The Care of Heart Patients in the Home and Office." The following officers were elected for 1940:

President—Dr. Robert Krohn, Black River Falls
President-elect—Dr. Emmett Meili, Cochrane
Secretary-Treasurer—Dr. R. R. Richards, Blair
Delegate—Dr. R. L. Alvarez, Galesville
Alternate delegate—Dr. M. A. Bachhuber, Alma
Censor—Dr. H. V. Malenowski, Whitehall (3 year term)

At a meeting on October 26 in Arcadia, the society heard an address by Dr. H. W. Schmidt, of the Mayo Clinic, Rochester, Minnesota, on "Newer Methods of Treatment for Pneumonia and Primary Carcinoma of the Lung." Dr. H. A. Jegi, Galesville, councilor for the seventh district of the State Medical Society, gave a report on the annual meeting of the State Society in Milwaukee.

Winnebago

The Winnebago County Medical Society met at the Athearn Hotel, Oshkosh, at 6:30 p. m., November 2, 1939, with a good attendance.

The society elected its officers for the ensuing year, as follows:

President—Dr. E. B. Williams, Oshkosh
Vice-President—Dr. Fred Jensen, Menasha
Secretary-Treasurer—Dr. E. F. Cummings, Oshkosh
Delegate—Dr. A. G. Koehler, Oshkosh
Alternate delegate—Dr. J. D. Canavan, Neenah
Censor—Dr. J. M. Hogan, Oshkosh

Dr. W. J. Bleckwenn, Madison, was the guest speaker on the scientific program.

First Councilor District

The First Councilor District held its annual meeting at the American Legion Building in Beaver Dam, November 12. A symposium on heart disease was presented in the afternoon, speakers being Dr. Harold E. Marsh and Dr. Chester M. Kurtz of Madison and Dr. Francis D. Murphy of Milwaukee.

In the evening the physicians joined members of the woman's auxiliary for dinner and dancing. Later a short business meeting was held, at which Oconomowoc was chosen for the next meeting place and the following were elected officers for the ensuing year:

President—Dr. J. C. Hassall, Oconomowoc
Vice-President—Dr. H. T. Barnes, Delafield
Secretary-Treasurer—Dr. Owen C. Clark, Oconomowoc

Ninth Councilor District

The autumn meeting of the Ninth Councilor District of the State Medical Society of Wisconsin was held at the Hotel Wausau, Wausau, November 23. Following a 6:30 p. m. dinner, lectures were presented as follows: "Peritoneal Vaccination for the Prevention of Peritonitis," Dr. H. R. Fehland, Wausau; "Thyrotoxicosis," Dr. Eugene Adashek, Madison; "Virus Diseases," Dr. W. D. Stovall, Madison.

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The past year has seen a broadened participation in major research, has brought increased aptitude in pharmaceutical manufacture, and represents another period of progress made possible by the physician's belief in Lilly quality. Worthy of confidence, Eli Lilly and Company will continue to practice the rules of conduct which have become such an inherent part of the organization's structure.

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Central Wisconsin Society of Ophthalmology and Otolaryngology

The fall meeting of the Central Wisconsin Society of Ophthalmology and Otolaryngology was held in Wausau, October 28–29. About thirty-five physicians attended.

The following scientific program was presented: "Results of Endo-nasal Window Operation for Maxillary Sinusitis" and "Surgery of Chronic Pansinusitis" by Dr. H. L. Williams of the Mayo Clinic, Rochester, Minnesota; "Perimetry and the Visual Pathway," and "Treatment of Toxic Amblyopia" by Dr. C. W. Rucker, also of the Mayo Clinic.

Officers elected for 1940 are given below:

President—Dr. E. G. Nadeau, Green Bay
Vice-President—Dr. J. V. May, Marinette
Secretary-Treasurer—Dr. G. L. McCormick, Marshfield

A social hour was enjoyed by the doctors at the Hotel Wausau, on the last evening of the session.

Milwaukee Academy of Medicine

The Milwaukee Academy of Medicine and the Medical Society of Milwaukee County held a joint meeting in the auditorium of Marquette University School of Medicine on November 21.

Dr. Percy F. Swindle, professor and director of the department of physiology of Marquette University and authority on the physiology of the circulatory system, discussed "The Conducting System of the Heart." Dr. E. J. Kepler of the Mayo Clinic, Rochester, Minnesota, delivered a lecture on the adrenal gland, Dr. Kepler's lecture was the last in a course of lectures on endocrinology, sponsored by the Medical Society of Milwaukee County.

Milwaukee Oto-Ophthalmic Society

The Milwaukee Oto-Ophthalmic Society met on November 14 at the University Club, Milwaukee. Case reports were discussed beginning at 5:30 p. m. Dinner was served at 6:30 p. m. and later the following scientific program was presented: "The Phorias," by Dr. Virgil Westcott, Chicago; "Otitic Meningitis," by Dr. Frank G. Treskow, Milwaukee.

Milwaukee Society of Clinical Surgery

The Milwaukee Society of Clinical Surgery met at the University Club, Milwaukee, November 28. Dinner was served at 6:30 p. m. and then a symposium on biliary surgery was presented. Dr. Armand J. Quick, associate professor in the department of pharmacology, Marquette University, discussed "Prothrombin and Vitamin K in Surgery." Dr. W. J. Carson, Milwaukee, discussed "Surgery of the Biliary Tract," and Dr. Max Thorek, surgeon from the Cook County Graduate School of Medicine, Chicago, addressed the group on "Electrocoagulation of the Gallbladder." Dr. Max Bornstein, Milwaukee, discussed Dr. Thorek's presentation.

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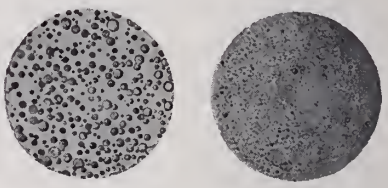

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Mrs. E. Lee Lochen, Waukesha

Christmas Greetings to Auxiliary Members

Now that the year is drawing to a close, I take this opportunity to wish every member of the Woman's Auxiliary to the State Medical Society of Wisconsin a happy holiday season. May you have much joy and happiness throughout the coming year and may our work as an auxiliary contribute much thereto.

Let our aims and hopes be:

- Every doctor's wife a member
- Hygeia in every home
- Distribution of information to lay groups
- Interest in legislation
- Full attendance at meetings
- A Christmas party for every county auxiliary

A Merry, Merry Christmas and Happy New Year to you all!

MRS. F. W. POPE,
President.

Hygeia

By MRS. I. N. TUCKER
Racine

"EVERY man owes something to the upbuilding of the profession to which he belongs," Theodore Roosevelt.

This quotation appropriately describes the duty implied when each of us became a member of the auxiliary, and may well serve as a motto for our Hygeia program.

The need for active individual participation was emphasized by our president, Mrs. F. W. Pope, in the presidential address. Also, she mentioned that one of our members, Mrs. E. J. Carey of Milwaukee, is the national chairman of Hygeia. A copy of the national Hygeia program as published in the bulletin of the national auxiliary has been mailed to the county chairmen, and a discussion of this article at local auxiliary meetings would serve to acquaint the individual members with our program. The same sentiment was contained in the address of Dr. C. M. Echols, Milwaukee, at the last meeting of the State Medical Society of Wisconsin.

How may we best accomplish this objective? The work of former Hygeia committees has been efficient and thorough. Passive approval and interest will not suffice. We must enlarge and intensify the activities of the individuals of our membership if we are to achieve our goal.

Time is precious in a Hygeia program, as the most effective work can be accomplished at this time of the year. Why not put Hygeia on your current "must" list, so that your subscription or subscriptions may be included in your local chairman's report at the next Auxiliary meeting. No doubt a great many members who intend to secure or send in subscriptions fail to do so, and if you are unable

to attend the next meeting of your local group, send or mail your subscriptions.

The fine accomplishment of the Tennessee auxiliary serves well to illustrate the possibilities open to us in our efforts to further the progress of correct medical education of the public. By legislative enactment, a fund was appropriated for medical education, which is being utilized for the placement of Hygeia in all the schools of the State. Will you aid in the procurement of similar legislation in Wisconsin by personally "educating" the legislators from your community as to the immediate and long range value of health education to our future citizens and their teachers? Can you suggest and help obtain a similar group subscription? If so, you will have accomplished something really worth while, at the same time adequately discharging your obligation to your "profession."

Members of the Wisconsin auxiliary, "shoulder arms," and do not stop until you know that you have done your duty! The profession of which you are a part has been challenged. We know that it is a noble and altruistic profession. We will do our "bit" to keep it that way. Without your help our national chairman, Mrs. E. J. Carey, will not be able to report an attainment by our auxiliary commensurate with its record of accomplishment of its objectives.

The regional chairmen of the Hygeia Committee are as follows:

Mrs. H. B. Beeson, Racine
Mrs. P. T. Walters, La Crosse
Mrs. A. N. Nelson, Clear Lake
Mrs. P. B. Mason, Sheboygan

Health Exhibits and the Health Magazine

By MRS. E. J. CAREY

Wauwatosa, Hygeia Chairman, Waman's Auxiliary to the American Medical Assaciatian

SINCE the knowledge of how to protect one's health is not inborn, the individual must go through a process of health education. The medical profession realizes that education of the public in matters pertaining to health is necessary to maintain health and prevent disease. In order to further such education, discourage dangerous self-medication and quackery, and promote a better understanding of the background of the *family physician*, the medical profession has given to the public two valuable aids in the dissemination of information, namely, health exhibits and health literature.

The idea of promoting health education by means of exhibits is comparatively new. That the public is interested in the scientific story behind the physician's services and his opinions regarding health and sickness is evident by the increased interest and attendance in the arenas where health exhibits have been on display in the world fairs in New York and San Francisco recently, and in the past, at the Hall of Health in Milwaukee and a Century of Progress in Chicago.

The health exhibits that have the greatest appeal for the public are those that are non-commercial and without complicated statistics. At the New York fair and also at the exposition in San Francisco the exhibits of the American Medical Association had the largest attendance. This popularity was based on the fact that they unfolded to the public, in a simple and concise manner, the tremendous strides made during the last century in the detection of the causes of diseases and their treatment and prevention. Various methods of presentation were employed. In some exhibits the public was invited to "push a button" or "pull a lever" in order to see portrayed the action of the various physiologic systems of the human body. Other exhibits were in miniature and of a historical nature. In addition to these visual methods of presentation there was also available a file of popular health questions and answers. The questions concerning common illnesses, drugs, and habits were answered in simple language with reference to the family physician.

As early as 1921, at the Boston session of the American Medical Association, the House of Delegates recognized the importance of having a publication through which the medical profession of the United States could present to the public, articles on health that were readable, instructive, and authoritative. In April 1923 the first issue of this popular health magazine appeared. "Hygeia" was the name selected because in Greek mythology Hygeia was the goddess of health, the daughter of Aesculapius, who was the father of medicine.

Hygeia supplies to its many subscribers in diversified fields of endeavor, reliable information concerning health. It is the only authentic health periodical available in this country, and it conveys to the people scientific information concerning the prevention of disease and emphasizes the importance of the family physician.

Members of the Woman's Auxiliary to the American Medical Association, because of their membership in parent-teachers associations and other women's organizations interested in education, have been urged by the House of Delegates of the American Medical Association to recognize the promotion of the distribution of Hygeia as one of their chief activities. Auxiliary members should consider it an honor and a privilege that they have been asked by the medical profession to teach the necessity of procuring authentic health information from a competent physician. This is our opportunity to help clear the minds that are befuddled with misinformation about health and healing. We should prepare ourselves for this assignment by becoming familiar with

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the nature of the articles contained in Hygeia, The Health Magazine, for "knowledge must be gained before it can be dispensed." Well informed members are the most enthusiastic committee workers. To have every auxiliary member a reader of Hygeia is the best means of encouraging health education since permanent exhibits on health are not always available or accessible.

Brown—Kewaunee—Door

The Woman's Auxiliary to the Brown–Kewaunee–Door County Medical Society was honored on Wednesday, November 8, at its meeting by the presence of the national and state auxiliary presidents, Mrs. R. K. Packard, Chicago, and Mrs. F. W. Pope, Racine; the national Hygeia chairman, Mrs. E. J. Carey, Milwaukee; and the retiring state president, Mrs. R. E. Fitzgerald, Wauwatosa, who has also been national president.

The meeting at which Mrs. M. H. Fuller, local president, presided was held in the nurses' lounge of Bellin Memorial Hospital and was attended by fifty members and guests from Appleton, Denmark, Pulaski, Forest Junction, Oconto, Fond du Lac, and Oshkosh. Following talks given by the honored guests tea was served at a table with a centerpiece of yellow pompons and pink sweet peas on each side of which were pink tapers. Bouquets of chrysanthemums and asters also decorated the lounge. Pouring at the tea table was Mrs. F. W. Wochos, Kewaunee.

Mrs. Packard, who became national president at the spring convention in St. Louis but was elected to her position at the convention the preceding year in San Francisco, addressed the group on the functions of the auxiliary, appealing to each member to increase her contacts with various lay organizations and inform their members as to what American medicine has accomplished.

In speaking of the greatest problems which the auxiliary has to handle, Mrs. Packard emphasized that its public relations program should acquaint the public with the accomplishments of the American Medical Association and the profession, and its health education program should teach the public the necessity of seeking adequate medical care and the continuance of research for diagnosis and treatment of diseases. Mrs. Packard pointed out that each auxiliary member should not only ask herself what she can get out of the organization but also what she can contribute to it, as contribution comes in proportion to study and deliberation.

Mrs. Pope, who spoke briefly, stressed the importance of sociability in the auxiliary and complimented members of the local organization who are active in auxiliary work. She also asked the group to listen to the series of thirty broadcasts to be presented at 3:30 each Thursday afternoon over the National Broadcasting system under the auspices of the American Medical Association.

As national Hygeia chairman, Mrs. Carey spoke on the promotion and distribution of the health magazine, Hygeia, as a part of the auxiliary's public relations work.

A one o'clock luncheon at Mrs. Fuller's home preceding the meeting gave the honored guests a chance to meet the following local past presidents, Mesdames D. F. Gosin, A. J. McCarey, E. S. Schmidt, D. B. Dana, and R. W. Kispert. Mrs. J. R. Minahan was unable to attend.

Dane

The Woman's Auxiliary to the Dane County Medical Society had a luncheon meeting on Wednesday, November 15, at the home of Mrs. C. R. Bardeen of Madison. Mrs. Bardeen was assisted by Mrs. G. H. Ewell, Mrs. S. J. McCormick, Mrs. K. B. McDonough, Mrs. D. C. Atwood, and Mrs. Milton Trautmann. Mrs. Irma Williams, county nurse, talked on the needs of the loan fund closet.

Fond du Lac

Work for the ensuing year was outlined and reports presented at a business session held in connection with a dinner meeting of the Woman's Auxiliary to the Fond du Lac County Medical Society on October 26 at the home of Mrs. J. P. Connell of Fond du Lac.

Mrs. H. E. Twohig of Fond du Lac, the new president, presided. Other new officers are Mrs. A. M. Hutter of Fond du Lac, president elect; Mrs. J. C. Yockey of Fond du Lac, secretary; and Mrs. L. J. Keenan of Fond du Lac, treasurer. Mrs. Twohig's committee appointees will be announced later.

Reports of the state convention in Milwaukee were presented by Mrs. Twohig and Mrs. O. M. Layton. After the dinner violin selections were given by Robert Temple, accompanied by his sister, Mary Alice Temple.

Mrs. Twohig, Mrs. Connell, and Mrs. Layton were among the out-of-town guests attending the Brown–Kewaunee–Door Auxiliary meeting held in Green Bay on the afternoon of November 8.

Kenosha

Mrs. H. L. Schwartz of Kenosha was elected president of the Woman's Auxiliary to the Kenosha County Medical Society at its meeting on November 7 at the home of Mrs. C. C. Davin of Kenosha. Other officers elected for 1940 are as follows: President elect, Mrs. L. H. Lokvam; vice president, Mrs. C. M. Creswell; secretary, Mrs. W. C. Kleinpell, and treasurer, Mrs. J. P. Graves, all of Kenosha.

The various chairmen for 1940, all of Kenosha, are as follows:

Hospital—Mrs. C. E. Pechous
Program—Mrs. C. F. Ulrich
Ways and means—Mrs. A. M. Rauch
Social—Mrs. B. S. Hill
Hygeia—Mrs. E. F. Andre
Archives—Mrs. A. L. Mayfield
Public relations—Mrs. C. G. Richards
Membership—Mrs. T. D. Beatty
Publicity—Mrs. L. M. Rauen

After the business meeting the members enjoyed a musical program presented by Miss Edna Mae Holm and Mr. Holger Sorensen, accompanied by Miss Edith Sorensen.

Manitowoc

The Woman's Auxiliary to the Manitowoc County Medical Society held a meeting and tea on Wednesday afternoon, November 15, at the home of Mrs. C. M. Gleason of Manitowoc, with Mrs. M. P. Andrews and Mrs. H. J. Belson as assisting hostesses.

Mrs. A. D Bussey of Two Rivers presented a book report on Dr. Andrea Majocchi's "Life and Death." Programs for the year were distributed and plans were outlined for a Christmas party to be held on December 20.

There were thirteen members present and one guest, Mrs. Fox of Beloit. Mrs. G. E. Howe of Francis Creek was received as a new member.

Milwaukee

A large attendance of the Woman's Auxiliary to the Medical Society of Milwaukee County honored its past presidents at a Thanksgiving luncheon at the Wisconsin Club on Friday, November 10. The honorees were Mesdames J. C. Sargent, J. G. Taylor, Rock Sleyster, H. J. Heeb, E. J. Carey, R. G. Washburn, and W. M. Jermain.

Others at the speakers' table were Mrs. F. W. Pope of Racine, president of the Woman's Auxiliary to the State Medical Society; Mrs. R. E. McDonald, Mrs. J. J. McGovern, and Mrs. C. D. Partridge, officers of the Milwaukee Auxiliary; Dr. Millard Tufts, president of the Medical Society of Milwaukee County; Dr. W. M. Jermain, president elect, and the speaker, Dr. Rock Sleyster, president of the American Medical Association.

Doctor Sleyster's title was "The Art of Medicine," and after this inspirational talk a short business meeting was held. The minutes of the October meeting were read and approved. Mrs. J. J. Adamkiewicz, chairman of the Philanthropic Committee, reported that her committee recommended that the sum of $150 be given to the Premature Infants' Bureau. A motion was made and seconded to adopt this recommendation.

Oconto

The Hygeia program was the chief subject of discussion when the Woman's Auxiliary to the Oconto County Medical Society met at the home of Mrs. A. N. Tousignant of Oconto on October 12. Mrs. W. R. Berg of Gillett was appointed to find out how many schools, both rural and public, would be interested in a subscription.

On October 16 the auxiliary sponsored a speaker in Oconto for all public and women's clubs of Oconto County. Dr. J. C. Sargent, past president of the State Medical Society, spoke on "Hospital Insurance."

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Racine

The October meeting of the Woman's Auxiliary to the Racine County Medical Society was held at the home of Mrs. W. E. Buckley of Racine, retiring president. During the business meeting, reports of the annual convention in Milwaukee were given by delegates. Mrs. F. W. Pope, the new president of the Woman's Auxiliary to the State Medical Society of Wisconsin, talked informally on the aims for the coming year.

The new officers are:

President—Mrs. A. S. Pfeiffer, Racine
Vice President—Mrs. C. O. Schaefer, Racine
Secretary—Mrs. A. W. Adamski, Racine
Treasurer—Mrs. W. C. Roth, Racine

Following the business meeting, games were played, with Mrs. I. N. Tucker and Mrs. J. C. Docter winning prizes. Mrs. Pope presented Mrs. Buckley with a corsage in appreciation of the excellent work she had done during her year as president. Tea was then served at a table decorated with fall flowers arranged in a pumpkin shell and candles in holders made of red apples. Mrs. Pope and Mrs. Pfeiffer poured.

Rock

Mrs. L. J. Friend of Beloit assumed office as president of the Woman's Auxiliary to the Rock County Medical Society at a luncheon meeting on October 24

at the Janesville Woman's Club where autumn leaves, barberry and chrysanthemums blended their autumn colors in the table decorations. Covers were laid for twenty-two with corsages of roses marking the places of the retiring president, Mrs. W. T. Clark, and the incoming president.

Other officers are Mrs. C. R. Gilbertsen of Janesville, president elect for 1940–41; Mrs. H. E. Kasten, Beloit, secretary; Mrs. R. M. Baldwin, Beloit, treasurer; and Mrs. W. W. Crockett, Beloit, parliamentarian.

Mrs. Friend announced committee appointments as follows:

Program, press, and publicity — Mrs. H. M. Helm and Mrs. W. W. Crockett of Beloit and Mrs. G. S. Metcalf, Mrs. W. T. Clark, and Mrs. H. C. Danforth of Janesville.

Public relations—Mrs. F. E. Brinckerhoff and Mrs. O. W. Friske of Beloit and Mrs. C. R. Gilbertsen and Mrs. J. F. Kelley of Janesville.

Philanthropic—Mrs. H. E. Kasten and Mrs. T. F. Shinnick of Beloit and Mrs. F. W. Van Kirk, Mrs. V. W. Koch, and Mrs. W. A. Munn of Janesville.

Hygeia—Mrs. O. W. Friske and Mrs. G. W. John of Beloit and Mrs. W. T. Clark and Mrs. G. W. Bartels of Janesville.

Social, membership and courtesy—Mrs. W. H. Hecker and Mrs. T. H. Flarity of Beloit and Mrs. E. C. Hartman and Mrs. Thomas Nuzum of Janesville.

Historian—Mrs. C. E. Smith of Beloit and Mrs. T. J. Snodgrass, Mrs. E. C. Hartman, and Mrs. M. A. Cunningham of Janesville.

Telephone—Mrs. R. M. Baldwin and Mrs. G. W. John of Beloit and Mrs. W. H. McGuire and Mrs. G. L. Thomas of Janesville.

Among projects for the year, the auxiliary will continue to stress making Hygeia available in schools and libraries to help inform the public on the maintenance of good health. Philanthropic projects also will be carried on, as will work in the interests of the tuberculosis sanatorium and hospitals in the county. Speakers on health questions will be made available to various groups.

Sheboygan

Members of the Woman's Auxiliary to the Sheboygan County Medical Society held their monthly meeting at the home of Mrs. W. H. Neumann of Sheboygan, on November 1. Mrs. John Boersma and Mrs. J. W. McRoberts were assisting hostesses. Mrs. G. J. Juckem of Sheboygan was welcomed into the auxiliary as a new member.

Following the business session Mrs. H. J. Hansen of Sheboygan Falls entertained with a reading, "Anne of Green Gables." Tea was served after the program by Mrs. T. J. Gunther of Sheboygan and Mrs. H. F. Deicher of Plymouth.

Waupaca—Shawano

Seventeen were seated for the one o'clock luncheon on November 7 of the Woman's Auxiliary of Waupaca and Shawano Counties at the Anne of Green Gables Tea Room, Waupaca, with delegates from Shawano, Marion, Manawa, Waupaca, Weyauwega, New London, and Clintonville. Corsage bouquets were presented to each member by the Waupaca hostesses.

Mrs. W. W. Irvine of Manawa gave a report of the state convention held recently in Milwaukee, at which she was the official delegate of the auxiliary. After reports of officers and standing committees, the annual election of officers was held, with Mrs. E. A. Weller of Weyauwega chosen as president elect. With this election, Mrs. Irvine, president elect during the last year, automatically became the new president of the auxiliary. Other officers elected were Mrs. G. P. Dernbach, New London, secretary, and Mrs. F. M. Mulvaney, Marion, treasurer.

After the election, Mrs. R. C. Cantwell of Shawano, president of this year, retired in favor of the new presiding officer, Mrs. Irvine, who conducted the remainder of the meeting. One new member was received, Mrs. L. F. Corry of Weyauwega.

Mrs. Irvine appointed the following committee chairmen: Public relations, Mrs. E. A. Miller, Clintonville; archives, Mrs. J. H. Murphy, Clintonville, and press and publicity, Mrs. W. H. Finney, Clintonville.

An invitation was extended by the Weyauwega representatives to meet in that city in February, the month for the next gathering. Mrs. R. K. Irvine of Manawa had as her guest, Mrs. L. Telerski of Philadelphia. A social hour concluded the event, with three tables of bridge for entertainment. Prizes were received by Mrs. F. J. Pfeifer of New London and Mrs. L. W. Peterson of Shawano.

Winnebago

Mrs. E. F. Cummings, press and publicity chairman of the Woman's Auxiliary to the Winnebago County Medical Society, reports that the fall program was begun with a well attended meeting at Stein's on Monday, September 25. Reports of various committee chairmen revealed that the last year had been a successful one and that the coming months would be well filled with activities. The auxiliary will sponsor a program at the Twentieth Century Club on January 13, when they will present as the speaker, Mr. J. G. Crownhart, secretary of the State Medical Society of Wisconsin. His subject will be "Socialized Medicine." Another report revealed that the health magazine, Hygeia, had been placed by the auxiliary in ninety-six Winnebago County schools. Mrs. J. F. Stein reported on the annual convention held in Milwaukee, and Mrs. R. H. Bitter, county president, supplemented this report. She also gave her annual report.

Auxiliary officers for the ensuing year, headed by Mrs. Bitter as president, include president elect, Mrs. M. N. Pitz of Neenah, and secretary-treasurer, Mrs. H. A. Romberg of Oshkosh. Committee appointments for the year are as follows:

History and archives—Mrs. J. P. Canavan, Neenah

Convention—Mrs. F. G. Connell and Mrs. E. B. Williams, Oshkosh

Hygeia—Mrs. R. F. Wagner, Oshkosh

Organization—Mrs. J. W. Lockhart, Oshkosh

Press, publicity, and telephone—Mrs. E. F. Cummings, Mrs. J. F. Stein, and Mrs. J. E. Schein, Oshkosh, and Mrs. H. L. Baxter, Neenah

Public relations—Mrs. E. B. Pfefferkorn, Oshkosh; Mrs. M. N. Pitz, Neenah, and Mrs. M. J. Donkle, Oshkosh

Sickness—Mrs. J. M. Hogan, Oshkosh, and Mrs. A. B. Jensen, Neenah

Program—Mrs. W. A. Wagner, Mrs. H. W. Kleinschmidt, and Mrs. J. W. Lockhart, Oshkosh, and Mrs. G. R. Anderson, Neenah

The October meeting was held at the Hotel Menasha on October 23, beginning with a luncheon served at one o'clock, with Mrs. R. H. Bitter, the president, presiding. Mrs. W. A. Wagner of Oshkosh, chairman of the program committee, introduced Miss Lydia Bouressa, who is in charge of the Visiting Nurse Association in Neenah and who gave the address of the afternoon. Her subject was public health work, and she illustrated the discussion with charts which showed the importance of this association to a community. Year books were distributed by the program committee outlining the program for each month of the year.

News Items and Personals

Dr. H. R. Foerster, Milwaukee, was elected president of the American Academy of Dermatology and Syphilology at its meeting in Philadelphia in November.

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Dr. Oscar Lotz, Milwaukee, was elected executive secretary of the Wisconsin Anti-Tuberculosis Association on November 13 by the Association's executive board. Dr. Lotz, for the past twenty years a part-time member of the Association's medical staff, succeeds the late Dr. Hoyt E. Dearholt. Dr. Lotz will continue devoting part of his time to his private practice.

Dr. John A. Carswell, thirty-eight year old member of the territorial board of health, Juneau, Alaska, has been selected associate executive secretary. He will arrive in Milwaukee soon after the first of the year to take over his new duties.

Five Wisconsinites attended the eleventh annual Medico-Military Inactive Status Training Unit in Rochester, Minnesota, October 8–22; namely—

Lt. Geo. G. Benson, Med-Res., Richland Center

Lt. Herbert G. Grewe, Dent-Res., Eau Claire

Lt. F. T. Knapstein, Vet-Res., Greenville

Lt. Commdr. E. A. Pohle, MC-V(S) USNR, Madison

Lt.(jg) Herbert W. Virgin, MC-V(S) USNR, 122 W. Washington, Madison

In all, 269 officers—207 of the Army and 62 of the Navy—from forty-five states and the District of Columbia attended the school.

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"Medical Opportunities in a Small Urban Community," was the subject of the address given by *Dr. Warner S. Bump*, Rhinelander, at the convocation of the University of Wisconsin Medical School on November 23.

State Society Moves Offices

All normal activities of the headquarter offices of the State Medical Society of Wisconsin, Madison, were suspended November 24–25 when the Society's records and equipment were moved from 119 East Washington Avenue to 917 Tenney Building, Madison. The move followed an investigation by a special committee of the Council of the Society of the old quarters and the recommendation that a new location be sought where the valuable records of the Society, accumulated over many years, would be assured of a greater measure of protection from the hazards of fire.

The new offices on the ninth floor of the Tenney Building overlook Capital Square and one of Madison's lakes, Lake Monona. The offices have been arranged in a manner which makes them particularly adaptable for conferences and meetings of Society groups, committees and officers.

Future correspondence to the State Society should be addressed as follows:

State Medical Society of Wisconsin
917 Tenney Building
Madison, Wisconsin

The Secretary urges all members of the Society to inspect the new offices when opportunity presents.

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Dr. S. S. Zintek, Milwaukee, received an order, September 11, to the medical field service school in Carlisle, Pennsylvania, from the Adjutant General's office of Wisconsin.

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Dr. L. M. Morse of the Wisconsin State Board of Health addressed the Rotary Club of Black River Falls on November 6. His subject was "The Functions of the Wisconsin State Health Department."

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Mrs. Ada P. Kradwell, wife of *Dr. William T. Kradwell* of the Milwaukee Sanitarium medical staff, Wauwatosa, died on October 31 after an illness of two weeks.

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Dr. B. J. Hughes, for the past two years assistant superintendent of the Winnebago State Hospital, has been appointed acting superintendent of the institution to replace *Dr. Gilbert E. Seaman*, recently named acting director of the division of mental hygiene of the new State Department of Public Welfare.

Dr. Hughes, a native of Pardeeville, is thirty-five years old. He was graduated in 1931 from the University of Wisconsin Medical School. After his internship at the Milwaukee County Hospital, he entered private practice in Wausau. In 1933 he joined the medical staff of the Winnebago Hospital.

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Dr. F. J. Pfeifer, New London health officer, spoke on undulant fever at a meeting of the New London Rotary Club, November 6.

U. S. Pharmacopeial Convention Delegate.—The Council of the State Medical Society of Wisconsin will consider appointing as a delegate from Wisconsin any member of the Society who plans to attend the United States Pharmacopeial Convention in Washington in May, 1940. Applications for such appointment should be addressed to the secretary of the Society, 917 Tenney Building, Madison.

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At the Wisconsin General Hospital staff meeting on November 7 in the Service Memorial Institutes Building, Madison, Dr. Hans Reese presented a paper on "Myatonia Atrophica;" Dr. Karver L. Puestow discussed "Cardiospasm and Its Treatment;" and Dr. E. R. Hodgson talked on "Peripheral Neuritis Resulting from Sulfanilamide Therapy."

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Dr. Gail R. Broberg, 1929 graduate of the University of Michigan Medical School and formerly of Manistique, Michigan, has opened offices at 108 North Commercial Street, Neenah.

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Dr. Martha Kohl, medical director of the Massage and Physical Therapy Center, Eau Claire, addressed the members of the Business and Professional Women's Club of Antigo on November 13. She discussed "Women's Health Problems."

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Dr. A. L. Van Duser, 1938 graduate of the University of Wisconsin Medical School, formerly of Elcho, has moved to Stanley where he will be associated in practice with *Dr. Albon W. Overgard.*

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Dr. Frank Pope, Racine, discussed the history of plans for group medical care in Wisconsin at a meeting of the Burlington Memorial Hospital and medical staff, November 14.

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Dr. L. O. Mastalir, Burlington, presented a talk before the Burlington Rotary Club, November 13, on the development and use of x-rays in industry and in the practice of medicine.

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Cancer and its prevention was discussed by two Wisconsin physicians before lay groups recently. *Dr. A. L. Millard*, Marshfield, presented his talk before the East Side Woman's Club of Marshfield on November 3; and *Dr. C. S. Williamson*, Green Bay, spoke before the Young People's Forum of the First Methodist Church of Green Bay, November 5.

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Dr. Earl F. Weir, resident physician at the Summit Hospital, Oconomowoc, for the past four years, has gone to the University of Iowa to take a three-year course in anesthesiology. He is being replaced at the Summit Hospital by *Dr. R. E. Warmington*, recently of Redfield, South Dakota.

Dr. Francis D. Murphy, Milwaukee, at the Central Society for Clinical Research, which met in Chicago November 3–4, discussed dangers to be avoided in administering fluids intravenously.

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Dr. Wellwood Nesbit, Madison, described "A Trip Down the Respiratory Tract," for the benefit of the women's luncheon discussion group at the University Club, Madison, November 6.

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Dr. Philip H. Halperin, Madison, in speaking for the Dane County Safety Council over station WIBA, Madison, November 3, stated: "Good judgment, good physical condition, and courtesy are the essentials of safe driving. No piece of road can be safe while there is upon it a driver who does not fulfill these requirements."

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Drs. E. C. Hartman and *T. J. Snodgrass*, Janesville, on October 26, discussed results of work among under-privileged children, sponsored by the Kiwanis Club of Janesville. They brought several small children with them to illustrate phases of the work being done.

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St. Francis Hospital, Superior, which was opened to the public on Thanksgiving Day, 1889, was the scene of a Golden Jubilee celebration recently. Events marking the hospital's fiftieth anniversary included dinners for the medical staff, the priests and all others connected with the hospital; memorial masses; and the opening of the hospital to visitors.

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Positions Available in CCC Service

The Sixth Corps Area, comprising the states of Illinois, Michigan and Wisconsin, has openings for physicians in the Civilian Conservation Corps, Lt. General Stanley H. Ford, Commanding General of the Second Army and the Sixth Corps Area, has announced.

At the same time the General revealed that the War Department has provided for an increase of $800 a year in the pay of civilian physicians employed in the CCC. This increase raises the yearly pay to $3,200 as compared to $2,400 formerly paid such physicians. The action was taken by the War Department to attract highly qualified physicians in order to assure the highest type of medical service for the CCC camps. General Ford stated:

"The CCC service offers an especially excellent opportunity for young physicians to secure experience that is both financially and professionaly profitable. Many physicians accept this detail for periods of one or two years, during which they can save a moderate amount of capital on which to begin practice.

"In making appointments, preference is given to officers of the Medical Reserve Corps of the Army, but many vacancies occur which are filled by physicians who do not hold Reserve commissions. Physi-

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GYNECOLOGY—Two Weeks Course April 15, 1940. One Week Personal Course Vaginal Approach to Pelvic Surgery, April 8, 1940.
OBSTETRICS—Two Weeks Course April 29, 1940. Informal Course every week.
OTOLARYNGOLOGY—Two Weeks Course starting April 8, 1940. Informal Course every week.
OPTHALMOLOGY—Two Weeks Course starting April 22, 1940. Informal Cnurse every week.
CYSTOSCOPY—Ten Day practical Course rotary every two weeks. One month and Two Weeks Courses in Urology every two weeks.
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Chicago, Illinois

cians desiring such appointments should communicate with the Surgeon, Sixth Corps Area, Room 1040, U. S. Post Office Building, Chicago."

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Lippitt Memorial Lecture.—The fifth annual Lippitt Memorial Lecture will be given in the auditorium of the Marquette University School of Medicine on Friday, January 19, at 4:30 p. m. Dr. Harry Goldblatt, who is professor of experimental pathology and associate director of the Institute of Pathology, Western Reserve University, Cleveland, Ohio, will deliver the lecture, the title of which is "Experimental Observations on the Pathogenesis and Treatment of Hypertension." All members of the medical profession are invited to attend.

SOCIETY RECORDS

New Members

J. E. Szymarek, 2031 West Mitchell Street, Milwaukee.

L. W. Kaufman, 3954 South Howell Avenue, Milwaukee.

A. J. Raymond, 1909 West Forest Home Avenue, Milwaukee.

S. M. Feld, 709 North Eleventh Street, Milwaukee.

M. A. Spalding, 2522 East Capitol Drive, Milwaukee.

F. J. Mellencamp, 324 East Wisconsin Avenue, Milwaukee.

J. H. Wishart, Midelfart Clinic, Eau Claire.

E. W. Vetter, Randolph.

J. M. Sullivan, 425 East Wisconsin Avenue, Milwaukee.

O. L. Puttler, 5630 North Lake Drive, Milwaukee.

T. T. Couch, 7006 West Greenfield Avenue, West Allis.

A. G. Seelman, 205 East Wisconsin Avenue, Milwaukee.

A. A. Presti, 3508 West Fond du Lac Avenue, Milwaukee.

L. J. Schwade, 2250 North Twenty-seventh Street, Milwaukee.

W. T. Becker, 208 East Wisconsin Avenue, Milwaukee.

L. S. Markson, 231 West Wisconsin Avenue, Milwaukee.

L. A. Seymer, 7827 Harwood Avenue, Wauwatosa.

P. B. Jorgensen, Mosinee.

W. J. Mauermann, Oregon.

H. H. Shapiro, Wisconsin General Hospital, Madison.

Changes in Address

T. L. Hartridge, Horicon, to 630 McClellan Avenue, Fort Leavenworth, Kansas.

E. F. Weir, Oconomowoc, to 802 East Washington Street, Iowa City, Iowa.

G. H. Smullen, Pittsville, to Charity Hospital, New Orleans, Louisiana.

K. W. Davis, Omro, to Union Grove, Wisconsin.

CORRESPONDENCE

ADVICE WANTED

Frederic, Wisconsin, November 15, 1939.

Correspondence Editor,
Wisconsin Medical Journal,
Madison, Wisconsin.

Dear Sir: The Arveson-Andrews Clinic is about to change its forms for general history taking and before doing so, we thought it might be advisable to secure the opinions of men about the state, who have made this subject a study and who feel they have at this time a satisfactory and working set of history sheets. The increasing number of accident cases, which involve court testimony by the physician, makes it imperative that the best of histories be taken. A rather uniform blank used about the state would be desirable.

We are particularly anxious to receive suggestions on general history, accident, and x-ray blanks.

Yours very truly,
EARL C. SWENSON,
Clinic Manager, Arveson-Andrews Clinic.

FORMS INVALUABLE

ST. MARY'S HOSPITAL
Green Bay, Wis.
November 20, 1939.

Wisconsin State Medical Society,
119 East Washington,
Madison, Wisconsin.

Gentlemen: Will you kindly forward to us two (2) pads each form (1) and (2) Order for Payment and Information Authorization; and advise cost of same that we may send remittance.

We have found these forms invaluable in our public liability cases and feel sure they have saved us considerable money.

Very truly yours,
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By: Sister Saint Fortunate, Regr.

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Correspondence—Continued

"TEN COMMANDMENTS" HELPFUL

November 10, 1939.

Wisconsin Medical Journal,
119 East Washington Avenue,
Madison, Wisconsin.

Dear Sirs: In the November issue of the Journal, just received, I enjoyed reading "The Ten Commandments for Medical Witnesses" on the editorial page. I think that is a timely article, compliment you on it, and suggest that you try when possible to publish similar articles on any procedure in medicine to keep the doctor out of trouble. I have transcribed these commandments into my notebook for possible future reference.

Sincerely yours,
JOHN W. HANSEN, M. D.,
531 West Wisconsin Avenue,
Milwaukee, Wisconsin.

BIRTHS

A daughter, Elsa Janet, to Dr. and Mrs. Kenneth C. Kehl, Racine, on October 9.

A son, Myron Thomas, Jr., to Dr. and Mrs. Myron Thomas McCormack, Milwaukee, on October 27.

A son to Dr. and Mrs. N. C. Erdmann, Manitowoc.

A daughter to Dr. and Mrs. R. S. Simenson, Valders.

A son to Dr. and Mrs. Charles Vedder, Marshfield, on November 8.

A daughter to Dr. and Mrs. Milan G. Helmbrecht, Elkhorn, on November 8.

DEATHS

Dr. Robert J. Ramsey, Milwaukee, was killed instantly in an automobile accident, November 4. The doctor, who was twenty-seven years of age, was returning to his home after a visit to his fiancee. He had planned to be married December 30.

Following his graduation from Marquette University School of Medicine in 1937, Dr. Ramsey practiced his profession in Milwaukee. He was a member of the Medical Society of Milwaukee County, the State Medical Society of Wisconsin and the American Medical Association. He is survived by his parents.

Dr. John C. Johnson, Ogdensburg, Waupaca county coroner, died on November 16. He was sixty-seven years old.

Dr. Johnson was a 1903 graduate of the Wisconsin College of Physicians and Surgeons, Milwaukee. He had practiced medicine in Ogdensburg for thirty-five years. He was a member of the Waupaca County Medical Society and the State Medical Society of Wisconsin. He was a Fellow of the American Medical Association.

The doctor is survived by his widow and one daughter.

Transactions 1939 Sessions, House of Delegates, State Medical Society of Wisconsin, Milwaukee

TUESDAY SESSION

The first session of the House of Delegates was called to order by the Speaker, Dr. J. Newton Sisk, Madison, in the Crystal Ballroom of the Hotel Schroeder, Milwaukee, at 7:10 p. m., Tuesday, September 12, 1939. The Speaker announced the appointment of the following to the Committee on Credentials: Dr. O. J. Hurth, Cedarburg, Chairman; Dr. A. J. Wiesender, Berlin; Dr. A. M. Christofferson, Waupaca.

Upon motion of Dr. L. W. Peterson, Sun Prairie, seconded by Dr. Ralph P. Sproule, Milwaukee, the minutes of the 1938 sessions of the House of Delegates were approved.

Dr. O. J. Hurth, Cedarburg, presented the report of the Committee on Credentials, and upon his motion, seconded by Dr. L. W. Peterson, Sun Prairie, Dr. Clarence A. Vogel, Elroy, was seated as delegate vice Dr. A. R. Kaufman; Dr. S. L. Henke, Eau Claire, was seated vice Dr. E. L. Mason, Eau Claire; the report was accepted and a quorum declared present.

The Speaker announced the appointment of the following reference committees: Reports of Officers and Standing Committees: Dr. C. D. Neidhold, Appleton, Chairman; Dr. W. A. Munn, Janesville; Dr. Charles Fidler, Milwaukee; Dr. C. N. B. Hatleberg, Chippewa Falls; and Dr. A. S. White, Rice Lake. Resolutions: Dr. L. W. Peterson, Sun Prairie, Chairman; Dr. O. A. Stiennon, Green Bay; Dr. G. C. Schulte, Kenosha; Dr. Alf Gundersen, La Crosse; Dr. William A. Ryan, Milwaukee. Amendments and By-Laws: Dr. T. J. O'Leary, Superior, Chairman; Dr. S. M. B. Smith, Wausau; Dr. P. R. Minahan, Green Bay; Dr. George Parke, Viola; and Dr. L. W. Hipke, Milwaukee.

The Speaker made a brief statement on the 1940 budget and its full consideration by the House, after which a motion was made by Dr. P. R. Minahan, Green Bay, seconded by Dr. O. J. Hurth, Cedarburg, that the Speaker be authorized to extend his remarks in the record and to the proper reference committee; motion carried.

At this point the Speaker called upon officers of the Society and chairman of the various committees

to elaborate upon reports published in the August and September issues of the Wisconsin Medical Journal and formally submitted to the House at this moment. Dr. Stephen E. Gavin, Chairman of the Council, Fond du Lac, supplemented the report of the Council.

The proceedings were then interrupted while the Speaker presented to the House two distinguished guests, Dr. Rock Sleyster, President of the American Medical Association, and Dr. George Wilson, President of the Wisconsin State Dental Society and Dean of the Marquette University School of Dentistry.

The Speaker then introduced to the members the President of the State Medical Society, Dr. A. E. Rector, Appleton.

Address of President A. E. Rector

President Rector: Mr. Speaker, Members of the House of Delegates, Council and Members:

You are going to hear tonight the reports of your officers and committees. You may have some variation in drawing the lines and forming your opinions as to putting together the whole picture, but this is a democratic organization and a democratic body, and it is you who sit in judgment on these reports, and the responsibility is yours.

I think among my happy experiences, the meetings of this House of Delegates have been outstanding. However, this is not just a show; this is a serious affair to medicine, not only in Wisconsin but in America. You are being watched tonight. Your actions throughout the week will be observed, not only by the medical profession of Wisconsin, but by the people of Wisconsin and numerous other state medical societies. In fact, I think before you are through there will be more than the President of the A. M. A. to look in and judge your work.

You must remember that the State Medical Society is not an automatic machine. It functions only through the efforts of its members.

Medicine in Wisconsin is at its peak in scientific advancement, service to the sick, cooperation with the public, educational programs (such as your news bulletin and radio), studies in hospital insurance, voluntary sickness insurance, cancer, syphilis, tuberculosis, immunization, and clinics—chest clinics, baby clinics, syphilis clinics and cancer clinics.

Your State Society has attempted to cooperate with government, and will continue to do so, in matters of public health, in the care of the indigent, and in an advisory capacity with public officials and the legislature.

There has been a marked advancement in the scientific programs of the county, district and state societies. I might pause to remark at this point that there are many secretaries of county societies who have been thoughtful enough throughout the year to send in monthly reports of their meetings. I wish that custom might be continued. It helps the President put together the picture of what is going on out in the State. It gives him a better view of the work that is being accomplished, and ofttimes he gets suggestions that he is able to pass on to other county societies.

Your program for the present meeting is outstanding, representing a lot of work on the part of your scientific committee. It marks out the work of the individual man or, as the committee chooses to say, the man in the field. Really, when you get down to it, it is the problem of the individual man in practice that really counts in medicine.

If we could keep proper mark on our own individual efforts, the putting together of the whole society effort would be no trouble. It would not be a puzzle card to be hooked up. Speaking of the individual man in practice, there is something else that comes into this picture that probably counts as much as scientific attainments and art in the practice of medicine. I refer to the attitude of each of us to the other; this has much to do with public opinion.

A medical society, in order to be effective in its community, must have with it the right opinion from the public. Carelessness in remarks to our clientele or at lay gatherings, as to our thoughts on the actions of some of our colleagues, is bound to affect public opinion, and it affects the maker of the remark as much as the member remarked about. A vicious circle develops out of it. I think we should use caution at all times in our remarks. If we have nothing good to say about our fellow colleague, let us say nothing.

There are certain few societies in the State that are in ill repute with the public they serve, not due to deficiencies in their professional attainments, care given their patients or sincerity in medical service, but due to competitive jealousies and other things that enter into certain phases of the practice of medicine. The attempt has been made to approach some of these groups through the Council; through the friendly efforts of other medical societies; and through individual members of other societies, when the society has not acted as a whole. Such effort was not always successful, but it is one of the means that we have at hand, and I think it should be continued.

This statement may seem a bit harsh at this time. On the other hand, my observations over the State the past two years have led me to believe that more than 90 per cent of the men practicing medicine in Wisconsin have the same view on these points as your speaker. I think they live it in their daily lives, in their practice and in their associations, and it seems too bad that this organization of over 2,400 men cannot find some way to bolster up some of the weaker organizations within the State.

Groups falling into an error of this type must necessarily realize that it not only hurts their service to the public, but it hurts the sick and causes loss of confidence in the doctor. It also hurts financial returns. There must be some way to iron out these personal differences.

We have observed through the year the increasing demands of government on medicine and the increasing demands on medicine from leaders in what they think is a new cause. Attempts have been made to introduce unstudied legislation. Now let us turn back a minute to 1937.

Promises were made by this Society to individuals, the legislature, and the public generally, that the State Medical Society of Wisconsin would seriously enter into a program of study of the various things connected with the practice of medicine which seemed to be unsatisfactory to certain people. They started the study of prepaid voluntary sickness insurance, the distribution of health service and sickness care in Wisconsin, and—by our Secretary's trip to Europe—compulsory sickness insurance. Reports were made to the 1938 House of Delegates. The reports were accepted. It is with a great deal of satisfaction that those reports were accepted not only by our membership as showing good faith, but by the public as showing good faith.

The demands for those reports, for all of those studies, have gone far beyond our boundaries, and we are continuously having calls from other organizations for them. I wish this body could see the vast amount of comments from people scattered all over the United States who have had the opportunity to study these reports. They are very flattering to our Society.

Your 1938 House of Delegates authorized plans for prepaid voluntary sickness insurance. It also authorized the cooperation of the Society in hospital insurance. I don't know whether to call the road leading to hospital insurance an old muddy road, a cobblestone pavement or what, but it has been a hard one. I think, however, the loss in time has not been all loss. Controversies have brought out new thoughts. We have had the opportunity to evaluate further the action of other hospital associations in the field of hospital insurance, and I think we have learned much. I can say to you that the incorporators met yesterday afternoon and authorized sending out to the various hospitals throughout the State reports of the advisory committee that was appointed at our June 30 meeting. Those reports now have been sent to authorities over the State.

The incorporators will meet shortly and will notify the hospitals of the date of a future meeting to further study and consider these plans.

Your Society has made an advancement with the insurance people on our panel practice. It has also advanced with the insurance companies and hospitals in hospital care, and personal injury cases that are involved.

The legislature is still in session. We expect it to adjourn very shortly. You have had sent out to you a bulletin by the Committee on Public Policy. I hope you all have studied that and have taken a lesson therefrom. It is a very complete report and contains much information on legislative procedure and bills introduced.

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Standard lantern slide projector. —The State Medical Society of Wisconsin wants to purchase a standard lantern slide projector. Give make, model, price and full details in letter.

February, 1938, issues of the Wisconsin Medical Journal. — The State Medical Society of Wisconsin will pay 50 cents a copy for a few copies of the February, 1938, issue of The Journal.

This brings me to the activities of the Secretary's office and the Society in general. I have made this review purposely, to this point, to bring to you something about the operations and the necessity of certain steps that are taken in your Secretary's office and the difficult process of keeping you informed and up to date on all that is going on.

I do not believe there is any group of people in Wisconsin functioning with the efficiency of our Secretary's office and his personnel. It seems there is always time, there is always an opportunity to get out the necessary material at the necessary time and it is exceedingly important, in the many changes that have been taking place this year, that this material be kept up to date.

I regret very much that I did not start, at the beginning of the year, to keep a check, page by page, of the vast amount of material it has been necessary to compile and send to the committees and members and of outside correspondence, so you could vision its volume.

Now as to compulsory sickness insurance, you think your legislature is going to adjourn shortly. You think we are free for the time being. I have in my hand here the report of the subcommittee of the United States Senate Committee on Education and Labor relative to Bill S. 1620, the so-called Wagner Health Bill. This subcommittee's report says in part, in its introduction: "The subcommittee intends to report out an amended bill at the next session of Congress." That should be sufficient warning. I hope every member of this House and every member of the State Society makes an effort to read the Wagner Bill and study it carefully, so as to be informed. And I hope they do not miss one word in this subcommittee's report.

Mr. Biemiller introduced a bill, I think, to appropriate about $3,000 to study health matters in Wisconsin. Your State Society spent much more than that, made an honest report and has given to the legislature of the State of Wisconsin the benefit of those studies. Among other legislative bills are the chiropractic program, the osteopathic program, the pharmacy program, recording of physician's license, the Thomson Law pertaining to ante-nuptial physical examination, Wassermann test, standard blood tests, bills relative to the Wisconsin General Hospital, hospital care insurance bill that was passed on May 29, and a foreign physicians bill. All of this and far more comes into the picture of the daily study of your Secretary's office, legal counsel and your officers.

Then there is another report, that of the committee on prepaid voluntary sickness insurance. That is in your hands. I venture to say this is going to be something new, again, to the medical world, and it will be another record hung up for our Society. That discusses the various plans that are being studied. We do hope to have something official as to the cost of medical care of these groups.

Your Speaker talked to you about dues and I want to talk to you about dues. You delegates were sent an estimate of the budget. You were asked to take it up with your societies. I have outlined what is going on in federal legislation, in which we have had to take a part. You will have to carry part of that brunt in the future. We will continue to carry our own legislative program without outside help. I beg of you to review again among yourselves the budget as presented to you, to put together the answers given you by your county societies and decide what activities your societies wish continued in the State Society and what activities they wish deleted. Let us be honest with ourselves and face this issue.

I do not think there is anything more I want to comment on, except this: I hold in my hand here a clipping from the Capital Times of May 12, 1939, reading: "The Capital Times has received several inquiries asking information on the initiation fees and dues required by various labor unions in Madison. The Capital Times has obtained the following tabulation showing the dues of a number of labor organizations in this city."—That is the editor's note. "Construction and general labor union, A.F.L., Local 464, initiation fee $25. Dues schedule per week, members working three days or more per week, $1." It runs down to a lower scale for less than three days' work. "Electrical Union, initiation fee, $200. No new members taken in as long as ten per cent or more of the present members are unemployed." And it goes on to show what the other organizations pay.

We should set up a sum, and it has been repeatedly suggested to me throughout the State that we should earmark a certain amount of the sum put by, to build up our surplus in order to meet these emergencies for the future. I hope you will fix the dues without assessments, that we will understand what the finances of our Society are going to be and what activities you wish us to carry on, so that everybody can be pleased.

I have had a very happy, interesting year in this work. I see many things from a different angle than when I was a member of this House of Delegates, and I hope that this House, if it has never made a serious study of the problems before it, will do so this session.

Upon motion of Dr. William A. Ryan, Milwaukee, seconded by Dr. S. M. B. Smith, Wausau, the Speaker declared the House in executive session to consider succeeding business.

Dr. R. G. Arveson, Frederic, President-Elect, was then introduced to the members by the Speaker. After making committee appointments (see page 1098), Dr. Arveson addressed the House of Delegates as follows:

Extracts From the Address of President-Elect Arveson

Dr. Arveson: Gentlemen, I haven't anything particularly new to bring before you, but I have in the back of my mind several thoughts that may be of value to the Society.

METHODS FOR QUANTITATIVE ESTIMATION OF THE VITAMINS

III. Measurement of Vitamin A Activity

● It was early recognized that vitamin A deprivation in animals resulted in cessation of growth or—if long continued—in the appearance of a characteristic eye condition known as xerophthalmia (1). These two pathologic effects were both utilized in the first methods proposed for quantitative estimation of this essential food factor.

The earliest techniques for determination of vitamin A were similar in that they all first provided for depletion of the body stores of vitamin A of the rat by restriction of the animals to basal rations free from or quite deficient in the vitamin. In the "rat growth" method, the vitamin A activity of the material under assay was estimated by feeding graded dosages to animals depleted of the vitamin (as gauged by cessation of growth) and recording the ensuing growth response (2). In the "curative technique," the incidence of xerophthalmia served as the criterion of vitamin A depletion (3), and vitamin A activity was estimated by determining the dosage of the test material necessary to establish cure of xerophthalmia.

Techniques were also gradually developed which in some instances embodied features of both the growth and curative methods. Still another technique based on the continuous appearance of cornified epithelial cells in vaginal smears—a further characteristic of vitamin A deficiency in female rats—was evolved (4). Further research showed that colorimetric and spectrographic methods may be adapted to the estimation of vitamin A activities of specific materials (5).

Of all methods for estimation of vitamin A in foods, the rat growth technique appears to be favored today (6). Gradual improvements and refinements—as well as recognition of the existence of provitamins A—have led to development of the growth method now included in the U. S. Pharmacopeia XI. This method requires that young rats weighing 40 to 50 grams (at an age not exceeding 28 days when placed on a vitamin A deficient ration) shall manifest symptoms characteristic of vitamin A deficiency within a period of 25 to 45 days. Rats properly depleted of vitamin A reserve are assembled in negative control groups receiving no supplement, reference groups receiving graded doses of the standard reference material, and assay groups receiving graded doses of the assay material. During the ensuing period of not less than 28 days, the test animals are fed daily doses of the proper supplements. The body weights of the animals are recorded at frequent intervals during and at the end of the assay period. From the average gains in body weight of rats in the assay and reference groups, dosages of assay and reference materials, and the vitamin A activity of the standard of reference, the vitamin A activity of the assay material is calculated.

Many researches (7) have established that commercial canning procedures are without significant effect upon either the provitamins A or vitamin A in foods. Consequently, the canned varieties of foods noted for their vitamin A activities provide valuable, convenient and economical sources of this dietary essential.

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(1) 1913. J. Biol. Chem. 16, 423 and 255.
(2) 1928. J. Biol. Chem. 78, 671.
(3) 1931. J. Dairy Sci. 14, 229.
(4) 1927. J. Biol. Chem. 73, 153.
(5) 1938. J. Am. Med. Assoc. 111, 245.
(6) 1936. The Pharmacopeia of the United States, Eleventh Decennial Revision, page 478.
(7) 1929. Ind. Eng. Chem. 21, 347.
1936. J. Am. Diet. Assoc. 12, 231.
1936. Mass. Agr. Expt. Sta. Bull. No. 338.
1938. Nutrition Abstracts and Reviews, 8, 281.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the fifty-fourth in a series, which summarize, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.

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When Mr. Biemiller first brought forth his bills in the legislature some few years back, you will remember that we held various district meetings over the State. We were willing to give battle, but there was a clamor by men out in the State for a program, a definite setting up of plans, a policy that would never find us unprepared again.

Picking up the loose skeins of thought, Dr. Sargent proposed, and you voted, to send Mr. Crownhart to Europe to see at firsthand the actualities of compulsory sickness insurance and to bring back an impartial and unbiased report as to the service that the people in those countries were receiving. He did just that after six months of study, and copies of his excellent report are being asked for from all sections of the United States. No one in the legislative halls at Madison again can get up and say that such-and-such are the conditions in England, for instance, without having Mr. Crownhart upon his feet and saying it is so or it is not so, because he was there and studied the matter.

No one again can arise and say Wisconsin people are not receiving adequate medical service, because another committee traveled about the State for almost a year and found that they were satisfied; that socialized or regimented medicine was a thing foreign to them and they regarded it only with academic interest.

There was another weaving of the warp in the hospital insurance committee. It had become apparent that, in certain sections of this country, hospital insurance had been set up and that, for an annual fee, large numbers of citizens were taking advantage of this new procedure. It was found that only those living in large cities were making use of hospital insurance and this Society wanted every citizen in this State to enjoy its benefits, if the insurance was sound and the proper thing. We had that idea, and we paid the necessary money for the best actuaries that we could obtain in this State. We have been seeking to secure a sound system which, of itself, would avoid a system leading perhaps to compulsion. None of you, or only those of you who were directly connected with this work, will ever know the amount of work that your committee and your Secretary undertook during the past year, trying to help in establishing in this State a sound and efficient hospital insurance service by making effective your own decisions.

Dr. Rector has been active in every section of Wisconsin, carrying a report of the work firsthand to you. I understand he has traveled over 10,000 miles in this effort. This man has done great work.

This has been a legislative year in Wisconsin and, as usual, the hopper has been deluged with many bills, some odd and peculiar, while others were of such a nature as to upset, if passed, the regular practice of medicine in the State. I am happy to state we have secured the defeat of these bills. At first this statement might give rise to rejoicing on your part, as well it might, for the material blessings but the members of this Society know we sought the defeat of these proposed laws for the benefit of the people of this State.

I recall to your minds the Winnebago proposal. We, who have secured our education at the expense of the State, must, after graduation, expect to give back part of that education and the benefit of our experience to the people of this State for their protection. To Mr. Crownhart largely must go the credit for the defeat of this legislation. Oddly enough, it was not merely defeat. It was a process of education of the legislators, and George did that so well that, in spite of considerable outlays of money on the part of the cultists, we feel that right prevailed.

There are many men who have afforded us help in emergencies and who serve often without recognition. They are, in a way, friends of the family of medicine. Out of the many, I think of Charles Crownhart, and I think of him kindly. I know he has served often and well and many times without thought of remuneration.

George Larson, the Assistant Secretary, has been active in establishing a voluntary sickness trial in Douglas county, with the possibility of two more in the State. There will always be those who will question such an enterprise. Still, there is a nationwide clamor by editors and others asking us why we are not willing to try such an experiment, and we have done so. Every inducement and aid has been given, and we shall await with interest its outcome. The question involved in every one of these movements is that of education.

For the past several years I have been interested in the question of socialized, regimented or state medicine—call it by any name you wish. Lately, however, I am not so concerned over this narrow view as I am about the trends of thinking in America of men and women in high places. The medical profession is only a part of society, and society today is making one of the great treks in the history of man. We have been and are spending millions of dollars for education. Practically all of our people attend high school and a great many finish college. The question then arises as to whether education, as such, has not come home to plague us.

We have seen in Europe leading nations, that have attained a high degree of culture and learning, debate among themselves (and this was, in a measure, the cause of the downfall of Greece), during the past year. We have seen a paperhanger seize power over a great people; a news reporter turn dictator in Italy; and we remember that an upstart of an army officer by the name of Napoleon seized France. We have seen a brigand and petty thief seize Russia. In two cases, those of Hitler and Napoleon, they were not even citizens of the countries they took over.

The democracies today are fighting for their lives. The rights of men have never been so weak in the past 100 years as now. The unfortunate thing is

that some of our people who have been educated by the State are the very ones who are advocating most of the new theories in government. To criticize is to put oneself at once in the fossil class. However, most men, if you can get them quieted down and listening to reason, will admit that not all new things are good things, although most of our people have forgotten that simple truth.

This, then, is not a problem alone of the medical profession, this regimentation; it is a problem of all intelligent thinking people who want to be free,—at least free in thought. I am going to elaborate upon this tomorrow in my address.* I do not intend to propose any drastic changes in procedure; I intend to follow along much the same lines as Dr. Rector has done.

I have thought for some time that something more could be done with our Journal, not from the scientific approach but from the material angle. I feel there should be at least a page given to "Letters to the Editor." I think it would be read, and we could find out, to some extent, what the men in the State are thinking. We in the House of Delegates know pretty well what is going on, but I think we forget that our members at home do not get this information. Rumor is always on the move, and many men feed upon it. Every once in a while we get the germ of an idea from someone who sends in his views.

Men who are busy in practice have a hard time keeping up with ordinary reading, let alone several journals. Would it be possible for the Society to start a small library service in the Madison office and have the Secretary buy a few of the books which are continually being published both for and against the profession and loan them out to men who are interested? We have a medical library service, I know, for scientific works, but what I mean is one dealing with the economics of medicine. I am positive that the average layman is more informed upon the stand of forces working against us than the profession is itself. I asked a clerk in a book department whether many doctors bought a particular book I was buying, and she said, "No, but it is having a good sale with the general reading public."

We have, for instance, Mr. Crownhart, and he is as well informed upon these questions as anyone and, in fact, I think much better than most men in the United States. I think the Journal might well carry a page now and then written by him. I know of no one better able to give you the direction of the wind by watching the straws blow—in other words, the trends—than he. I shall never forget a trip I took with him a year ago. We made the Welfare Congress and the White House. We called on Michael Davis of the Rosenwald Foundation. And Mr. Crownhart acquitted himself wonderfully well. I think the members would like to hear from him once in a while. One of the mistakes we are making is having him do too much routine work when he ought to be sitting down, speculating on the future.

* Printed in the Wisconsin Medical Journal, October, 1939.

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CHICAGO

Might it not be a good thing at this time to rededicate ourselves to the carrying out of that portion of Article 12 of our Society's Constitution which tells about enlightening of the public on the question of state medicine. We have been overwhelmed by an opposition of great wealth, including the government and other agencies, and we have attempted to meet this opposition with limited funds and limited help. I think the annual dues should be set at a minimum of $25. This battle will take money, and the battle which you must fight is not for medicine alone but for democracy. There is only one way to do this and that is by education. We have battled from day to day with many plagues as they arose, and now I think a time has come when the Council of this Society, aided by the delegates and the members, must sit down and formulate a plan of action.

I have no illusions as to the office of President. I know it to be an honorary one. The affairs of this Society are managed between the annual meeting dates by the Council. The House of Delegates lays out the work for the Council to do. At the present time the chairmanship of the Council is in good hands, those of Dr. Gavin. The election of a Councilor is important business, about the most important that we have, and the constituency should look well as to whom it selects for that important office. In these days of stress, the Council is just coming into its own. Most of them have not dreamed of the importance of their position. I think the attitude of the Council in the past has been to decide only questions of importance before it, but from now on, in addition to that, there must be a long-range vision if we are to stay in the parade. The councilors cannot do it alone, and they must hear from you often upon anything that you have read or that you think might aid the Society. You realize, I am sure, that the whole Society cannot decide important questions that come up every week. But you can give your views to your Councilor and he, in turn, can present them at the meetings.

It seems to me that if Wisconsin medicine studied not only our own state problems but our national ones as well, we might formulate a plan or a conclusion that our delegates might take to the national House of Delegates and lend credit to Wisconsin. If the Council does that and, under the generalship of Dr. Eben Carey, you men carry it back to your people, Wisconsin—as it has in many things before —might lead the way.

The report of the Secretary, Mr. J. G. Crownhart, was then presented to the House. It included the statement that on this date there were ninety-one more fully-paid members than on like date in 1938. He also presented amendments to the By-Laws which were to come before the House at this session, and which included: (a) an amendment from Marathon County Medical Society, providing for discontinuing the Nominating Committee; (b) an amendment providing for "a more consistent manner of appointment to the Council on Scientific Work;" (c) a request from the Council for an interpretation of an amendment adopted several years past pertaining to life memberships; (d) amendment providing for discontinuance of the committees on office procedure and necrology and the Advisory Committee to the Wisconsin Interscholastic Athletic Association, and the creation of the following special committees as standing committees in the future—Maternal and Child Welfare, Mental Hygiene and Institutional Care, Tuberculosis and Chest Diseases, Industrial Health.

The next item of business was presentation of the Treasurer's Report by the Treasurer, Dr. Ira R. Sisk, Madison, as follows:

Treasurer's Report

(For the period January 1 to August 31, 1939.)

	General Fund	Medical Defense Fund	Combined Funds
Cash on Hand, January 1, 1939	$–1,673.49	$3,864.39	$ 2,190.90
Receipts			
Membership Dues	$34,733.62		$34,733.62
Special Assessment Dues	18,491.70		18,491.70
Interest on Investments	331.25	$211.20	542.45
Proceeds from Sale of Securities		2,185.47	2,185.47
Exhibit Space Rentals	1,980.00		1,980.00
Graduate Course Fees	2,140.00		2,140.00
Sale of Recording Machine	110.00		110.00
Miscellaneous Receipts	118.50		118.50
Total Receipts	$57,905.07	$2,396.67	$60,301.74
Total to be accounted for	$56,231.58	$6,261.06	$62,492.64
Disbursements			
Salaries	$13,382.67		$13,382.67
Office Expense	6,085.72		6,085.72
Health and Public Instruction	850.53		850.53
Secretaries Conference	483.09		483.09
Wisconsin Medical Journal	800.00		800.00
1939 Annual Meeting	891.26		891.26
1938 Annual Meeting Unpaid Bills	180.21		180.21
Hygeia	257.50		257.50
Delegates to A. M. A.	198.20		198.20
Legal Services	775.71		775.71
President's Expense	500.00		500.00
Council and Committees	1,451.32		1,451.32
Insurance on Secretary	244.50		244.50
Travel Expense of Secretary	673.52		673.52
Auxiliary	119.30		119.30

Social Security Taxes for 1939	$ 537.22		$ 537.22
Social Security Taxes prior years	2,143.69		2,143.69
Income Tax Determination	657.40		657.40
Public Education	216.69		216.69
Committee on Public Policy	5,481.91		5,481.91
Voluntary Sickness Insurance Trials	2,927.87		2,927.87
Graduate Courses	3,261.15		3,261.15
Investment Securities Purchased		2,111.94	2,111.94
Medical Defense Disbursements		1,666.20	1,666.20
Membership Dues Refunded	30.00		30.00
Special Assessment Dues Refunded	16.00		16.00
Exhibit Space Rental Refunded	37.50		37.50
Total Disbursements	$42,202.96	$3,778.14	$45,981.10
Cash on Hand, August 31, 1939	$14,028.62	$2,482.92	$16,511.54

Securities Owned by State Medical Society of Wisconsin, September 1, 1939

	Interest Rate	Maturity	Face Value
General Fund:			
Dominion of Canada	2½%	8–15–45	$2000.00
Dominion of Canada	3¼%	1–15–61	2000.00
Wisconsin Public Service Corporation	4%	6– 1–61	3000.00
The Pacific Telephone and Telegraph Company	3¼%	12– 1–66	$ 1000.00
Milwaukee Gas Light Company	4½%	3– 1–67	2000.00
Canadian National Railway Co.	5%	10– 1–69	2000.00
Total			$12000.00
Medical Defense Fund:			
Milwaukee County—Metropolitan sewerage bond of 1925	4½%	3–18–44	$1000.00
United States of America Treasury Bonds	3¼%	4–15–44 –46	2000.00
Pennsylvania Power & Light Company	3½%	8– 1–69	2000.00
Southern California Edison Company, Ltd.	3¾%	5– 1–60	2000.00
Wisconsin Gas & Electric Co.	3½%	4– 1–66	1000.00
The Pacific Telephone and Telegraph Company	3¼%	12– 1–66	1000.00
Total			$ 9000.00
Total			$21,000.00

The report of the Committee on Necrology was then heard. The House stood in silent tribute to deceased members, and on motion of Dr. J. S. Supernaw, Madison, seconded by Dr. A. R. Tormey, Madison, the report was accepted.

SILVER PICRATE *Wyeth's*

has shown a

CONVINCING RECORD OF EFFECTIVENESS *in* ACUTE ANTERIOR URETHRITIS

due to Neisseria gonorrheae

The record is based on rigid clinical and laboratory signs before and after treatment.*

1. Fresh smear **3. Acid formation in maltose**
2. Fermentation of dextrose **4. Agglutination test**
5. Alkali solubility test

Silver Picrate is a crystalline compound of silver in definite chemical combination with picric acid. Dosage form for use in Anterior Urethritis: Wyeth's Silver Picrate Crystals used in an aqueous solution of 0.5 percent.

Supplied at all pharmacies in vials of 2 grams

Complete literature on Silver Picrate as used in genito-urinary and gynecological practice will be mailed on request.

*"Treatment of Acute Anterior Urethritis with Silver Picrate," Knight and Shelanski, AMERICAN JOURNAL OF SYPHILIS, GONORRHEA AND VENEREAL DISEASES, Vol. 23, No. 2, pages 201-206, March, 1939.

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Dr. R. M. Kurten, Chairman of the Committee on Grievances, stated that he had no further report to make.

On call from the Speaker for a report of the Committee on Cancer in addition to that printed previously in the Journal, Dr. M. Fernan-Nunez, Milwaukee, Chairman, was declared absent.

Dr. J. B. MacLaren, Appleton, Chairman of the Advisory Committee on Care of Crippled Children, presented the report of his committee.

The Secretary announced that there was no additional report of the Committee on Coordination of Medical Services.

The Speaker announced there was no additional report of the Committee on Goiter.

Dr. Eben J. Carey, Milwaukee, Chairman of the Committee on Health and Public Instruction, presented his report.

Dr. William S. Middleton, Madison, presented the report of the Council on Scientific Work as its chairman.

The Secretary announced there was no further report of the Committee on Medical Economics.

Dr. James C. Hassall, Oconomowoc, stated there was no addition to the printed report of the Advisory Committee on Visual and Hearing Defects.

The report of Delegates to the American Medical Association was presented by Dr. Joseph F. Smith, Wausau; Dr. Stephen E. Gavin, Fond du Lac; and Dr. James C. Sargent, Milwaukee.

Dr. Chester M. Echols, Milwaukee, gave the Special Report on Hygeia.

Dr. Robert W. Blumenthal, Milwaukee, Chairman, then presented the report of the Advisory Committee on Voluntary Sickness Insurance.

The above committee reports were referred to the proper committees except so much of the reports of officers as related to amendments to by-laws, which report was referred to the Reference Committee on By-Laws.

There followed a recess for district caucuses, following which the House selected the following as members of the Committee on Nominations:

First district—W. S. Waite, Watertown
Second district—G. C. Schulte, Kenosha
Third district—A. R. Tormey, Madison
Fourth district—C. A. Armstrong, Prairie du Chien
Fifth district—C. J. Weber, Sheboygan
Sixth district—P. R. Minahan, Green Bay
Seventh district—W. M. Trowbridge, Viroqua
Eighth district—A. A. Cantwell, Shawano
Ninth district—K. H. Doege, Marshfield
Tenth district—L. O. Simenstad, Osceola
Eleventh district—T. J. O'Leary, Superior
Twelfth district—Charles Fidler, Milwaukee
Thirteenth district—J. D. Leahy, Park Falls

Upon motion of Dr. Alf Gundersen, La Crosse, seconded by Dr. D. J. Twohig, Fond du Lac, the above nominations were declared valid, these members to constitute the Nominating Committee.

The Speaker announced, under "New Business," the introduction of amendments to the Constitution and By-Laws. Dr. S. M. B. Smith, Wausau, introduced an amendment adopted by the Marathon County Medical Society in October, 1938, published in the December, 1938, and July, 1939, issues of the Wisconsin Medical Journal, as follows:

Amendment Discontinuing Nominating Committee

WHEREAS, The officers of the State Medical Society are now nominated by a so-called nominating committee which is composed of one delegate from each councilor district and said delegate is appointed by the various delegates representing the counties from that district

AND WHEREAS, This method of appointing the nominating committee fails to give the delegates a proper opportunity to think over and express their choice—and does not give the various individual members of the County Societies an opportunity to make known their choice of candidates for the offices to be filled

AND WHEREAS, The action of the nominating committee has, several times in the past, been questioned as to the manner in which the nominations were made

AND WHEREAS, It is firmly believed by a large number of the members of the State Medical Society that the present system is unfair, undemocratic and out of date

AND WHEREAS, The method of nominating from the floor is used by the American Medical Association and by several State Medical Societies with satisfaction

Now, therefore, be it resolved, That Section 1, Chapter IV, of the By-Laws of the State Medical Society of Wisconsin be stricken out and substitute therefor the following: Nominations for all officers shall be made from the floor of the House of Delegates. No two candidates for president- elect shall be from the same district, and each candidate for councilor must be a resident of the district for which he is nominated.

Strike out Section 2, Chapter IV, and substitute therefor the following: The election of officers shall be the first order of business of the House of Delegates at the third meeting of the House.

Section 3, Chapter IV, strike out the word "received" in the first sentence and insert therefor "made" so that the sentence will read "All elections of officers, where more than one nomination is made, shall be by ballot and a majority of the votes cast shall be necessary to elect except for delegates and alternates to the American Medical Association," the rest of Section 3 remaining unchanged.

Strike out Section 4, Chapter IV, and substitute nothing therefor.

Renumber Section 5 to be Section 4.

This amendment was referred to the Committee on Constitution and By-Laws.

Dr. L. W. Peterson, Sun Prairie, introduced an amendment by the Dane County Medical Society:

Amendment Relative to Life Memberships

Amendment to the By-Laws to amend Chapter VIII, Section 1:

It is hereby moved that the last paragraph of Section 1 be repealed, and in its stead the following be substituted:

When a member shall have paid his dues for twenty-five years, during which time he has been in

the active practice of medicine and thereafter retires from practice because of physical disability, upon resolution presented by his county medical society setting forth the circumstances of such disability and adopted by this House of Delegates, he may become a life member and shall then be exempt from the payment of further dues and a certificate of life membership shall be issued to such member.

The amendment was referred to the special committee on Amendments to the By-Laws.

Dr. W. S. Waite, Watertown, offered an amendment to the Constitution which would amend Section 2 of Article IX by repealing all of said Section 2 and recreating Section 2 to read as follows:

Amendment Relative to Elections

Section 2. The President, President Elect, Speaker and Vice-Speaker shall be elected by the House of Delegates. The Secretary and Treasurer shall be elected by the Council. Councilors shall be elected at a meeting of their respective district societies held within the twelve months' period prior to the annual meeting of the State Society at which the term of Councilor expires. Certification of such election, signed by the President and Secretary of the councilor district society, shall be placed in the hands of the Secretary of the State Medical Society prior to the annual meeting of the Society in the year in which the term of such Councilor expires. In the event a councilor district fails so to certify its election, the election for Councilor of such district shall be by the House of Delegates. Notices of election of a Councilor in a district shall be incorporated in a mailed notice to the members of the district at least seven days before the meeting at which the election is to be held.

Election, where more than one nomination is received, shall be by ballot and a majority of votes cast shall be necessary to elect. Each candidate for Councilor must be a resident of the district which it is proposed to represent and no person known to have solicited votes for or sought the office of Councilor shall be eligible for the current election. Other procedure essential to the election shall be governed by Robert's Rules of Order.

The officers, except the Councilors, shall be elected annually. The terms of Councilors shall be for three years, and all officers shall serve until their successors are elected and installed. There shall be elected one Councilor for each of the thirteen districts, except that in any councilor district embracing a membership of 250 or more, there shall be elected one additional Councilor for each additional 250 members or major fraction thereof. As nearly as possible, one-third of the members of the Council shall be elected each year.

The President-Elect shall automatically succeed the office of President at the conclusion of his one-year term of President-Elect.

This amendment was submitted by the Jefferson County Medical Society. It was referred to the Secretary's office for publication in the Wisconsin Medical Journal, to be re-presented at the next session of the House, at which time action may be taken upon it.

Dr. A. R. Tormey, Madison, introduced the following resolution on behalf of the Dane County Medical Society:

Resolution Relative to Life Membership

WHEREAS, Chapter VIII, Section 1 of the By-Laws of the State Medical Society of Wisconsin amended at the 1939 session provides that:

A very Merry Christmas and a Happy and Prosperous New Year to you. It has been a real pleasure to be of service to you during the past year.

Roemer Drug Company
Milwaukee, Wisconsin

"When a member shall have paid his dues for 25 years during which time he has been in the active practice of medicine and thereafter retires from practice because of physical disability, upon resolution presented by his county medical society setting forth the circumstances of such disability and adopted by this House of Delegates, he may become a life member and shall then be exempt from the payment of further dues, and a certificate of life membership shall be issued to such member," and

WHEREAS, Dr. Joseph Dean of Madison, Wisconsin, began active practice of medicine in 1904 and has paid dues to the State Medical Society of Wisconsin consecutively since 1904, and

WHEREAS, Dr. Dean retired from active practice because of a physical disability which has confined him to his home for the last three years; be it

Resolved, by the House of Delegates that life membership be extended to Dr. Joseph Dean and a certificate of such life membership be issued and forwarded to him.

This resolution was referred to the Committee on Resolutions at this time.

Dr. H. H. Christofferson, Colby, then submitted the following resolution:

Resolution Relative to Study of Economic Aspects of Wisconsin Medicine

WHEREAS, A federal court has held that the members of the American Medical Association are not tradesmen but a technical profession, and it should therefore be to the interests of all that the profession be so maintained; and

WHEREAS, Some men try to commercialize the profession and thereby bring it to bad repute; and

WHEREAS, Some men seriously neglect the economic side of their profession, which may lead to poor distribution of sickness care; and

WHEREAS, Some of our young men, when first licensed, often inquire of the members of the Board of Medical Examiners what charges they should make when they start work; and

WHEREAS, Many other features of the economic side of our profession are not functioning to the best interests of the medical men, which may lead to poor sickness care; therefore, be it

Resolved, That the Speaker of the House of Delegates appoint a committee of three to consist of a rural practitioner, a city practitioner and a specialist, to make a complete study of the economic situation of the medical men in Wisconsin, and to recommend what best to do to help this situation.

The above resolution was referred to the Committee on Resolutions.

Dr. H. H. Chrstofferson, Colby, then offered the following resolution on behalf of the Clark County Medical Society:

Resolution Relative to Opening Facilities of All Hospitals to Any Physician and Surgeon Whether Member of Staff or Not

WHEREAS, Many of the hospitals and other institutions in Wisconsin established to care for the sick and for those who need medical and surgical attention are exempt from taxation because they are charitable organizations and minister to the public welfare; and

WHEREAS, At this time and heretofore the use of said hospitals and institutions by physicians and surgeons to minister to the care of their patients has been limited to the members of the respective staffs of said institutions; and physicians and surgeons other than staff members were not permitted the use thereof for their patients; and

WHEREAS, Such hospitals and institutions were established and are supported by the general public; and

WHEREAS, The welfare of the public will be greatly benefited should such institutions be opened for use by all qualified physicians and surgeons; therefore, be it

Resolved, That the House of Delegates and the State Medical Society of Wisconsin go on record in favor of permitting any qualified and duly licensed practicing physician and surgeon who belongs to the State Medical Society of Wisconsin to use the tax-exempt hospitals and like institutions in this State for the hospitalization of his or her patients and for medical and surgical aid to them; be it further

Resolved, That said State Medical Society and said House of Delegates use its and their influence to secure the consent of the directing boards of such hospitals and institutions to adopt the unrestricted use thereof by physicians and surgeons as above set forth and to permit no discrimination to be shown by its attendants and employees against any physician or surgeon or his or her patients.

This resolution was referred to the Reference Committee on Resolutions.

Dr. G. W. Carlson, Appleton, offered the following resolution:

Resolution Relative to Public Relations Activities

WHEREAS, There is an urgent need for a complete and active organization of all the chairmen and members of the Public Relations Committee of each county medical society of the Wisconsin State Medical Society; and

WHEREAS, The Public Relations Committee is the most important committee of each county medical society and the only committee that is active in promoting the public health program and the care of the indigent in each county. At the present time in many counties such committees are inactive and are not taking the leadership in public health programs and the care of the indigent of their counties, and are not familiar with the successful programs of other county societies or with the experimental health program of the State Medical Society; and

WHEREAS, It would seem that the chairman or members of the Public Relations Committee of each county hold two district meetings each year with the Councilor of the district as chairman, and one joint meeting to be held during the State Medical meeting; and

WHEREAS, Such a program if carried out would tend to stimulate leadership for better health programs in each county society and perchance be a step in the solution of a more uniform program in the care of the indigent and correlating the public health program of each county society and that of the health program of the State Medical Society; therefore, be it

Resolved, That the House of Delegates choose a committee to study the advisability of such a program and report to the 1940 session of the House of Delegates.

This resolution was referred to the Reference Committee on Resolutions.

Upon motion of Dr. A. R. Langjahr, Milwaukee, and seconded by Dr. H. J. Gramling, Milwaukee, the House adjourned until Wednesday evening at 6:45 o'clock p. m.

WEDNESDAY EVENING SESSION

The House reconvened at 6:50 p. m., Wednesday evening, September 13, 1939, Speaker J. N. Sisk presiding. Dr. O. J. Hurth presented the report of the Committee on Credentials and a quorum was declared present.

Upon motion by Dr. H. J. Gramling, Milwaukee, seconded by Dr. C. J. Weber, Sheboygan, the committee appointments of the President-Elect as announced at the previous day's session were approved.

Decision on Interpretation of "Life Membership"

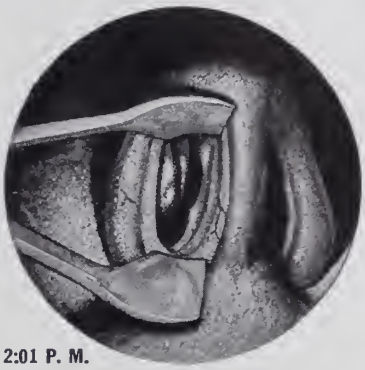
Dr. T. J. O'Leary, Superior, Chairman of the Reference Committee on By-Laws, reported its action upon the request, made by the Council, for an interpretation by the House of the life membership section of the by-laws. The Committee recommended that the life membership petitions of county medical societies not be approved automatically only on the basis of membership for thirty-five consecutive years. The Committee recommended that after the minimum requirements as stated in the by-law had been met life membership be granted, provided, further, that the member was retired from practice,

Effective Lasting Shrinkage

Case History: F. O'B. Age 23, male, white. Worker in chromic acid plant. Complained chiefly of earache and head stoppage. Observed at Nose and Throat Clinic of a Philadelphia hospital.

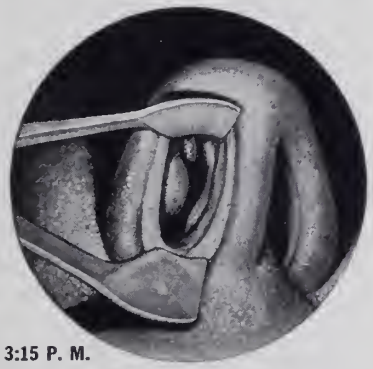
EFFECTIVE IN MINUTES

1:52 P. M.
Swollen turbinates and septum. Two inhalations from 'Benzedrine Inhaler.'

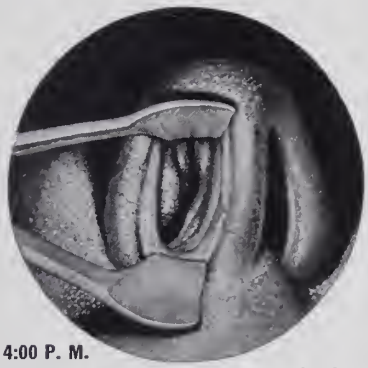


2:01 P. M.
Maximum shrinkage. Inferior and middle turbinates and septum decongested.

LASTING FOR HOURS



3:15 P. M.
Inferior turbinate and septum still shrunk. Middle turbinate exposed.



4:00 P. M.
Both turbinates still contracted. Very slight return of turgescence.

BENZEDRINE INHALER

Each tube is packed with amphetamine, S.K.F., 325 mg.; oil of lavender, 97 mg.; menthol, 32 mg. 'Benzedrine' is S.K.F.'s trade mark, Reg. U. S. Pat. Off.

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or was faced with a serious and prolonged illness, or to members who are in serious financial straits. Each petition for life membership should be considered by the Council, on the individual merits of each case.

Dr. T. J. O'Leary, chairman of the committee, moved the adoption of this section of the committee's report. It was seconded by Dr. O. A. Stiennon, Green Bay. This section of the report was then adopted by the House.

Amendment Relative to Council on Scientific Work

The Secretary reported the second portion of the report of the Committee on By-Laws, relating to the Council on Scientific Work, which amendment was submitted to the 1938 session of the House and referred to the proper committee without report, due to loss of material in transmittal. This amendment provided for amendment of Section 2, Chapter VII as follows:

Strike out the sentence, "The Council on Scientific Work shall be appointed by the Council of the Society in a manner and for terms to be designated by the Council," and

Substitute therefor the sentence, "The Council on Scientific Work shall consist of five members, and each member shall serve for a period of five years."

This provides for the appointment of members of the Council on Scientific Work by the President of the Society with the approval of the House of Delegates.

Upon motion, as indicated in the report, by Dr. T. J. O'Leary, Superior, seconded by Dr. W. D. Stovall, Madison, this portion of the committee report was adopted.

The committee report being adopted, the question was upon the adoption of the by-law. Upon motion by Dr. C. M. Echols, Milwaukee, seconded by Dr. William A. Ryan, Milwaukee, the by-law was adopted.

Continuing the report of the Committee on By-Laws, the committee recommended non-adoption of an amendment to the by-laws providing that life membership be automatic after twenty-five years of practice and payment of dues and other considerations above listed in this amendment; the motion was seconded by Dr. C. M. Echols, Milwaukee; and carried.

The Secretary then presented the recommendation calling for abolishing the present standing committees on Office Procedure, Necrology, and Advisory to the Wisconsin Interscholastic Athletic Association, their duties being assigned to other standing committees; also the creation of four new standing committees on Maternal and Child Welfare, Mental Hygiene and Institutional Care, Tuberculosis and Chest Diseases, and Industrial Health, and the committee's recommendation for adoption. The motion was seconded by Dr. H. M. Caldwell, Columbus, and carried.

The Committee on By-Laws then recommended an amendment to the by-laws as mentioned above relative to abolishment of the committees on Office Procedure, Necrology and Advisory to the Wisconsin Interscholastic Athletic Association, and the creation of committees on Maternal and Child Welfare, Mental Hygiene and Institutional Care, Tuberculosis and Chest Diseases, and Industrial Health; the motion was seconded by Dr. L. W. Peterson, Sun Prairie; motion carried.

The resolution introduced at the previous evening session relative to the manner of nomination of officers was recommended for non-adoption by the Committee on Resolutions. It was announced that the proponents of this change wished to withdraw their resolution. The Speaker announced the resolution withdrawn and stated that no action by the House was necessary with respect to its withdrawal.

Upon motion of Dr. T. J. O'Leary, as chairman of the Committee on By-Laws, seconded by Dr. William A. Ryan, Milwaukee, the entire report of this committee was adopted.

Dr. O. J. Hurth reported for the Committee on Credentials, stating that fifty-three members of the House were registered, and five councilors. Upon motion by Dr. Hurth, seconded by Dr. P. R. Minahan, Green Bay, the attendance record so compiled was declared to constitute the roll of the session.

Dr. C. D. Neidhold, Appleton, submitted the report of the Reference Committee on Reports of Officers and Standing Committees. Upon motion by Dr. Neidhold, seconded by Dr. O. A. Stiennon, Green Bay, the Report of the Council to the House was adopted as published in the August, 1939, issue of the Wisconsin Medical Journal and as supplemented at the first (Tuesday) session of the House by Chairman Gavin, except that instead of life membership being recommended after thirty-five years of active membership, the committee recommended that a member shall have ceased active practice, or shall be physically disabled, or shall be financially unable to pay dues.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. H. M. Caldwell, Columbus, the report of the Secretary as published in the August, 1939, issue of the Journal and as supplemented at the first session of the House, was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. George Parke, Viola, the report of the Committee on Health and Public Policy as published in the August, 1939, issue of the Journal and as supplemented by Dr. Eben J. Carey, Milwaukee, at the first session of the House, was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. C. M. Echols, Milwaukee, the report of the Committee on Cancer as published in the August, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. William A. Ryan, Milwaukee, the report of the Committee on Grievances as published in the August, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. A. T. Smedal, Stoughton, the re-

port of the Council on Scientific Work as published in the August, 1939, issue of the Journal, and as supplemented by Dr. William S. Middleton, Madison, at the first session of the House, was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. T. J. O'Leary, Superior, the report of the Committee on Goiter as published in the August, 1939, Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. Alf Gundersen, La Crosse, the report of the Advisory Committee on Care of Crippled Children as published in the August issue of the Journal and as supplemented by Dr. J. D. MacLaren at the first session of the House was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. L. W. Peterson, Sun Prairie, the report of the Advisory Committee on Visual and Hearing Defects as published in the August, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. H. A. Jegi, Galesville, the report of the Committee on Mental Hygiene and Institutional Care as published in the August, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. H. H. Christofferson, Colby, the report of the Committee on Maternal and Child Welfare as published in the August, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. W. M. Trowbridge, Viroqua, the report of the Pneumonia Control Conference Committee as published in the August issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. Caldwell, the report of the Committee for the Revision of Standing Orders for Industrial Nurses as published in the August, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. George Parke, Viola, the report of the Committee on Safety on Public Highways as published in the August, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. Charles Fidler, Milwaukee, the report of the Committee on Public Policy as published in the September, 1939, issue of the Journal was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. H. H. Christofferson, Colby, the report of the Advisory Committee on Voluntary Sickness Insurance as published in the September, 1939, issue of the Journal and as supplemented by Dr. Robert W. Blumenthal, Milwaukee, Chairman, at the first session of the House, was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. W. M. Trowbridge, Viroqua, the report of the Treasurer as presented at the first session of the House was adopted.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. Alf Gundersen, La Crosse, the recommendations of President-Elect Arveson, Frederic, were adopted as follows:

1. Establishment of a "Letters to the Editor" page in the Wisconsin Medical Journal;
2. Establishment of a loan library on medical economics;
3. Establishment of a page on "Medical Economics" in the Wisconsin Medical Journal.

Upon motion by Dr. Neidhold, for the committee, seconded by Dr. William A. Ryan, Milwaukee, the report of the Reference Committee on Reports of Officers and Standing Committees was adopted in its entirety.

Upon motion of Dr. C. A. Armstrong, Prairie du Chien, seconded by Dr. C. M. Echols, Milwaukee, it was decided that after recess over-night, the House would reconvene in its uncompleted second session at 8:00 a. m. the following morning.

Upon motion of Dr. William A. Ryan, Milwaukee, seconded by Dr. P. R. Minahan, Green Bay, the House went into executive session.

Dr. L. W. Peterson, Sun Prairie, presented the report of the Committee on Resolutions, and moved adoption of the resolution presented by Dr. H. H. Christofferson, Colby, relative to the economics of medicine; Dr. H. M. Caldwell, Columbus, seconded the motion, and it was declared carried.

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Dr. Peterson, for the committee, moved adoption of the resolution presented at the previous session by the Clark County Medical Society relative to unrestricted use of tax exempt hospitals and institutions by members of the profession (open staff). The resolution was re-read, after which followed a statement on a point of order by Dr. Norbert Enzer, Milwaukee, relative to tabling a motion. Dr. Peterson then withdrew his motion for adoption and followed with a motion for indefinite postponement of the resolution; this motion was seconded by Dr. F. C. Lane, Merrill, and the resolution was accordingly declared indefinitely postponed.

Upon motion by Dr. Peterson, for the committee, seconded by Dr. T. J. O'Leary, Superior, the resolution submitted at the previous day's session by Dr. G. W. Carlson, Appleton, relative to closer correlation and stimulation of leadership in public health endeavors was referred to the Society's Committee on Public Policy.

Resolution Relative to Society's Centennial

Upon motion by Dr. L. W. Peterson, Sun Prairie, seconded by Dr. T. J. O'Leary, Superior, the following resolution was adopted:

WHEREAS, By September, 1941, the Wisconsin State Medical Society will have been in existence 100 years; and

WHEREAS, The Committee on Resolutions feels that some adequate recognition be made of this anniversary; be it therefore

Resolved, That the President of the State Medical Society appoint immediately a committee to arrange for the adequate celebration of the centennial of the Medical Society of the State of Wisconsin and that the appointed committee report at the annual meeting of the year 1940.

Upon motion by Dr. L. W. Peterson, seconded by Dr. H. H. Christofferson, Colby, the portion of the report of the Committee on Resolutions as read by the former was adopted, there remaining for the consideration of the House that portion of the report concerning the dues and budget of the Society for 1940.

Dr. William A. Ryan, Milwaukee, read and discussed an amended proposed budget after which, upon motion by Dr. R. M. Kurten, Racine, seconded by Dr. W. M. Trowbridge, Viroqua, authority was given to mimeograph the amended proposed budget at Society expense, and to have it ready for consideration by the House at the following morning's session.

Upon motion of Dr. Alf Gundersen, La Crosse, seconded by Dr. H. H. Christofferson, Colby, the House recessed until 8:00 a. m. the following morning.

THURSDAY MORNING SESSION

The House of Delegates convened in a continuation of the recessed executive session of the evening previous at 8:10 a. m. Thursday morning, September 14, 1939, Speaker J. N. Sisk presiding. Upon motion by Dr. W. J. Allen, Beloit, seconded by Dr. W. M. Trowbridge, Viroqua, Dr. J. C. Springberg, Beloit, was seated as a delegate in place of Dr. W. A. Munn, Janesville.

Dr. William A. Ryan, Milwaukee, continuing his discussion of the amended proposed budget as set forth in the mimeographed material prepared after the recess of the previous evening, took up each item and explained the reasons why the committee recommended such changes as were suggested. The matter of dues and the budget was then discussed by Dr. R. M. Kurten, Racine. Upon motion by Dr. A. E. McMahon, Glenwood City, seconded by Dr. C. D. Niedhold, Appleton, the House proceeded from this point as a committee of the whole. Dr. O. A. Stiennon, Green Bay, nominated Dr. C. M. Echols, Milwaukee, as chairman of the committee of the whole; there were no other nominations. The question was put and carried, and Dr. Echols took the chair.

The House, as a committee of the whole, entered into lengthy discussion of finances and the budget. (The secretary excused himself from the room at this point.) The following participated: Dr. William A. Ryan, Milwaukee; Dr. O. W. Friske, Beloit; Dr. L. W. Peterson, Sun Prairie; Dr. W. D. Stovall, Madison; Dr. R. E. Fitzgerald, Milwaukee; Dr. O. A. Stiennon, Green Bay; Dr. Charles Fidler, Milwaukee; Dr. W. M. Trowbridge, Viroqua; President A. E. Rector, Appleton; Dr. C. A. Armstrong, Prairie du Chien. Upon motion by Dr. C. J. Weber, Sheboygan, debate ceased.

Upon motion by Dr. H. J. Gramling, Milwaukee, seconded by Dr. C. J. Weber, Sheboygan, the House rose from committee of the whole and reconvened in executive session. Dr. C. J. Weber, Sheboygan, moved the previous question; motion carried. After motion by Dr. R. M. Kurten, Racine, seconded by Dr. C. A. Vogel, Elroy, that the Society's dues for 1940 be established at $20, the motion was declared out of order.

On previous motion and second that that portion of the report of the Committee on Resolutions pertaining to the budget be adopted, the question was put and carried. It was then moved by Dr. R. E. Fitzgerald, Milwaukee, seconded by Dr. P. R. Minahan, Green Bay, that the report of the committee be adopted as a whole. Dr. R. M. Kurten, Racine, amended the motion to provide that the 1940 dues be set at $20 without additional assessment; there was no debate; the question was put and lost. The report of the committee was then adopted as a whole, unamended, by the House.

Upon motion by Dr. William A. Ryan, Milwaukee, seconded by Dr. R. E. Fitzgerald, Milwaukee, the House adjourned its second session, preparatory to immediately entering its third session.

THIRD SESSION

The third session of the House of Delegates convened at 9:40 a. m. the same morning, Thursday, September 14, 1939, Speaker J. N. Sisk presiding. Dr. O. J. Hurth presented the report of the Committee on Credentials, and a quorum was declared pres-

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ent after Dr. J. F. Stein, Oshkosh, had been seated as a delegate in place of Dr. A. G. Koehler on motion by Dr. Hurth, seconded by Dr. L. W. Peterson, Sun Prairie.

Election of Officers

Dr. T. J. O'Leary, Superior, presented the report of the Committee on Nominations as follows:

For President Elect—Dr. Ralph P. Sproule, Milwaukee

For Speaker of the House—Dr. J. Newton Sisk, Madison, to succeed himself

For Vice Speaker of the House—Dr. R. M. Kurten, Racine, to succeed himself

For Delegate to the American Medical Association—Dr. Joseph F. Smith, Wausau, to succeed himself

For Alternate Delegate to the American Medical Association—Dr. C. W. Giesen, Superior, to succeed himself

For Alternate Delegate to the American Medical Association—Dr. A. S. White, Rice Lake, to succeed Dr. H. H. Christofferson, Colby, resigned.

There being no further nominations, upon motion by Dr. H. J. Gramling, Milwaukee, the secretary cast the ballot of the House for Dr. Ralph P. Sproule, Milwaukee, as President-Elect. Dr. Sproule was escorted to the chair to address the House.

At this point, in the absence of the Vice Speaker, the Secretary took the chair.

There being no further nominations, upon motion by Dr. A. E. McMahon, Glenwood City, the Secretary cast the ballot of the House for Dr. J. Newton Sisk, Madison, as Speaker to succeed himself.

The Speaker resumed the chair.

There being no further nominations, upon motion by Dr. O. J. Hurth, Cedarburg, the Secretary cast the ballot of the House for Dr. R. M. Kurten, Racine, as Vice Speaker to succeed himself.

There being no further nominations, upon motion by Dr. S. M. B. Smith, Wausau, the Secretary cast the ballot of the House for Dr. Joseph F. Smith, Wausau, as Delegate to the American Medical Association to succeed himself.

There being no further nominations, on motion of Dr. H. J. Gramling, Milwaukee, the Secretary cast the ballot of the House for Dr. C. W. Giesen, Superior as Alternate Delegate to the American Medical Association to succeed himself.

There being no further nominations, upon motion by Dr. L. O. Simenstad, Osceola, the Secretary cast the ballot of the House for Dr. A. S. White, Rice Lake, as alternate delegate to the American Medical Association to succeed Dr. H. H. Christofferson, Colby, resigned.

1940 Meeting in Milwaukee

Madison was first suggested as the meeting place for the 1940 meeting of the Society, but after some discussion concerning the advisability of having the Centennial Meeting of the Society in Madison in 1941, the 1940 meeting was scheduled for Milwaukee with the general understanding that the 1941 meeting would be in Madison, where the Society was founded in 1841. Dr. C. A. Armstrong, Prairie du Chien, raised the point of order that this House could not consider the meeting place for 1941. On a standing vote twenty-two voted in favor of Madison for the 1940 meeting and thirty-two voted in favor of Milwaukee as the place for the 1940 meeting. The Speaker declared Milwaukee as having been chosen by the House as the meeting place for 1940.

Election of Councilors

Dr. A. G. Hough, Beaver Dam, placed in nomination the name of Dr. A. W. Hammond, Beaver Dam, as councilor from the First District to succeed Dr. H. P. Bowen, Watertown. Dr. G. E. Eck, Lake Mills, placed in nomination the name of Dr. H. P. Bowen, Watertown, to succeed himself. The roll of the House was called and the Speaker declared Dr. Bowen elected as Councilor from the First District to succeed himself.

Dr. G. C. Schulte, Kenosha, placed in nomination the name of Dr. Charles Pechous, Kenosha, as councilor from the Second District to succeed Dr. F. W. Pope, Racine, term expired. There being no further nominations, the question was put and carried, and Dr. Pechous was declared elected as councilor from the Second District to succeed Dr. Pope.

Dr. T. J. O'Leary, Superior, placed in nomination the name of Dr. F. G. Johnson, Iron River, as councilor from the Eleventh District to succeed himself. There being no further nominations, the question was put and carried, and Dr. Johnson was declared elected as councilor from the Eleventh District to succeed himself.

Dr. W. F. Grotjan, Milwaukee, placed in nomination the name of Dr. R. E. Fitzgerald, Milwaukee, as councilor from the Twelfth District to succeed Dr. Ralph P. Sproule, resigned. There being no further nominations, the question was put and carried, and Dr. Fitzgerald was declared elected as councilor from the Twelfth District to succeed Dr. Sproule.

Dr. W. F. Grotjan, Milwaukee, placed in nomination the name of Dr. Henry J. Gramling, Milwaukee, as councilor from the Twelfth District to succeed Dr. Joseph Lettenberger, Milwaukee, term expired. Upon ballot, Dr. Gramling was declared elected councilor from the Twelfth District to succeed Dr. Lettenberger.

At this point the secretary presented a brief statement concerning the work of the recent Advisory Committee to the Incorporators of the Wisconsin Hospital Service Association, Inc.

Speaker J. N. Sisk then opened the floor to any delegate, officer or member, for new business or discussion "for the good of the order."

There being no further business, on motion of Dr. S. M. B. Smith, Wausau, seconded by Dr. G. W. Carlson, Appleton, the House adjourned at 10:30 o'clock a. m., sine die.

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Attendance at House of Delegates, Milwaukee, 1939

Society	*Delegate*	*1*	*2*	*3*
Ashland–Bayfield–Iron	F. D. Weeks, Ashland	a	a	a
	J. W. Prentice, Ashland*	a	x	x
	C. J. Smiles, Ashland (appointed alternate)	x	x	x
Barron–Washburn–Sawyer–Burnett	A. S. White, Rice Lake	x	x	x
	A. T. Hume, Chetek*	a	a	a
Brown–Kewaunee–Door	P. R. Minahan, Green Bay	x	x	x
	W. W. Kelly, Green Bay*	a	a	a
	O. A. Stiennon, Green Bay	x	x	x
	W. E. Leaper, Green Bay*	a	a	a
Calumet	J. W. Goggins, Chilton	a	a	a
	N. J. Knauf, Chilton*	a	a	a
Chippewa	C. B. Hatleberg, Chippewa Falls	x	x	x
	A. W. Overgard, Stanley*	a	a	a
Clark	M. C. Rosekrans, Neillsville	a	a	a
	H. H. Christofferson, Colby*	x	x	a
Columbia–Marquette–Adams	H. E. Gillette, Pardeeville	a	x	a
	H. M. Caldwell, Columbus*	x	x	x
Crawford	C. A. Armstrong, Prairie du Chien	x	x	x
	E. T. Ackerman, Gays Mills*	a	a	a
Dane	L. W. Peterson, Sun Prairie	x	x	x
	Louis Fauerbach, Madison*	a	a	a
	J. N. Sisk, Madison	x	x	x
	M. J. J. Coluccy, Madison*	a	a	a
	W. D. Stovall, Madison	x	x	x
	A. T. Smedal, Stoughton*	x	x	x
	A. R. Tormey, Madison	x	x	a
	S. A. McCormick, Madison*	x	a	x
Dodge	A. G. Hough, Beaver Dam	x	x	x
	W. E. Bargholtz, Reeseville*	a	x	x
Douglas	T. J. O'Leary, Superior	x	x	x
	C. W. Giesen, Superior*	a	a	a
Eau Claire–Dunn–Pepin	E. L. Mason, Eau Claire	a	a	a
	P. A. Quilling, Menomonie*	a	a	a
	S. L. Henke, Eau Claire (appointed alternate)	x	x	x
Fond du Lac	D. J. Twohig, Fond du Lac	x	x	x
	J. C. Devine, Fond du Lac*	a	a	a
Forest	E. G. Ovitz, Laona	a	a	a
	G. W. Ison, Crandon*	a	a	a
Grant	C. H. Andrew, Platteville	x	x	x
	H. E. Fillbach, Hazel Green*	x	x	x
Green	H. O. Schneider, Monroe	a	a	a
	H. E. Creasy, Monroe*	a	a	a
Green Lake–Waushara	A. J. Wiesender, Berlin	x	a	a
	G. E. Baldwin, Green Lake*	a	a	a
Iowa	W. P. Hamilton, Dodgeville	a	a	a
	H. D. Ludden, Mineral Point*	a	a	a
Jefferson	W. S. Waite, Watertown	x	x	x
	G. E. Eck, Lake Mills*	x	a	x
Juneau	A. R. Kaufman, Mauston	a	a	a
	C. A. Vogel, Elroy (appointed alternate)	x	x	x
Kenosha	G. C. Schulte, Kenosha	x	x	x
	W. C. Stewart, Kenosha*	a	a	a
La Crosse	J. A. Roth, La Crosse	a	a	a
	Alf Gundersen, La Crosse*	x	x	x
Lafayette	H. O. Shockley, Darlington	x	x	x
Langlade	L. A. Steffen, Antigo	x	a	a
	W. P. Curran, Antigo*	a	a	a
Lincoln	F. C. Lane, Merrill	x	x	x
	R. G. Baker, Tomahawk*	a	a	a
Manitowoc	E. C. Cary, Reedsville	x	x	x
	T. H. Rees, Manitowoc*	a	a	a
Marathon	S. M. B. Smith, Wausau	x	x	x
	E. E. Flemming, Wausau*	a	a	a
Marinette–Florence	J. W. Boren, Marinette	x	x	a
	A. T. Nadeau, Marinette*	x	x	x
Milwaukee	Norbert Enzer, Milwaukee	x	x	a
	S. A. Baranowski, Milwaukee*	a	a	a
	L. W. Hipke, Milwaukee	x	x	x
	Eben J. Carey, Milwaukee*	x	x	x
	R. P. Sproule, Milwaukee	x	x	x
	Irwin Schulz, Milwaukee*	x	x	x
	C. M. Echols, Milwaukee	x	x	x
	Benjamin Lieberman, Milwaukee*	a	a	x
	Charles Fidler, Milwaukee	x	x	x
	L. M. Wieder, Milwaukee*	a	x	a
	Wm. A. Ryan, Milwaukee	x	x	x
	J. L. Garvey, Milwaukee*	x	a	a
	F. W. Mackoy, Milwaukee	x	x	x
	R. E. Galasinski, Milwaukee*	a	a	x
	A. R. Langjahr, Milwaukee	x	x	x
	Bernard Krueger, Cudahy*	a	x	a
	H. O. McMahon, Milwaukee	x	x	x
	D. F. Pierce, Hales Corners*	x	a	x
	H. J. Gramling, Milwaukee	x	x	x
	C. M. Schoen, Milwaukee*	x	x	a
	J. W. Smith, Milwaukee	x	x	x
	W. J. Scollard, Milwaukee*	x	x	x
	W. F. Grotjan, Milwaukee	x	x	x
	S. E. Biller, Milwaukee*	a	a	a
	R. E. Fitzgerald, Milwaukee	x	x	x
	R. A. Toepfer, Milwaukee*	a	a	a
Monroe	A. R. Bell, Tomah	a	a	a
	G. C. Devine, Ontario*	x	x	x
Oconto	A. N. Tousignant, Oconto	x	x	x
	R. J. Goggins, Oconto Falls*	a	a	a
Oneida–Vilas	W. S. Bump, Rhinelander	x	x	x
	I. E. Schiek, Rhinelander*	a	a	a

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4. No accumulation of oil in folds of mucosa.
5. Will not coat the feces with oily film.
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Society	*Delegate*	*1*	*2*	*3*
Outagamie	C. D. Neidhold, Appleton	x	x	x
	G. W. Carlson, Appleton*	x	x	x
Pierce–St. Croix	A. E. McMahon, Glenwood City	x	x	x
	C. A. Dawson, River Falls*	a	a	a
Polk	L. O. Simenstad, Osceola	x	x	x
	W. B. Cornwall, Amery*	x	a	x
Portage	A. G. Dunn, Stevens Point	x	x	a
	M. G. Rice, Stevens Point*	a	a	a
Price–Taylor	J. D. Leahy, Park Falls	x	x	x
	H. B. Norviel, Phillips*	a	a	a
Racine	R. M. Kurten, Racine	x	x	x
	T. C. Hemmingsen, Racine*	a	x	x
Richland	George Parke, Viola	x	x	x
	Gideon Benson, Richland Center*	a	x	a
Rock	W. J. Allen, Beloit	x	x	x
	H. A. Raube, Beloit*	x	a	a
	W. A. Munn, Janesville	x	x	a
	W. T. Clark, Janesville*	a	a	a
Rusk	L. M. Lundmark, Ladysmith	x	x	a
	M. L. Whalen, Bruce*	a	a	a
Sauk	A. C. Edwards, Baraboo	x	x	a
	M. F. Huth, Baraboo*	a	a	a
Shawano	A. A. Cantwell, Shawano	x	x	x
	F. L. Litzen, Gresham*	a	a	a
Sheboygan	C. J. Weber, Sheboygan	x	x	x
Trempealeau–Jackson–Buffalo	R. L. MacCornack, Whitehall	a	a	a
	F. T. Weber, Arcadia*	a	a	a
	H. A. Jegi, Galesville (appointed alternate)	x	a	x
Vernon	W. M. Trowbridge, Viroqua	x	x	x
	W. H. Remer, Chaseburg*	a	a	a
Walworth	E. D. Sorenson, Elkhorn	a	a	a
	T. L. Jacobson, Delavan*	a	a	a
Washington–Ozaukee	O. J. Hurth, Cedarburg	x	x	x
	J. G. Hoffmann, Hartford*	a	x	a
Waukesha	J. C. Hassall, Oconomowoc	x	x	x
	H. T. Barnes, Delafield*	x	x	x
Waupaca	A. M. Christofferson, Waupaca	x	x	x
	J. H. Murphy, Clintonville*	a	a	a
Winnebago	A. G. Koehler, Oshkosh	a	a	a
	J. P. Canavan, Neenah*	a	a	a
Wood	Karl Doege, Marshfield	x	x	x
	F. X. Pomainville, Wisconsin Rapids*	x	a	x

*—Alternate Delegate.
x—Present.
a—Absent.

Minutes of the Council; Milwaukee, November 12, 1939

1. Call to Order

The Council was called to order at 9:30 a. m., Sunday, November 12, 1939, in the library of the University Club of Milwaukee.

2. Roll Call

The following were present, constituting a quorum: Councilors Gavin, Heidner, Krahn, Butler, Christofferson, Pippin, Pechous, Fitzgerald, Gramling, Blumenthal, Clark, Jegi and Bowen; President Arveson; Past President Rector; Vice Speaker Kurten; Treasurer Ira Sisk; Secretary Crownhart and Assistant Secretary Larson. Doctors C. E. Pechous, Kenosha; R. E. Fitzgerald and Henry J. Gramling, Milwaukee, were introduced as the new members elected at the September meeting of the House of Delegates. Vice Speaker Kurten's presence was announced in the absence of Speaker Sisk who was ill.

3. Approval of Minutes of September Meeting

Upon motion by Christofferson-Fitzgerald, the minutes of the September meeting of the Council, as published in the November issue of the Wisconsin Medical Journal, were approved.

4. Approval of Mail Ballots

(a) Secretary Crownhart explained that a ballot was mailed to members of the Council, the vote on which was 11 to 2 in favor of releasing the Committee on Mental Hygiene and Institutional Care from its recommendations that the director of the new Division of Mental Hygiene of the State Board of Public Welfare be a member of the American Board of Psychiatry and Neurology. Upon motion by Butler-Christofferson, this mail ballot was confirmed.

5. Report of the Auditing Committee

(Dr. H. H. Christofferson, Colby, Chairman)

The report of the Auditing Comimttee follows:

Report of the Auditing Committee of the Council

October 30, 1939.

We have examined the auditor's report and find the books in excellent condition, the treasurer's books being balanced and the vouchers all in order. An examination was made of the individual itemized vouchers, and we find the vouchers for bills paid have been issued according to the authority vested in the secretary by the Council, and the various budgeted accounts are within the appropriations.

We find that the secretary makes periodic remittances to the treasurer so that at no time does he have in any account an amount that is in excess of the limit insured by the federal government. At times during the year, however, the treasurer's cash account will run well in excess of the $5,000 insurance limit. We accordingly recommened that during such periods, the treasurer establish in the name of the Society additional accounts in as many banks as may be necessary, so as to safeguard the funds under the bank insurance law.

By the Auditing Committee of the Council:
H. H. Christofferson, M.D., *Chairman*,
Robert W. Blumenthal, M.D.,
G. W. Krahn, M.D.

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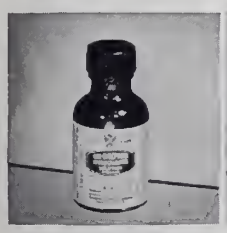

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Upon motion by Clark-Blumenthal and Jegi, the report was unanimously adopted. Chairman Gavin commended the committee on the time and effort expended in making its thorough audit.

6. Obsolete Correspondence

Secretary Crownhart explained the method of filing correspondence in the Society's office (aside from subject matter), and discussed the amount of obsolete material which must be stored, which increases annually and for which storage space must be rented; he then asked the desires of the Council as to whether or not obsolete correspondence might be destroyed except for that covering the past six years, this destruction to be continued annually. It was moved by Blumenthal-Gramling, that this procedure be followed. There was discussion by Councilors Gramling, Butler, Krahn, Gavin and Fitzgerald, and Secretary Crownhart.

It was then moved by Gramling-Bowen that the motion be amended to provide for saving all such correspondence for a period of twenty-five years. The amendment was put and carried. Councilor Bowen arose for information, and there was further discussion by Councilor Gramling and Past President Rector.

(At 10:00 a.m. Doctors Sargent and Tufts, and Executive Secretary Kelley of the Medical Society of Milwaukee County entered the room.)

The motion as amended was lost, there being four ayes and nine noes.

The question now being in its original status, Past President Rector moved that correspondence be maintained for a period of ten years; seconded by Blumenthal and Jegi. There was further discussion by Krahn, Rector and Jegi. The question was put and carried, the instructions of the Council being that all correspondence be maintained in storage for a period of ten years only.

Secretary Crownhart at this point declared all councilors present with the exception of Doctors Lambert and Johnson.

7. Question Raised by Two County Societies Concerning Validity of an Election by the House of Delegates

Secretary Crownhart presented the matter of the validity of the election of an officer to replace himself, as elected at the September session of the House of Delegates. He read correspondence and affidavits in the matter, and resolutions presented by county medical societies. The officer was then given an opportunity to present a statement in his own defense, after which he introduced a witness in his behalf. The officer left the room at this point and the witness was questioned by the Council. The officer reentered the room, and both he and his witness were excused while the Council discussed the matter; those participating in the discussion were Doctors Gavin, Heidner, Rector, Christofferson, Butler and Sargent.

It was moved by Gramling-Butler that the decision of the Council be that it finds the charges insufficient at this time, on the basis of solicitation of votes, to preclude the officer from maintaining his office. There was further discussion by Doctors Krahn and Rector. Further discussion was requested which was participated in by Doctors Sproule, Krahn and Gavin. The question was put and carried unanimously.

The second question in the matter, that of legality of nomination, was discussed by Chairman Gavin, and discussion on this point followed by Doctors Christofferson, Kurten, Butler, Gavin, Gramling and Rector. Secretary Crownhart read from the stenotype transcript of proceedings of the House of Delegates covering the point in question.

It was moved by Krahn-Heidner that in view of the fact that the delegate had properly designated his alternate delegate to participate in the proceedings of the House, and with a supporting affidavit of the regular delegate to this effect, there was no illegality evident in said nomination by the alternate delegate. Motion carried unanimously.

The officer was recalled to the room and Chairman Gavin announced the unanimous decision of the Council, following which the officer made a brief statement and asked that the secretary be authorized personally to advise the two complainant county societies in detail as to the action of the Council. The secretary was so instructed.

8. Position of the Council on Continuing Graduate Centers

Secretary Crownhart presented the request of the Council on Scientific Work for the continuance of the graduate centers, and emphasized the instructions of the House of Delegates that such should not be continued unless they were assuredly self-supporting except in case of occurrences outside human control in which case the deficit might be met from the general fund. The secretary presented a detailed financial statement of the operating deficit of the original centers of a year ago and a budget for the centers in 1940, indicating a probable deficit of $1,100. Dean William S. Middleton, Chairman of the Council on Scientific Work, then discussed the background of the project and made a plea for its continuance.

At this point Councilor Gramling took the chair.

Dr. James A. Evans, La Crosse, member of the Council on Scientific Work, further discussed the matter and made additional plea for continuance.

There was discussion by Doctors Rector, Arveson, Heidner, Pechous, Kurten and Christofferson, with suggestions as to how the project might be continued without affecting the general fund of the Society.

Chairman Gavin resumed the chair.

(At this point a recess was taken at 12:20 and dinner was served in an adjoining room, after which the Council resumed its considerations at 2:00 p.m. in the library.)

Dean Eben J. Carey, member of the Council on Scientific Work, then made an additional plea for the continuance of the graduate centers, after which there was general discussion by Doctors Blumenthal,

Heidner, Clark, Rector, Middleton, Evans, Gavin, Christofferson, Carey, Arveson and Sproule.

It was moved by Bowen-Rector that the attendance fee be continued at $5 for the graduate centers in 1940; that lunch be not included in that fee as heretofore but that dinner be so included, and that the Council make such appropriation as might be necessary to defray any deficit arising from continuance of graduate centers in 1940. Motion carried. The sum of $900 to cover an anticipated maximum deficit will therefore be entered in the 1940 budget.

9. Report of Legal Counsel on Legal Questions Involved in the Appeal from Expulsion Proceedings in Oconto County Medical Society

Secretary Crownhart recalled this matter to the minds of the Council as considered at the September meeting, and then read a legal opinion as prepared by two attorneys. Upon motion of Clark-Blumenthal, report of legal counsel was adopted as being the position of the Council of the State Medical Society of Wisconsin with reference to this matter, and as a result thereof the following decision was adopted by unanimous vote:

In the Matter of the Appeal of Dr. A. F. Slaney, Expulsion Proceedings, Oconto County Medical Society

On April 27, 1939, Dr. A. F. Slaney, a member of the Oconto County Medical Society, appealed from the action of that Society, ordering his expulsion from membership, under the By-Laws of the State Medical Society and the Principles of Medical Ethics of the American Medical Association. On September 12, 1939, Dr. Slaney was given an opportunity to orally present his appeal before the Council.

Under the procedure prescribed by the Constitution and By-Laws generally in effect in county medical societies of this state, it is provided that:

1. Written charges against the accused, signed by a member or members, shall be delivered to the Secretary of the county medical society.

2. The Secretary shall furnish copies thereof to the chairman of the Board of Censors, and to the accused.

3. Ten days after the accused member receives the charges, the Board of Censors shall proceed to investigate and hear the matter upon its merits, giving the accused and accuser ample opportunity to be heard. Notice of such hearing must be given to the accused member in the same manner as that in which the charges were served upon him, if the notice itself had not already been combined with the charges.

4. The Board of Censors, after having conducted a hearing, then reports to the Society at large that:

(a) The charges were not sustained, or that
(b) The charges were sustained and the accused should be:
  (1) Censured,
  (2) Suspended for a definite time, or
  (3) Expelled.

5. After the County Society has received the report of the Board of Censors, it must be laid on the table until at least six weeks have elapsed since the filing of the original charges. At the end of that time, the society acts upon the report— a two-thirds vote of the members present and voting being required for either suspension or censure, and a three-fourths vote of the members present and voting being required for expulsion.

The procedure is contained in sections seven and eight of Chapter One of the Model By-laws prepared by the American Medical Association, which, the Council is advised, are in effect in the Oconto County Medical Society.

The record discloses that apparently not only were no formal charges delivered to Dr. Slaney in the manner prescribed, but also that none of the formalities prescribed in the Constitution and By-laws were followed. In view of the decision of the Judicial Council of the American Medical Association in the *Ross–Loos* case, published in the Journal of the American Medical Association, January 25, 1936, in which the Judicial Council held, in effect, that the procedure prescribed must be followed, it is the decision of this Council to support the appeal of Dr. A. F. Slaney from the decision of the Oconto County Medical Society expelling him from membership therein.

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After thorough examination, the Council on Physical Therapy of the American Medical Association voted to include the Western Electric Audiphone, Ortho-Technic Model, in its list of accepted devices. (See J.A.M.A., March 18, 1939, p. 1062.)

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It may be said that by entering into a discussion of the merits of the activities which provoked the expulsion proceedings, Dr. Slaney had waived those rights protected by the constitution and by-laws, but the fact remains that there must be an intent to waive on the part of the physician if such is to be the case. Since no proceedings were actually instituted, it is the Council's decision that no implied or express waiver can be found.

This decision in no way treats of the merits of the situation. It simply sustains one ground of Dr. Slaney's appeal.

It is therefore the decision of the Council that the procedure followed was improper and cannot be supported; that Dr. Slaney consequently is at this time an active member of the Oconto County Medical Society; that the Council will refrain from any comment as to the merits of the situation presented until such later time as the matter may come before it with a proper record of procedure and complete detail of the charges and decision of the County Society.

Councilor Pippin then arose to state that because of previous contacts of the defendant in his community, he had taken it upon himself to endeavor to secure a peaceful solution of the matter, and that as a result thereof Dr. Slaney had submitted the following letter:

November 11th, 1939.

To the Members of the Council of the State Medical Society:

Since meeting with you in September I have given the matter of relief work in Oconto County considerable thought. I believe that for the benefit of medicine and the State Medical Society as a whole that a different arrangement should be made regarding the care of relief in our county. I wish to inform you that I am resigning the position of County Physician and on Tuesday, November 14th, I shall notify the relief director to this effect.

I will follow through with my present program only long enough for suitable arrangements to be made for a new plan of caring for the relief group.

Very truly yours,

(Signed) A. F. Slaney.

10. Life Memberships

Because of important matters which it was necessary to dispose of at this session of the Council, the secretary suggested that the eight candidates for life membership be considered by the Executive Committee of the Council at the same time it meets to consider the 1940 budget.

11. Open Panel Agreement to Include Self-Insurers

Secretary Crownhart explained that there are approximately 200 industrial firms in Wisconsin which are self-insurers, and that under existing circumstances they are not included in the Society's open panel arrangement, and asked the wishes of the Council as to procedure regarding them.

It was moved by Rector-Jegi that these self-insurers be invited to join in the open panel agreement arrangement of the Society. Motion carried unanimously.

12. Hospital Care Insurance

The secretary defined the duties of his position as secretary; asked that if at any point he had exceeded the position of the Society in this matter he be so advised; and presented five alternative positions which might be adopted as stating the policy of the Society henceforth. There was full discussion by Doctors Butler, Heidner, Christofferson, Clark, Gramling, Jegi, Kurten, Rector, Sargent, Arveson, Sproule, Krahn and Blumenthal. There was no suggestion that the secretary had diverted from the policy of the Society in this subject matter. Upon motion by Heidner-Rector, the further position of the Society was determined, Councilor Christofferson dissenting.

13. Adjournment

Because of the lateness of the hour and many members finding it necessary to get trains to their homes, the secretary suggested adjournment, the remaining orders of business to lie over until another meeting.

The meeting adjourned at 4:00 p.m.

J. G. Crownhart,
Secretary.

Approved:
S. E. Gavin, M.D.,
Chairman of the Council.

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Public Health Aspects of the Social Security Act

THE expansion of the public health activities of the State Board of Health in Wisconsin during the past three and one-half years was made possible by federal funds granted for that purpose. These funds were made available for augmenting existing programs through provisions of the Social Security Act passed by Congress in 1935. The value of the expansion of these services, particularly in rural areas, is becoming evident to the physician, the local health officer, and the public, as well as to others interested in public health. Their importance can be more fully appreciated when it is realized that during the fiscal year 1936–1937 and each year since, federal funds coming to the State Board of Health were approximately equivalent to the direct state appropriations for the same purposes.

The provisions of the Social Security Act having to do with public health, including maternal and child health, are dwarfed by the comparative magnitude of the other provisions. For this reason attention of the general public is directed chiefly at the inclusive features of the act involving much greater appropriations, such as old age assistance, unemployment compensation, aid to dependent children, aid to the blind, etc. In all there are twelve severable titles under which the act is administered. Public health is concerned chiefly with Titles V and VI for promotion of maternal and child health and establishing and maintaining adequate health services generally. In Wisconsin this consists of augmenting existing services, particularly in rural areas where the need is greatest. Cities with full-time health officers are much better organized and provide much more adequate public health services than do rural areas with part-time health officers in charge.

The availability of these funds has provided an opportunity to establish a district organization to cover the state so that every county is part of a district of from seven to nine counties under the jurisdiction of a district health unit. This differs from the plan in operation in many southern states and some others in which the county is the unit as compared to the district embracing a number of counties as in Wisconsin. Three county units have been set up on a demonstration basis in this state as a means of studying the effectiveness of a county unit set-up as compared to that of the district unit. This demonstration was provided for in the original plan proposed when social security funds became available and has been in effect for three and a half years. In the counties in which these units are located, namely, Marathon, Eau Claire, and Rock, the personnel is approximately identical with that in the district office. Each consists of a medical director, a sanitary engineer or sanitarian, a public health nurse, and an office secretary.

Eight million dollars are made available annually by Congress for distribution to the various states through the United States Public Health Service. Title VI in the Social Security Act is given as that of assisting states, counties, and health districts and other political sub-divisions of the state in the establishment and maintenance of adequate health services, including the training of personnel for state and public health work. The purposes for which the annual appropriation of $3,800,000 for maternal and child health services is made available through the Children's Bureau of the United States Department of Labor under Title V require that these funds be used to assist in the extension and improvement of local maternal and child health services. These monies are extended "to supplement funds now being expended and in no case should be used to replace existing state or local appropriations for such projects for the purpose of relieving state or local authorities from expenditures now being made".* Budgets and plans must be submitted in advance before funds are allocated and when provided funds can be expended only in accordance with the provisions of the budget in the amounts and for the purposes set down. The major portions of these grants must be matched dollar for dollar with state or local appropriations, part of which must have been in effect before January 1, 1935, and the balance have been put into effect in the form of new appropriations since that time.

Results

Results are necessarily hard to measure in a field of endeavor that is almost entirely educational in nature. However, progress is indicated by the fact that during the fiscal year 1937 there were over 92,000 tuberculin tests performed by the practicing physicians in this state participating in the general health education program sponsored by the State Board of Health. This particular part of the public health program was organized and carried out as far as administration is concerned through the district organizations and the public health nurses and indicates that a larger portion of the state's population was made aware of the nature of tuberculosis than that had been previously possible. This is more fully appreciated when it is pointed out that the number of tuberculin tests performed in group programs of this type under the sponsorship of the State Board of Health previously was practically negligible. The many talks given by the district health officers, the public health nurses, and others throughout the state, the home visits on the part of public health nurses to explain the significance of the positive reaction to the tuberculin test and the need for an x-ray examination in the case of positive reactors to determine whether or not the disease was active, the

* Federal publication: The Public Health Program under Title VI of the Social Security Act, Supplement No. 126.

search in the homes for the sources of these infections, etc., constitute an educational effort that should have a tremendous influence on the reduction of the incidence of tuberculosis in the state as it is continued through the years.

Studies of the magnitude of the tuberculosis problem are made possible through federal funds. Few are cognizant of the following facts related thereto:

Direct expenditures for the fiscal year 1938–1939

Paid by state (1938–39)		
State aid to counties	$695,009.34	
Wisconsin State Sanatorium	215,477.32	
Lake Tomahawk State Camp	48,008.45	
Total paid by state		$958,495.11
Paid by counties (1938–39)		
County aid (paid by counties without sanatoria to counties with sanatoria)	$296,201.76	
Cost of institutions	768,610.44	
Total paid by counties		$1,064,812.20
Total cost, state and county		$2,023,307.31

There were 899 resident tuberculosis deaths for the year 1938; forty-one deaths from tuberculosis were not classified as residents of the state. Without those not classified, the rate per 100,000 population was 29.6.

About 90 per cent of the patients in sanatoria are there at the expense of the county and state, only 10 per cent paying a nominal sum. Thirty-two per cent of the admissions come from homes where there is a case of tuberculosis. The monthly turnover in the sanatoria of the state is about 200. Only about 16 per cent of the admissions to sanatoria are primary, or known as minimal cases; 84 per cent are more or less moderately advanced. This, therefore, presents a serious problem; a problem the solution of which is being aided by the use of federal funds.

There has likewise been an increase in the number of school children, immunized against diphtheria and vaccinated against smallpox, made possible as a result of the expanded program. Funds for these immunizing procedures are appropriated locally by county boards at the request of county health committees. Home visits, organization work, etc., to make centers for immunizations possible are duties of the county nurse under the direction of the county health committee with the cooperation of the district health officers as set up by statute. In most counties a representative of the county medical society is an ex officio member of the committee also. Immunizations and vaccinations are done by the local physicians. As health workers reach more and more of the people with essential health information, there is developed a health consciousness. As young mothers are convinced of the soundness of instituting these protective measures early in infancy they take their children to their family physicians to put them into effect.

The State Board of Health has no part in providing medical care in any form except in the treatment of indigents with venereal disease in the clinics established for that purpose and in carrying out its duties recently provided for by statute relative to the care of tuberculosis patients in the State Sanatorium and Lake Tomahawk State Camp. It is generally accepted that there is still great need for continued research into the causes of diseases so that measures for prevention and control can be instituted. It is also accepted that much of the knowledge now available concerning prevention and cure of disease is not being effectively applied because the public generally does not go to its physicians early enough. The role of public health workers in Wisconsin is that of repeatedly bringing this health information to individuals and to groups so that there is brought about a realization of the necessity of protecting their children early, of going to the physician early in pregnancy, and of going to him for individual guidance and care so that health may be maintained.

Allotment of Social Security Funds

Through the U. S. Public Health Service, social security funds are allotted on the basis of population, special needs, training, and financial need. Similarly, maternal and child health allotments through the Children's Bureau are made on the basis of the uniform apportionment, of numbers of live births, and of financial need. Originally certain of these funds were earmarked for the training of public health personnel and could be used for no other purpose. This was deemed necessary in order that public health training be made available to professionally trained workers who had little or no special public health training when the expansion of state programs, generally, began at about the same time.

To meet the increased demand for water analyses resulting from the more wide-spread conscientiousness of the need of pure water it was necessary to increase the laboratory technical force as well as its stenographic force.

Similarly, to have adequate statistical studies made to indicate what phases of the public health problem required the most attention, in other words, to carry on the bookkeeping of public health, it was necessary to augment the statistics department.

Likewise, with increased activities in the field of communicable disease prevention it was necessary to provide a field epidemiologist.

There could not logically be an enlargement of rural health services without a corresponding increase in need for technical supervision. It was therefore necessary to augment central office personnel as well as field personnel.

By means of maternal and child health funds it was possible to place additional nurses in some of the counties having exceptional needs and in a few counties where there were insufficient funds available to provide even a single nurse without financial assistance. Nursing demonstration programs are be-

ing carried out in a few selected counties. Maternal and child health physicians and nurses assigned to local districts, and thereby becoming a part of the unit where they are located, are able to do a more effective work as a result of living and working in the communities with the physicians, mothers and infants they are trying to help. Efforts to reduce maternal and infant death rates are directed chiefly at getting expectant mothers, about 54,000 annually, to their physicians early for prenatal care. This is done by means of home visits by the nurse and in health centers jointly conducted by the physician and the nurse. Further, funds are used in conjunction with the State Medical Society to provide "refresher" courses in obstetrics and pediatrics at convenient locations throughout the state.

At the request of the State Dental Society, the dental health program has been inaugurated under the supervision of a dental educator.

All in all, the advent of the Social Security Act has been the means of a steady expansion and strengthening of the public health set-up in Wisconsin, providing needed trained workers now busy bringing to the citizens in groups and individually a health consciousness that should result in their taking advantage of the established preventive procedures early, getting to their doctor early in pregnancy, or in case of any illness, and in their realizing that by cooperating with their doctors they can maintain good health where that is possible. In bringing this about, a still closer cooperation between the physician and the public health worker would seem to be indicated.

SQUIBB ESTABLISHES NEW LABORATORIES

Establishment of a new laboratory for the study of filterable virus diseases, in the treatment and prevention of which science is believed to be at the threshold of an important advance, is announced by the Squibb Biological Laboratories.

Dr. Raymond C. Parker, biologist of the Rockefeller Institute for Medical Research, and for many years an associate of Dr. Alexis Carrel, has been appointed to head the laboratory, which will operate as a unit of the Biological Division of E. R. Squibb and Sons at New Brunswick, N. J.

The new virus laboratory is housed in a specially constructed building, and is equipped for work with chick embryos and tissue culture, two of the technics for work in this field. The actual working quarters consist of a large general laboratory equipped with every facility for chemical and histological work, a general preparation room for washing, drying, packing, and storing the various materials that are used, two special culture and operating rooms provided with filtered ventilation, a spacious incubator room, an animal preparation room, a bleeding room, and ample animal quarters.

The arrangement of the rooms is such that the air of the culture suite proper is protected at all times from the air of the general laboratory and office quarters on the one side, and of the animal room on the other. It is also possible for visitors to observe every step of the work in progress without entering any of the various rooms of the culture suite.

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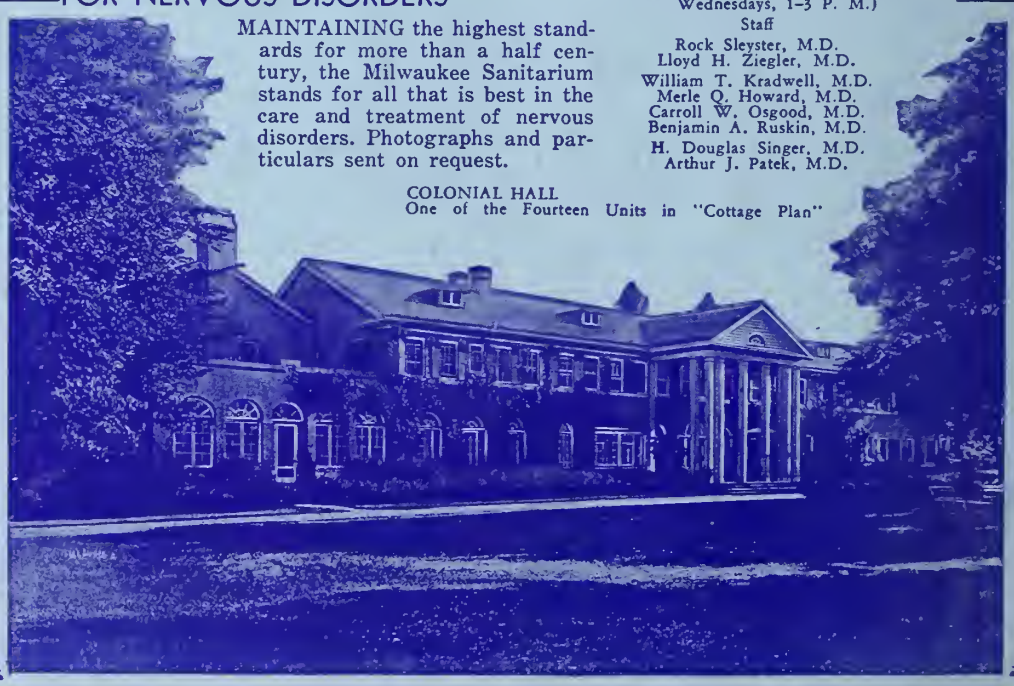

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